

Business Health Plans



Guide to your Business health plan

This **Membership Guide** explains the terms and conditions of Business **Health Plans**. Detailed information such as pre-authorising **treatment**, making a claim and moving country can be found in this guide. It also explains **your** benefits, limits and exclusions with detailed rules on how to use them.

From 1 April 2021

bupaglobal.com





WELCOME TO YOUR HEALTH PLAN

Two of the most respected names in healthcare, **Bupa Global** and **Blue Cross Blue Shield Global**, are teaming up to deliver high-quality healthcare products and services. This partnership was born out of a shared ambition to champion and deliver access to world-class healthcare and meet the healthcare needs of globally minded and globally mobile customers.

Customers with U.S. cover will have access to one of the largest **networks** of healthcare providers and facilities worldwide, utilising both **Blue Cross Blue Shield networks** in the U.S. and **Bupa's networks** outside the U.S.

This combined strength, scale and expertise means customers can be confident in knowing that they have access to quality healthcare when and where they need it.

Within this **membership guide**, you'll find easy to understand information about **your** Company Health Plan.

This includes:

- guidance on what to do when **you** need **treatment**
- simple steps to understanding the claims process
- a 'Table of Benefits' and list of 'General Exclusions' which outline what is and isn't covered along with any benefit limits that might apply
- a 'Glossary' to help **you** understand the meaning of some of the terms used

This **membership guide** must be read alongside **your** insurance certificate and **your** application

for cover, as together they set out the terms and conditions of **your** membership and form **your health plan** documentation. To make the most of **your health plan**, please read the 'Table of Benefits', 'General Exclusions' and '**Your** Membership' sections carefully to get a full understanding of **your** cover.

Please keep **your** booklet in a safe place. If **you** need a another copy, **you** can view and print it online at membersworld.bupaglobal.com or **you** can call **us**.

Remember **we** can offer a second medical opinion service. The solution to health problems isn't always black and white. That's why **we** offer **you** the opportunity to get another opinion from leading international **specialists**.

Bupa Global is the sole insurer of this plan.

Bupa Global is a trade name of **Bupa**, the international health and care company. **Bupa** is an independent licensee of **Blue Cross and Blue Shield Association**. **Bupa Global** is not licensed by **Blue Cross and Blue Shield Association** to sell **Bupa Global/Blue Cross Blue Shield Global** co-branded products in Argentina, Canada, Costa Rica, Panama, Uruguay and US Virgin Islands. In Hong Kong, **Bupa Global** is only licensed to use the **Blue Shield** marks. Please consult your policy terms and conditions for coverage availability. **Blue Cross and Blue Shield Association** is a national federation of 36 independent, community-based and locally operated **Blue Cross and Blue Shield** companies. **Blue Cross Blue Shield Global** is a brand owned by **Blue Cross and Blue Shield Association**. For more information about **Bupa Global**, visit bupaglobalaccess.com, and for more information about **Blue Cross** and **Blue Shield Association**, visit BCBS.com.

BEFORE WE GET STARTED, THERE ARE A FEW THINGS WE WOULD LIKE TO BRING TO YOUR ATTENTION...

YOUR INSURER

Bupa Global is the sole insurer of this plan

YOUR GEOGRAPHICAL AREA FOR COVERAGE IS DEPENDENT ON YOUR LEVEL OF COVER

As long as it is covered by **your health plan**, you can have **your treatment** at any recognised **medical practitioner, provider** or **facility**. To confirm **your** level of cover please see **your** insurance certificate.

To view a summary of **hospitals** visit Facilities Finder at **bupaglobal.com/facilitiesfinder**

BOLD WORDS

Any words written in bold are defined terms that are relevant to **your** cover. **You** can check their meaning in the 'Glossary'.

TREATMENT THAT WE COVER

Your health plan covers the **treatment** cost for a disease, illness or injury that leads to the conservation of **your** condition, **your** recovery or **you** getting back to **your** previous state of health.

Your treatment is covered if it is:

- o covered under the **health plan**
- o at least consistent with generally accepted standards of medical practice in the country in which **treatment** is being received
- o clinically appropriate in terms of type, duration, location and frequency

Your health plan also provides preventive benefits to help keep **you** healthy. **You** can find these in the 'Table of Benefits'.

ACCESSING CARE IN THE U.S.

If **you** have U.S. cover as part of **your health plan**, **you** have access to the broadest coverage in the U.S. via **Blue Cross Blue Shield networks**.

To find out more please visit **bupaglobalaccess.com**

Please call **our** dedicated team on +1 844 369 3797 (from inside or outside the U.S.) to arrange any **treatment** in the U.S.

ANY QUESTIONS?

We'll be happy to help. Get in touch using the details printed on **your** membership cards.



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CONTACT US

Open 24 hours a day, 365 days a year

You can access details about **your** plan any time of the day or night through MembersWorld. Alternatively **you** can call **us** anytime for advice, support & assistance by people who understand **your** situation.

Healthline* +44 (0) 1273 333 911

You can ask **us** for help with:

- general medical information
- finding local medical facilities
- arranging and booking appointments
- access to a second medical opinion
- travel information
- security information
- information on inoculation and visa requirements
- **emergency** message transmission
- interpreter and embassy referral

You can ask **us** to arrange medical evacuations and repatriations, if covered under **your** plan, including:

- air ambulance transportation
- commercial flights, with or without medical escorts
- stretcher transportation
- transportation of mortal remains
- travel arrangements for relatives and escorts

We believe that every person and situation is different and focus on finding answers and solutions that work specifically for **you**.

Our assistance team will handle **your** case from start to finish, so **you** always talk to someone who knows what is happening.

General enquiries

MembersWorld is the first place to go for information about:

- Cover details
- Pre-authorisation
- Claims
- Membership & payment queries

It's often the quickest way to contact us too, by using the web chat function.

Web: membersworld.bupaglobal.com

Alternatively:

Phone: +44 (0) 1273 323 563

Fax: +44 (0) 1273 820517

Email: info@bupaglobal.com

Post: Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom

Please note that we cannot guarantee the security of email as a method of communication. Some companies, employers and/or countries do monitor email traffic, so please bear this in mind when sending us confidential information.

Your calls may be recorded or monitored.

* **We** obtain health, travel and security information from third parties. **You** should check this information as **we** do not verify it, and so cannot be held responsible for any errors or omissions, or any loss, damage, illness and/or injury that may occur as a result of this information.

Contact details changed?

It's very important that **you** let **us** know when **you** change **your** contact details (correspondence address, email or telephone). **We** need to keep in touch with **you** so **we** can provide **you** with important information regarding **your** plan or **your** claims. Simply log onto MembersWorld or call, email or write to **us**.

Easier to read information

Braille, large print or audio

We want to make sure that members with special needs are not excluded in any way. **We** also offer a choice of Braille, large print or audio for **our** letters and literature. Please let **us** know which **you** would prefer.

Making a complaint

We're always pleased to hear about aspects of **your** plan that **you** have particularly appreciated, or that **you** have had problems with.

If something does go wrong, this membership guide outlines a simple procedure to ensure **your** concerns are dealt with as quickly and effectively as possible. Please see the 'Making a Complaint' section for more details.

If **you** have any comments or complaints, the quickest way to contact **us** is using web chat. Log into **your** MembersWorld account and click the web chat option in the menu.

Alternatively **you** can contact **us** via one of the following methods:

Phone: +44 (0) 1273 323 563

Fax: +44 (0) 1273 820 517

Email: info@bupaglobal.com

Post: Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom

WELCOME TO MEMBERSWORLD

Your MembersWorld account gives you access to **Bupa Global** whenever **you** need it.

You can also contact **us** through webchat in MembersWorld, which is often the quickest way to get in touch.



You can register for MembersWorld at: **membersworld.bupaglobal.com** and download the **Bupa Global** MembersWorld App from **your** app store.

MembersWorld is for everyone over the age of 16 on the policy.

All **dependants** over 16 can access these services, so it's important they register too.

If **you** are the **principal member** and would like to access information about **your dependants** in MembersWorld, they will need to register for an account and give permission. They can do this by simply going to their account settings and updating their consent options.

If **you** are not the **principal member**, **you** will not be able to access information about other **dependants** in MembersWorld.



How to access MembersWorld

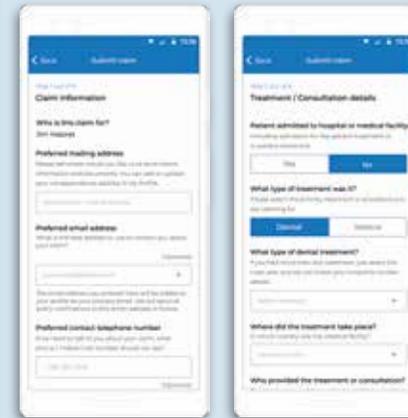
You can access and register online at **membersworld.bupaglobal.com** with **your** favourite web browser or via **our** app.

Search for "MembersWorld" on the App Store or Google Play and download to **your** device for access to **your** account on-the-go



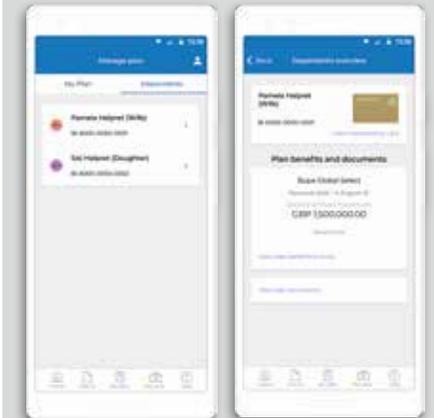
Claims and pre-authorisations

- Submit claims*
- Request pre-authorisation
- View and track progress*
- Review and send additional or missing information



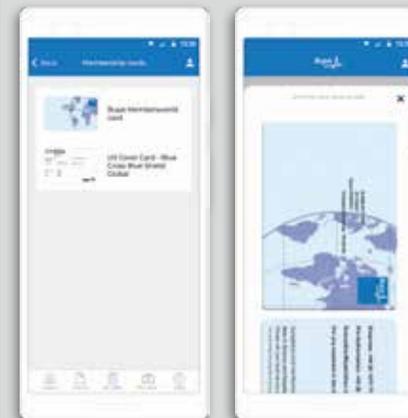
Dependants

- View **dependants'** plans, documents and membership cards
- Submit and view claims*
- Allow the **principal member** to manage a **dependants'** account



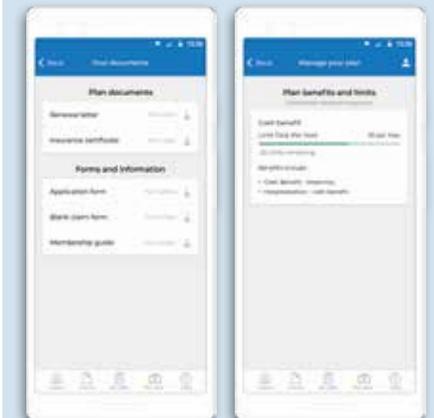
Membership cards

- Access to **your** membership cards whenever **you** need them



Policy documents

- View and download documents for your plan



*MembersWorld may not track claims in the U.S. as **we** use a **service partner** here.

WELLBEING SERVICES

At **Bupa Global**, we understand wellbeing means more than simply **your** physical health. **Our** wellbeing programmes support **you** and **your** family in all the moments that matter including **your** physical and mental health. **You** can start using these wellbeing programmes right away!

They are available to **you** from the very start of **your** policy at no additional cost. The use of the services listed on this page does not impact **your** policy premiums or erode benefits from **your** plan. For more information on any of these services please contact Customer Services.

Wellbeing Quiz

We do not always have time to take care of **ourselves** properly. So, take a moment to understand **your** current state of wellbeing.

Our short Wellbeing Quiz will help **you** to understand and measure **your** overall wellbeing and create a personalised report with a range of suggestions to help **you** live a longer, healthier, happier life. Perhaps there is a change or two **you** could make today.

Try the wellbeing quiz today:
bupaglobal.com/en/wellbeing-quiz

Your Wellbeing

Explore **Bupa Global's** ever-growing health and lifestyle webpages at bupaglobal.com/en/your-wellbeing

Find a wealth of inspiring articles, practical information and easy to follow tips to help **you** and **your** family live longer, healthier, happier lives.

Second Medical Opinion*

As a **Bupa Global** customer, **you** can access a second medical opinion from leading international **specialists**.

This virtual service can give **you** added reassurance and confidence in **your** diagnosis or **treatment** recommendation to help **you** take the most appropriate steps with regards to **your** health. An independent team of **doctors** will review **your** previous medical history, along with any proposed **treatment** and issue **you** with a detailed report including recommendations for the best approach towards optimal recovery. Access to an online portal and dedicated case manager enables **you** to review **your** case every step of the way.

To request a second medical opinion, complete an online referral form via the MembersWorld website, or contact the **Bupa Global** Customer Service team on **+44 (0) 1273 323 563** info@bupaglobal.com

Bupa Family Plus*

Bupa Global provides **you** and **your** partner with an engaging and accessible maternity and family health programme in the form of an easy to use phone app.

Bupa Family Plus supports **you** during pregnancy, the early years of parenting and right through to those tricky teen years. Receive daily pregnancy tips for every trimester, seamlessly track **your** baby's feedings, learn about **your** toddler's developmental milestones and stay on top of **your** teen's immunisations, all in one place.

To discover all the app has to offer, download **Bupa** Family Plus from either App Store or Google Play.



Global Virtual Care*

Our virtual consult app provides **you** and **your dependants** with on demand access to a **network** of highly qualified international doctors. The doctor can help **you** and **your** family to better understand **your** symptoms and how to get the best care available - wherever **you** are in the world.

Features include (subject to local regulations):

- Video and telephonic consults
- **Doctors** notes
- Selfcare
- Referrals
- Prescriptions

Logging into the app is easy, **you** can sign in using your MembersWorld email address and password. If **you** have yet to register for MembersWorld, follow **our** easy guide on page 5 to get started.

Download Global Virtual Care from either App Store or Google Play.



Everyday Resources*

We understand that **your** overall wellbeing is fundamental to **your** overall health, enabling **you** to successfully overcome difficulties and achieve what **you** want out of life. When **you** have questions, concerns or emotional issues surrounding either **your** work or personal life, Everyday Resources, **your** global employee support programme can help **you**.

No matter when, no matter where, **you** and **your** family can contact the service for life assistance including short-term counselling, resources, referrals, and information. The service provides free, confidential support by phone, e-mail, or web.

To find out more information, including a list of free phone numbers log onto bupaglobal.com/everyday-resources and enter the code: **BGeverydayresources**

Bupa Global retains the right to change the scope of these services.

Select services* noted on this page of the membership guide are provided by independent third party service provider(s); access to these services is procured by **Bupa Global** for **your** use. These services are subject to third party availability. **Bupa Global** assumes no liability and accepts no responsibility for information provided by the services detailed above

PRE-AUTHORISATION

Please remember to pre-authorise your treatment

What is pre-authorisation?

- An agreement between **us** and **you** that the **treatment you** are requesting is **medically necessary** and eligible under the terms of **your** policy.
- It isn't generally mandatory and doesn't guarantee payment but can speed up the claims process

Why it's important:

- Pre-authorisation helps to facilitate more efficient claims processing as **we** are aware of the **treatment** in advance
- Pre-authorisation helps to ensure **you** are covered for the **treatment you** are requesting before **treatment** takes place and avoids surprises at the claims stage

How do I request pre-authorisation?

Pre-authorisation can be requested up to 30 days prior to the **treatment** start date, by contacting Customer Services via:

- Completing the form in MembersWorld or the mobile app
- By using webchat or messaging in MembersWorld or the mobile app
- By calling **us** on +44 (0) 1273 333 911

How long does it take?

Often, when requested by telephone or webchat, pre-authorisation approval can be given right away. Email and MembersWorld requests will usually receive a response within 24 hours.

Pre-authorisation can take longer if referral for specialist review is required.

If **we** pre-authorise **your treatment**, this means that **we** will pay up to the limits of **your** plan, provided that all the following requirements are met:

- the **treatment** is eligible **treatment** that is covered by **your** plan,
- **you** have an active membership at the time that **treatment** takes place,
- **your** subscriptions are paid up to date,
- the **treatment** carried out matches the **treatment** authorised,
- **you** have provided a full disclosure of the condition and **treatment** required,
- **you** have enough benefit entitlement to cover the cost of the **treatment**,
- **your** condition is not a **pre-existing condition**,
- the **treatment** is medically necessary, and
- the **treatment** takes place within 31 days after pre-authorisation is given.

This is a summary, please refer to the 'Pre-authorisation' section of this **membership guide**, and insurance certificate for full details on how to claim.



THE CLAIMING PROCESS

If **you** need assistance with a claim **you** can

- Go online at membersworld.bupaglobal.com and web chat with **us**
- Call **us** on +44 (0) 1273 323 563
- Email info@bupaglobal.com

Whether **you** choose direct payment or 'pay and claim' **we** provide a quick and easy claims process. **We** aim to arrangedirect settlement wherever possible, but it has to be with the **agreement** of whoever is providing the **treatment**. In general, direct settlement can only be arranged for **in-patient treatment** or **day-case treatment**. Direct settlement is easier for **us** to arrange if **you** pre-authorise **your treatment** first, or if **you** use a participating **hospital** or **healthcare facility**.

How to make a claim

The quickest way to submit **your** claim is to log on to **your** MembersWorld account and submit **your** claim electronically. **You** have the choice of submitting an on-line claim or uploading any completed claims form

Make sure **we've** got all the information as the biggest delay to paying a claim is normally incomplete, missing or ineligible information.

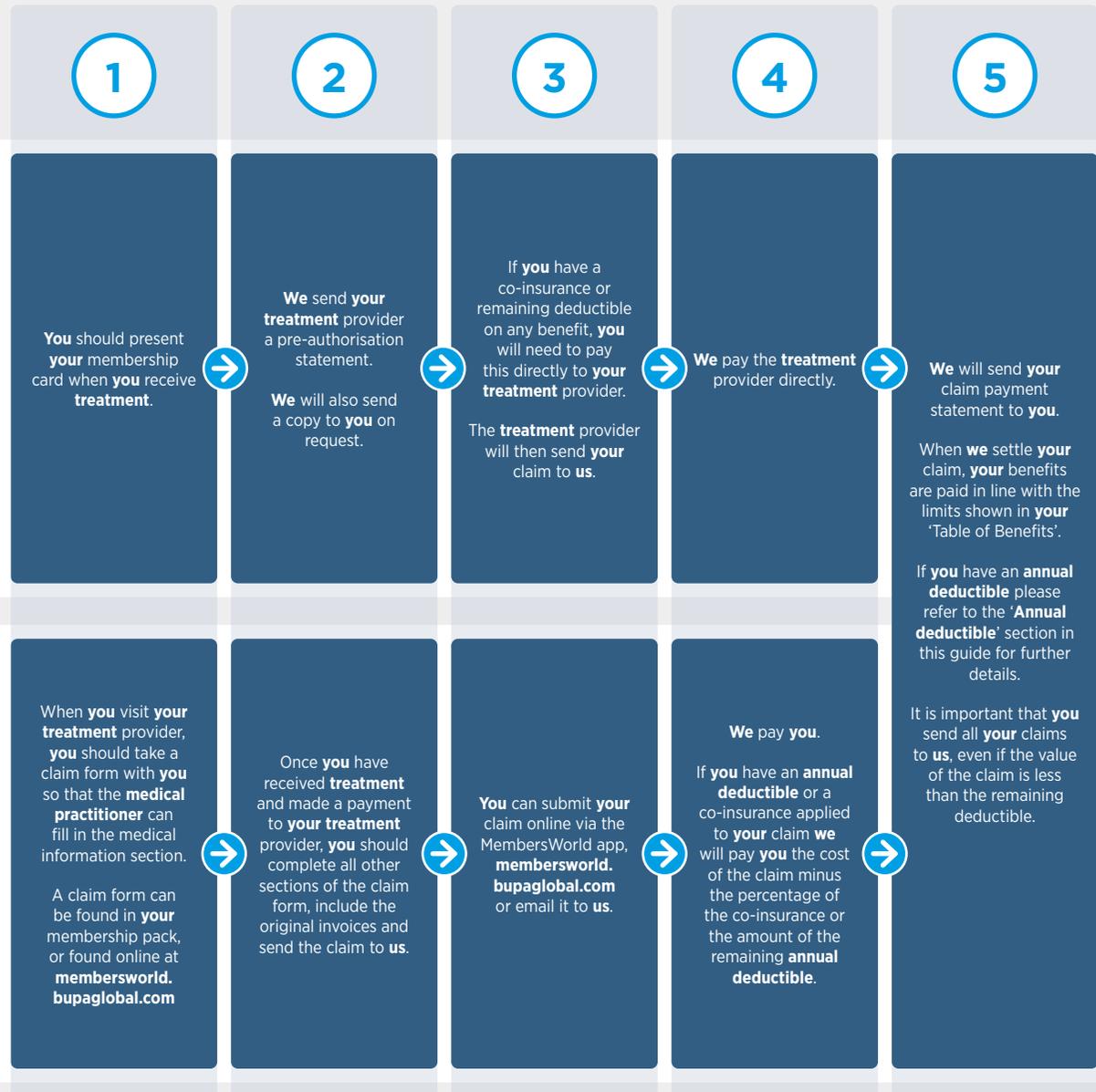
Make sure **you** have given **your** correct bank details. Reimbursement by bank transfer is by far the quickest way to receive **your** payment.

Direct Settlement

Direct settlement is where the provider of **your treatment** claims directly from **us**, making things easier for **you**.

Pay and Claim

The alternative is for **you** to pay and then claim back the costs from **us**.



Things you need to know about your health plan

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About your Membership

The Business **Health Plan** is a group insurance plan. **You** are therefore one of a group of **members**, which has a **sponsor** (normally the company that **you**, the **principal member** work for).

This **health plan** is governed by an agreement between **your sponsor** and **Bupa Global**, which covers the terms and conditions of **your** membership.

As a **member** of the **health plan**, **you** have access to **our** complaints process. This includes the use of any dispute resolution scheme **we** have for **our members**. Further details of **our** complaints process can be found in this **membership guide**.

The following must be read together as they set out the terms and conditions of **your health plan**:

- **you**, the **principal member's** application for cover for **you** and **your dependants** (if any) and the declarations that **you**, the **principal member** made during the application process
- **your** rules and benefits in this **membership guide**
- **your** membership certificate

If the content of this plan or **your** insurance certificate do not conform with **your** application for cover, **you** must request the revision of the insurance certificate within four weeks of its receipt; otherwise its content shall be considered as accepted by **you**.

When your cover starts

The start date of **your** membership is the 'effective from' date shown on **your** membership certificate.

If you move to a new country or change your specified country of nationality

You, the **principal member**, must tell **your sponsor** straight away if **your specified country of residence** or **your specified country of nationality** changes.

Your new country may have different regulations about health insurance. **You**, the **principal member** need to tell **your sponsor** of any change so that they can make sure that **you** have the right cover.

If you leave your Business Health Plan membership

You, the **principal member** can apply to transfer to a personal **Bupa Global** plan if **your** membership of **your** group plan ends. **You** can also apply for **your dependants** (if applicable) to transfer with **you**. Please contact the customer service helpline for more information.

Want to add more people to your health plan?

If **your sponsor** agrees, **you**, the **principal member** may apply to include any of **your dependants** under **your** membership. To apply **you**, the **principal member** will need to complete a Business **Health Plan** Employee Application form (later referred to as 'application form') which can be downloaded easily from membersworld.bupaglobal.com.

When **you** apply, the **dependant's** medical history will be reviewed by **our** medical team which may result in cover for **pre-existing conditions**, special restrictions or exclusions, or **we** may decline to offer cover. Any special restrictions or exclusions are personal to the person **you** add and will be shown on **your** membership certificate. This does not apply if **your sponsor** has purchased cover with medical history disregarded. Please contact the customer services helpline if **you** are not sure if this applies to **you**.

Adding your newborn child?

Congratulations on **your** new arrival!

This does not apply if **your sponsor** has purchased cover with medical history disregarded. Please contact the customer services helpline if **you** are not sure if this applies to **you**.

If you have a Business Select Health Plan

To apply to add **your** newborn, **you**, the **principal member** will need to complete a newborn application form. **We** must have received the form before cover can commence.

If you have a Business Premier Health Plan, Business Elite Health Plan or Business Ultimate Health Plan

Your newborn can be included on this **health plan** from birth without completing an application form and will be covered regardless of any health conditions when:

- **you** include **your** baby under **your** membership within 30 days of the baby's birth.

In this instance **your** baby will not be subject to any medical underwriting.

If the above criteria is not met **we** will require a completed newborn application form and medical underwriting will apply as described when adding a **dependant**. The cover start will be the date **our** medical team accept **your** application to join

If there are any changes to the information **you** provided on the application form after **you** sign it and before **we** accept the application, please let **us** know straight away.

When cover starts for others on your membership

If any other person is included as a **dependant** under **your**, the **principal member's** membership, their membership will start on the effective date on the membership certificate **we** sent **you** for **your** current period of **health plan** membership which lists them as a **dependant**. Their membership can continue for as long as **you**, the **principal member** remain a **member** of the **health plan**.

If **your**, the **principal member's** membership ceases, **your dependants** can then, of course, apply for membership in their own right under an individual **Bupa Global** insurance plan.

Your health plan benefits

The 'Table of Benefits' provides an explanation of what is covered on **your health plan** and the associated limits.

Treatment that we cover

For **us** to cover any **treatment** that **you** receive, it must satisfy all of the following requirements:

- it is at least consistent with generally accepted standards of medical practice in the country in which **treatment** is being received
- it is clinically appropriate in terms of type, duration, location and frequency, and
- it is covered under the terms and conditions of the **health plan**.

We will not pay for **treatment** which in **our** reasonable opinion is inappropriate based on established clinical and medical practice, and **we** are entitled to conduct a review of **your treatment**, when it is reasonable for **us** to do so.

Active treatment

This **health plan** covers **you** for the costs of **active treatment** only. By this **we** mean **treatment** of a disease, illness or injury that leads to **your** recovery, conservation of **your** condition or to restore **you** to **your** previous state of health as quickly as possible.

We also cover certain wellness and preventative **treatment**. Please see the 'Table of Benefits' for information.

Our approach to costs

When **you** are in need of a **benefits provider**, **our** dedicated team can help **you** find a **recognised medical practitioner, hospital or healthcare facility** within **network**. Alternatively, **you** can view a summary of **benefits providers** on Facilities Finder at bupaglobal.com/en/facilities/finder. Where **you** choose to have **your treatment** and services with a **benefits provider** in **network**, **we** will cover all eligible costs of any

covered benefits, once any applicable **co-insurance** or deductible amount which **you** are responsible to pay has been deducted from the total claimed amount.

Should **you** choose to have **covered benefits** with a **benefits provider** who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. This means that the costs charged by the **benefits provider** must be no more than they would normally charge, and be similar to other **benefits providers** providing comparable health outcomes in the same geographical region. These may be determined by **our** experience of usual, and most common, charges in that region. Government or official medical bodies will sometimes publish guidelines for fees and medical practice (including established **treatment** plans, which outline the most appropriate course of care for a specific condition, operation or procedure). In such cases, or where published insurance industry standards exist, **we** may refer to these global guidelines when assessing and paying claims. Charges in excess of published guidelines or **Reasonable and Customary** made by an 'out-of-network' **benefits provider** will not be paid.

This means that, should **you** choose to receive **covered benefits** from an 'out-of-network' **benefits provider**:

- **you** will be responsible for paying any amount over and above the amount which **we** reasonably determine to be **Reasonable and Customary** – this will be payable by **you** directly to **your** chosen 'out-of-network' **benefits provider**;
- **we** cannot control what amount **your** chosen 'out-of-network' **benefits provider** will seek to charge **you** directly.

There may be times when it is not possible for **you** to be treated at a **benefits provider** in **network**, for example, if **you** are taken to an 'out-of-network' **benefits provider** in an **emergency**. If this happens, **we** will cover eligible costs of any **covered benefits** (after any applicable **co-insurance** or deductible has been deducted).

If **you** are taken to an 'out-of-network' **benefits provider** in an **emergency**, it is important that **you**, or the **benefits provider**, contact **us** within 48 hours of **your** admission, or as soon as reasonably possible in the circumstances. If it is the best thing for **you**, **we** may arrange for **you** to be moved to a **benefits provider** in **network** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a **benefits provider** in **network** only the **Reasonable and Customary** costs of any **covered benefits** received following the date of the transfer being offered will be paid (after any applicable **co-insurance** or deductible has been deducted).

Additional rules may apply in respect of **covered benefits** received from an 'out-of-network' **benefits provider** in certain countries.

Table of Benefits

The 'Table of Benefits' shows the benefits, limits and the detailed rules that apply to **your health plan**. **You** also need to read the 'General Exclusions' section so that **you** understand the exclusions on **your health plan**.

Variations to your benefits

Your sponsor may have agreed variations to this benefit table with **us**. If so, **your sponsor** will inform **you** of these variations.

How to read the Table of Benefits

There are four levels of cover: Business Select, Business Premier, Business Elite and Business Ultimate. **You** need to read the column in the 'Table of Benefits' that applies to **your** level of cover, as shown on **your** membership certificate.

For example if **your** membership certificate states Business Elite **Health Plan**, the columns showing Select, Premier and Ultimate do not apply to **you**.

Benefit limits

There are two kinds of benefit limits shown in this table. The overall annual maximum is the maximum **we** will pay for all benefits in total for each **member**, each **membership year**. Some benefits also have a limit applied to them separately; for example home nursing.

All benefit limits apply per **member**. If a benefit limit also applies per **membership year**, this means that once a benefit limit has been reached, that benefit will no longer be available until the **sponsor** renews **your health plan** and **you** start a new **membership year**.

If a benefit limit applies for the whole of **your** lifetime, once this benefit limit has been reached, no further benefits will be paid, regardless of the renewal of **your health plan**. This applies to all Bupa administered plans **you** have been a **member** of in the past, or may be a **member** of in the future, even if **you** have had a break in **your** cover.

Currencies

All the benefit limits in this 'Table of Benefits' and notes are set out in three currencies: GBP, USD and EUR. The currency in which **your sponsor** pays **us** subscriptions is the currency that applies to **your** membership for the purpose of the benefit limits. The currency applicable for **your** contract is as shown on **your** membership certificate.

For example, if **your sponsor** pays **us** subscriptions in GBP then the benefit limits given in GBP apply to **your** membership and USD and EUR limits do not apply to **you**.

If **you** are unsure which level of cover **you** have, the currency that applies to **your** membership, or whether **you**, the **principal member** have a **co-insurance**, **you** can either check on **your** membership certificate, through **our** MembersWorld website or contact the customer services helpline.

Waiting periods

You will notice that waiting periods apply to some of the benefits. This means that **you** cannot make a claim for that particular benefit until **you** have been covered for the full duration of the waiting period stated. **We** may have agreed to waive waiting periods on **your health plan**. Please call **us** to find out whether the waiting periods on **your health plan** have been waived.

How does the co-insurance work?

If **your sponsor** has chosen a **co-insurance** this will be shown on **your** membership card. The **co-insurance** on this **health plan** is the percentage of all out-patient day to day care expenses that **you** share with **us** - please refer to **your** 'Table of Benefits'.

Example

1. With 15% **co-insurance**, **you** always pay 15% of **your** out-patient day to day care
2. **You** have a consultation with **your doctor** which costs GBP 80
3. 15% out-patient day to day care **co-insurance** applied is GBP 12 which **you** pay directly to **your doctor**
4. Amount paid by **us** is GBP 68
5. Later in the year **you** stay in **hospital** for 5 days which costs GBP 8,000
6. As this is in-patient care the **co-insurance** applied is GBP 0
7. Amount paid by **us** is GBP 8,000

Please note that the benefit limits shown in the 'Table of Benefits' is the maximum paid by **us**.

Important note regarding KVG cover

The insurance shall only cover the expenses that exceed the statutory benefits, where such benefits have been claimed and paid, under mandatory basic health and accident insurance (if applicable) pursuant to the Swiss Health Insurance Act (KVG /LAMal), Swiss Accident Insurance Act (UVG/LAA), Swiss Disability Insurance Act (IVG/LAI) and Swiss Military Insurance Act (MVG/LAM).

If **you** hold KVG cover, **you** must not make the same claim (in whole or any part) against both **Bupa Global** and **your** KVG insurer.

Summary of Benefits

Table of Benefits

	Select	Premier	Elite	Ultimate
Overall annual maximum	●	●	●	●
Geographical cover	●	●	●	●

Out-patient treatment

Out-patient surgical operations	●	●	●	●
Wellness checks		●	●	●
Full Health Screen		●	●	●
Consultants' fees for consultations		●	●	●
Pathology, X-rays and diagnostic tests		●	●	●
Costs for treatment by therapists, complementary medicine practitioners and qualified nurses		●	●	●
Psychiatrists, psychologists and psychotherapists' fees for psychiatric treatment		●	●	●
Vaccinations		●	●	●
Costs for treatment by a family doctor		●	●	●
Prescribed drugs and dressings		●	●	●
Accident-related dental treatment	●	●	●	●

In-patient and day-case treatment

Hospital accommodation	●	●	●	●
Surgical operations , including pre- and post-operative care	●	●	●	●
Nursing care, drugs and surgical dressings	●	●	●	●
Physicians' fees	●	●	●	●
Theatre charges	●	●	●	●
Intensive Care , intensive therapy, coronary care and high dependency unit	●	●	●	●
Pathology, X-rays, diagnostic tests and therapies	●	●	●	●
Prosthetic implants and appliances	●	●	●	●
Parent accommodation	●	●	●	●
Mental health treatment	●	●	●	●
Prophylactic surgery	●	●	●	●
Reconstructive surgery	●	●	●	●
Obesity surgery (after two years' membership)	●	●	●	●

Further benefits

Advanced imaging	●	●	●	●
Cancer treatment	●	●	●	●
Congenital and hereditary conditions	●	●	●	●
Genetic Cancer Screening				●
Everyday Resources, your Global Employee Support Programme	●	●	●	●
Healthline services	●	●	●	●
HIV / AIDS drug therapy including ART	●	●	●	●
Home nursing after in-patient treatment	●	●	●	●
Hospice and palliative care	●	●	●	●
In-patient cash benefit	●	●	●	●
Kidney dialysis	●	●	●	●
Prosthetic devices	●	●	●	●
Rehabilitation	●	●	●	●
Rehabilitation in a health resort				●
Transplant services	●	●	●	●
Treatment for or related to gender dysphoria. Please refer to the 'What is not covered?' section.		●	●	●

Summary of Benefits (continued)

	Select	Premier	Elite	Ultimate
Maternity and childbirth cover				
Maternity and childbirth cover		●	●	●
Infertility Treatment		●	●	●
Transportation / Travel				
Medical evacuation	●	●	●	●
Medical repatriation	●	●	●	●
Non-medical evacuation in case of conflicts and natural disasters				●
Local air ambulance	●	●	●	●
Local road ambulance	●	●	●	●
Travel cost for an accompanying person	●	●	●	●
Travel cost for the transfer of children	●	●	●	●
Compassionate visit transport costs and compassionate visit living allowance			●	●
Compassionate emergency repatriation				●
Living allowance			●	●
Repatriation of mortal remains	●	●	●	●
Dental / Optical treatment*				
Dental		●	●	●
Optical		●	●	●
Refractive eye surgery				●
U.S. cover				
U.S. cover		Optional	Optional	●

Summary of Exclusions

	Select	Premier	Elite	Ultimate
Administration / registration fees	●	●	●	●
Artificial life maintenance	●	●	●	●
Birth control	●	●	●	●
Chinese medicine	●	●	●	●
Conflict and disaster	●	●	●	●
Convalescence, nursing home and admission for general care, or staying in hospital or other establishment	●			
Cosmetic treatment	●	●	●	●
Deafness	●	●	●	●
Dental treatment /gum disease	●	●	●	
Desensitisation and neutralisation	●	●	●	●
Developmental problems	●	●	●	●
Donor organs	●	●	●	●
Drugs and dressings (out-patient)	●			
Experimental or unproven treatment	●	●	●	●
Eyesight	●	●	●	●
Family doctor treatment	●			
Footcare	●	●	●	●
Genetic testing	●	●	●	●
Harmful or hazardous use of alcohol, drugs and/or medicines	●	●	●	●
Health hydros, nature cure clinics etc.	●	●	●	●
Infertility treatment	●			
Maternity and childbirth	●			
Illegal activity	●	●	●	●
Mechanical or animal donor organs	●	●	●	●
Obesity	●	●	●	●
Persistent vegetative state (PVS) and neurological damage	●	●	●	●
Physical aids and devices	●	●	●	●
Treatment for or related to gender dysphoria (Certain criteria apply)	●			
Pre-existing conditions	●	●	●	●
Preventive and wellness treatment	●			
Reconstructive or remedial surgery	●	●	●	●
Sleep disorders	●	●	●	●
Speech disorders	●	●	●	●
Stem cells	●	●	●	●
Surrogacy	●	●	●	●
Temporomandibular joint (TMJ) disorders	●	●	●	●
Travel costs for treatment	●	●	●	●
Unrecognised medical practitioner, hospital or healthcare facility	●	●	●	●
U.S. treatment (unless purchased)	●	●	●	

Table of Benefits

The table of benefits shows the benefits, limits and the detailed rules that apply to **your** plan. **You** also need to read the 'What is not covered?' section so that **you** understand the exclusions on **your** plan which these benefits are subject to.

Table of Benefits

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Overall annual maximum	GBP 2,000,000 USD 3,100,000 EUR 2,600,000 each membership year	GBP 3,000,000 USD 4,700,000 EUR 3,900,000 each membership year	GBP 6,000,000, USD 9,300,000, EUR 7,800,000 each membership year	Unlimited	<p>All benefits below, even those paid in full will contribute to the overall annual policy maximum limit.</p> <p>The currency applicable for your contract is as shown on your membership certificate.</p> <p>Co-insurance options: No co-insurance available on Business Select and Business Ultimate. Optional 15% or 25% available on Business Premier and Business Elite.</p> <p>Please see your membership certificate for details of any co-insurance that applies to your out-patient benefits.</p>
Geographical cover	Worldwide excluding U.S.	Worldwide excluding U.S.	Worldwide excluding U.S.	Worldwide	If you have Business Premier or Business Elite cover, please see your membership certificate to see if your sponsor has purchased optional U.S. cover.

Out-patient treatment

This is **treatment** which does not normally require a patient to occupy a **hospital** bed. The list below details the benefits payable for **out-patient treatment** only. If **you** are having **treatment** and **you** are not sure which benefit applies, please call **us** and **we** will be happy to help.

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Out-patient surgical operations	Paid in full	Paid in full	Paid in full	Paid in full	We pay for out-patient surgical operations when carried out by a specialist or a family doctor .
Wellness checks	Not covered	We pay up to GBP 800, USD 1,280, EUR 1,040 each membership year	We pay up to GBP 1,000, USD 1,600, EUR 1,300 each membership year	We pay up to GBP 5,000, USD 7,800, EUR 6,500 each membership year	The wellness checks you may have are specific screenings for breast, cervical, prostate and colorectal cancer.
Full Health Screen	Not covered				A full health screening generally includes various routine tests performed to assess your state of health and could include tests such as high cholesterol, high blood pressure, diabetes, anaemia and lung function, liver and kidney function and cardiac risk assessment. In addition, you may also have the specific screenings as part of a full health screening. The actual tests you have will depend on those supplied by the treatment provider where you have your screening.
Consultants' fees for consultations	Not covered	We pay up to GBP 6,400 USD 9,900 EUR 8,300 each membership year	Paid in full	Paid in full	This normally means a meeting with a consultant to assess your condition. Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.
Pathology, X-rays and diagnostic tests	Not covered		We pay for:		
					<ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples for specific abnormalities, ○ radiology, such as X-rays, and ○ diagnostic tests, such as electro-cardiograms (ECGs) <p>when recommended by your consultant or family doctor to help determine or assess your condition.</p>
Costs for treatment by therapists , complementary medicine practitioners and qualified nurses	Not covered	Paid in full up to 35 visits each membership year	Paid in full up to 70 visits each membership year	Paid in full up to 90 visits each membership year	<p>We pay for nursing charges for general nursing care, for example injections or wound dressings by a qualified nurse and consultations and treatment with therapists and complementary medicine practitioners when they are appropriately qualified and registered to practice in the country where treatment is received.</p> <p>This includes the cost of both the consultation and treatment, including any complementary medicine prescribed or administered as part of your treatment.</p> <p>Should any complementary medicines or treatments be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate visit.</p> <p>Note: for dieticians, we pay the initial consultation plus two follow-up visits when needed as a result of an eligible condition.</p> <p>Please note that obesity is not covered under this benefit.</p>

Out-patient treatment (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Psychiatrists, psychologists and psychotherapists' fees for psychiatric treatment	Not covered	Please see previous page for shared limit.	Please see previous page for shared limit.	Please see previous page for shared limit.	<p>Consultation fees with psychiatrists, psychologists and psychotherapists to:</p> <ul style="list-style-type: none"> ○ receive or arrange treatment ○ receive pre- and post-hospital treatment, or ○ diagnose your illness <p>Such consultations must take place in the psychiatrist's, psychologist's or psychotherapist's office.</p>
Vaccinations	Not covered	We pay up to GBP 250 USD 420 EUR 325 each membership year	Paid in full	Paid in full	We pay for vaccinations including vaccinations to aid the prevention of cancer, such as the human papilloma virus (HPV) vaccination, as and when such vaccines have completed medical trials and are approved for use in the country of treatment .
Costs for treatment by a family doctor	Not covered	Paid in full up to 12 visits each membership year	Paid in full up to 20 visits each membership year	Paid in full	<p>We pay for family doctor treatment.</p> <p>Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.</p>
Prescribed drugs and dressings	Not covered	We pay up to GBP 3,500, USD 5,400, EUR 4,600 each membership year	Paid in full	Paid in full	<p>We pay for the cost of drugs and dressings prescribed for you by your medical practitioner for eligible treatment.</p> <p>If optional U.S. cover has been purchased: We pay for the cost of drugs and dressings prescribed for you by your medical practitioner for eligible treatment when using our U.S. Provider network. You must present your Bupa Global U.S. insurance card.</p> <p>Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit described in the costs for treatment by therapists and complementary medicine practitioners benefit.</p>
Accident-related dental treatment	We pay up to GBP 1,000, USD 1,600, EUR 1,300 each membership year	We pay up to GBP 2,000, USD 3,200, EUR 2,600 each membership year	We pay up to GBP 4,000, USD 6,400, EUR 5,200 each membership year	Paid in full	<p>We pay for accident-related dental treatment that you receive from a dental practitioner for treatment during an emergency visit following accidental damage to any tooth.</p> <p>We only pay any accident-related dental treatment which takes place up to 30 days after the accident.</p>

In-patient and day-case treatment

For all in-patient and day-case treatment costs:

- it must be medically essential for **you** to occupy a **hospital** bed to receive the **treatment**
- **your treatment** must be provided, or overseen, by a **consultant**
- **we** pay for accommodation in a room that is no more expensive than the **hospital's** standard single room with a private bathroom on Business Select, Business Premier or Business Elite, or a standard suite on Business Ultimate - this means that **we** will not pay the extra costs of a deluxe, executive or VIP suite etc
- if the cost of **treatment** is linked to the type of room, **we** pay the cost of **treatment** at the rate which would be charged if **you** occupied a standard single room with a private bathroom
- the **hospital** where **you** have **your treatment** must be a **recognised hospital**

Long in-patient stays: 5 nights or longer

In order for **us** to cover an in-patient stay lasting 5 nights or more, **you** or **your consultant** must send **us** a medical report from **your consultant** before the fifth night, confirming:

- **your** diagnosis
- **treatment** already given
- **treatment** planned
- discharge date

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Hospital accommodation	Paid in full – standard private room	Paid in full – standard private room	Paid in full – standard private room	Paid in full - standard suite	<p>We pay charges for your hospital accommodation, including all your own meals and refreshments, when:</p> <ul style="list-style-type: none"> ○ there is a medical need to stay in hospital ○ the treatment is given or managed by a specialist, and ○ the length of your stay is medically appropriate <p>We do not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics.</p> <p>For Business Select, Business Premier and Business Elite, we pay for accommodation in a room that is no more expensive than the hospital's standard single room with a private bathroom.</p> <p>For Business Ultimate, we pay for accommodation in a room that is no more expensive than the hospital's standard suite. This means that we will not pay the extra costs of a deluxe, executive or VIP suite etc.</p> <p>We pay for the length of stay that is medically appropriate for the procedure that you are admitted for. For example, unless medically essential, we do not pay for day-case accommodation for out-patient treatment, and we do not pay for in-patient accommodation for day-case treatment.</p> <p>Please also read convalescence and admission for general care in the 'General Exclusions' section</p>
Surgical operations , including pre- and post-operative care	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay surgeons' and anaesthetists' fees for a surgical operation, including all pre- and post-operative care.</p> <p>Note:</p> <ul style="list-style-type: none"> ○ we do not pay for drugs and surgical dressings you receive for out-patient treatment or use at home unless you have Business Premier, Business Elite or Business Ultimate cover (see Prescribed drugs and dressings in this section and Drugs and dressings in the 'General Exclusions' section) ○ this benefit does not include follow-up consultations with your consultant, as these are paid under the consultants' fees for consultations benefit

In-patient and day-case treatment (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Nursing care, drugs and surgical dressings	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay for nursing services, drugs and surgical dressings you need as part of your treatment in hospital.</p> <p>For Business Select only, we do not pay for drugs and surgical dressings you receive for out-patient treatment or use at home.</p> <p>Note: we do not pay for nurses hired in addition to the hospital's own staff. In the rare case where a hospital does not provide nursing staff we will pay for the reasonable cost of hiring a qualified nurse for your treatment.</p>
Physicians' fees	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay physicians' fees for treatment you receive in hospital if this does not include a surgical operation, for example if you are in hospital for treatment of a medical condition such as pneumonia.</p> <p>If your treatment includes a surgical operation we will only pay physicians' fees if the attendance of a physician is medically necessary, for example, in the rare event of a heart attack following a surgical operation.</p>
Theatre charges	Paid in full	Paid in full	Paid in full	Paid in full	We pay for use of an operating theatre.
Intensive Care , intensive therapy, coronary care and high dependency unit	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay for intensive care in an intensive care unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when:</p> <ul style="list-style-type: none"> ○ it is an essential part of your treatment and is required routinely by patients undergoing the same type of treatment as yours, or ○ it is medically necessary in the event of unexpected circumstances, for example if you have an allergic reaction during surgery
Pathology, X-rays, diagnostic tests and therapies	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay for:</p> <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples ○ radiology (such as X-rays), and ○ diagnostic tests such as electrocardiograms (ECGs) <p>when recommended by your consultant to help determine or assess your condition when carried out in a hospital.</p> <p>We also pay for treatment provided by therapists (such as physiotherapy) and complementary medicine practitioners (such as acupuncturists) if it is needed as part of your treatment in hospital.</p>

In-patient and day-case treatment (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Prosthetic implants and appliances	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay for a prosthetic implant needed as part of your treatment. By this, we mean an artificial body part or appliance which is designed to form a permanent part of your body and is surgically implanted for one or more of the following reasons:</p> <ul style="list-style-type: none"> <input type="radio"/> to replace a joint or ligament <input type="radio"/> to replace one or more heart valves <input type="radio"/> to replace the aorta or an arterial blood vessel <input type="radio"/> to replace a sphincter muscle <input type="radio"/> to replace the lens or cornea of the eye <input type="radio"/> to act as a heart pacemaker <input type="radio"/> to remove excess fluid from the brain <input type="radio"/> to control urinary incontinence (bladder control) <input type="radio"/> to reconstruct a breast following surgery for cancer when the reconstruction is carried out as part of the original treatment for the cancer and you have obtained our written consent before receiving the treatment <input type="radio"/> to restore vocal function following surgery for cancer <p>We also pay for the following appliances:</p> <ul style="list-style-type: none"> <input type="radio"/> a knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament, or <input type="radio"/> a spinal support which is an essential part of a surgical operation to the spine
Parent accommodation	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay room and board costs for the parent staying in hospital with their child when:</p> <ul style="list-style-type: none"> <input type="radio"/> the costs are for one parent or legal guardian only <input type="radio"/> the parent or guardian is staying in the same hospital as the child, <input type="radio"/> the child is under the age of 18 years old, and the child is receiving treatment that is covered
Mental health treatment	Paid in full	Paid in full	Paid in full	Paid in full	<p>We cover mental health treatment in hospital during each policy year, in full. This benefit applies to all treatment related to the mental health condition.</p>
Prophylactic surgery	Paid in full	Paid in full	Paid in full	Paid in full	<p>We may pay subject to Bupa Global's medical policy criteria, for example, a mastectomy and reconstruction when there is a significant family history and/or you have a positive result from genetic testing.</p> <p>Please contact us for pre-authorisation before proceeding with treatment. Benefit will not be paid unless pre-authorisation has been provided.</p>
Reconstructive surgery	Paid in full	Paid in full	Paid in full	Paid in full	<p>Treatment to restore your appearance after an illness, injury or surgery. We may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during your continuous membership.</p> <p>Please contact us for pre-authorisation before proceeding with any reconstructive surgery.</p> <p>Benefit will not be paid unless pre-authorisation has been provided.</p>

In-patient and day-case treatment (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Obesity surgery (after two years' membership)	Paid in full	Paid in full	Paid in full	Paid in full	<p>Once you have been covered on this health plan for two years, we may pay, subject to Bupa Global's medical policy criteria, for bariatric surgery, if you:</p> <ul style="list-style-type: none"> ○ have a body mass index (BMI) of 40 or over and have been diagnosed as being morbidly obese ○ can provide documented evidence of other methods of weight loss which have been tried over the past two years and ○ have been through a psychological assessment which has confirmed that it is appropriate for you to undergo the procedure. <p>The bariatric surgery technique needs to be evaluated by our medical teams and is subject to Bupa Global's medical policy criteria.</p> <p>In some cases, you may qualify for weight-loss surgery if your BMI is between 35 and 40 and you have a serious weight-related health problem, such as type 2 diabetes. The decision for Bupa Global to cover this will be entirely made by our medical teams.</p> <p>Please contact us for pre-authorisation before proceeding with treatment. Benefit will not be paid unless pre-authorisation has been provided.</p>

Further benefits

Important

These are the additional benefits provided by **your** membership of the **health plan**.

These benefits may be in-patient, out-patient or day-case.

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Advanced imaging	Paid in full	Paid in full	Paid in full	Paid in full	We pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by your consultant or family doctor to help diagnose or assess your condition.
Cancer treatment	Paid in full	Paid in full	Paid in full	Paid in full	Once cancer is diagnosed, we pay fees that are related to treatment for cancer. This includes tests, scans, consultations, wigs and prescribed medicines (such as cytotoxic drugs or chemotherapy).
Congenital and hereditary conditions	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay for treatment of congenital and hereditary conditions:</p> <ul style="list-style-type: none"> ○ by congenital conditions we mean any abnormalities, deformities, diseases, illnesses or injuries present at birth ○ by hereditary conditions we mean any abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of your family <p>If you are unsure whether your condition may be classed as congenital or hereditary, please contact us for further information.</p> <p>The amount shown here is the total amount we shall pay for these expenses during the whole of your lifetime of Bupa, whether continuous or not.</p>
Genetic Cancer Screening	Not covered	Not covered	Not covered	Paid in full	<p>Cover for costs of genetic cancer testing and one pre and one post consultation, only if:</p> <ul style="list-style-type: none"> ○ referred by a doctor ○ there is an immediate family (bloodline) history, and ○ the tests and consultations are carried out at a hospital <p>Please contact us for pre-authorisation before proceeding with testing. Benefit will not be paid unless pre-authorisation has been provided.</p>
Everyday Resources, your Global Employee Support Programme	Included	Included	Included	Included	<p>We pay in full for up to 5 counselling sessions, per issue, each membership year</p> <p>No limit applies to the number of issues per year.</p> <p>Everyday Resources, your Global Employee support Programme, provides 24/7 telephone counselling, information and resources to answer the personal concerns of employees and their dependants to support them in times of need.</p> <p>Note: The overall annual maximum benefit limit does not apply.</p> <p>Important: Support and advice provided through this service does not confirm that any related treatment or additional support which may be discussed would be covered under your Health Plan.</p> <p>For full details of how this service works and how to contact Everyday Resources, please see the Everyday Resources section under your membership guide.</p>

Further benefits (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Healthline services	Included	Included	Included	Included	<p>This is a telephone advice line which offers help 24 hours a day, 365 days a year. Please call +44 (0) 1273 333 911 at any time when you need to.</p> <p>The following are some of the services that may be offered by telephone:</p> <ul style="list-style-type: none"> ○ general medical information from a health professional ○ medical referrals to a physician or hospital ○ medical service referral (ie locating a physician) and assistance arranging appointments ○ inoculation and visa requirements information ○ emergency message transmission ○ interpreter and embassy referral <p>Note: treatment arranged through this service may not be covered under your health plan. Please check your cover before proceeding.</p>
HIV / AIDS drug therapy including ART	Paid in full	Paid in full	Paid in full	Paid in full	<p>For Business Premier, Business Elite and Business Ultimate:</p> <p>We pay for HIV / AIDS drug therapy.</p> <p>For Business Select:</p> <p>We pay for in-patient treatment of HIV / AIDS. This does not include any drug therapy or ART.</p>
Home nursing after in-patient treatment	We pay up to GBP 120 USD 200 EUR 150 per day up to a maximum of 10 days each membership year	We pay up to GBP 120 USD 200 EUR 150 per day up to a maximum of 20 days each membership year	We pay up to GBP 120 USD 200 EUR 150 per day up to a maximum of 30 days each membership year	We pay up to GBP 120 USD 200 EUR 150 per day up to a maximum of 30 days each membership year	<p>Following treatment in hospital which is covered under this health plan, when it:</p> <ul style="list-style-type: none"> ○ is prescribed by your specialist ○ starts immediately after you leave hospital ○ reduces the length of your stay in hospital ○ is provided by a qualified nurse in your home and ○ is needed to provide medical care, not personal assistance
Hospice and palliative care	We pay up to GBP 24,000 USD 37,200 EUR 31,200 maximum benefit for the whole of your lifetime	We pay up to GBP 24,000 USD 37,200 EUR 31,200 maximum benefit for the whole of your lifetime	We pay up to GBP 24,000 USD 37,200 EUR 31,200 maximum benefit for the whole of your lifetime	We pay up to GBP 24,000 USD 37,200 EUR 31,200 maximum benefit for the whole of your lifetime	<p>Hospice and palliative care services if you have received a terminal diagnosis and can no longer have treatment which will lead to your recovery:</p> <ul style="list-style-type: none"> ○ hospital or hospice accommodation ○ nursing care ○ prescribed medicines ○ physical, psychological, social and spiritual care <p>The amount shown here is the total amount we shall pay for these expenses during the whole of your lifetime of Bupa, whether continuous or not.</p>
In-patient cash benefit	We pay up to GBP 90 USD 150 EUR 100 per night up to 20 nights each membership year	We pay up to GBP 90 USD 150 EUR 100 per night up to 20 nights each membership year	We pay up to GBP 90 USD 150 EUR 100 per night up to 20 nights each membership year	We pay up to GBP 90 USD 150 EUR 100 per night up to 20 nights each membership year	<p>This benefit is paid instead of any other benefit for each night you receive eligible in-patient treatment without charge.</p> <p>To claim this benefit, please ask the hospital to sign and stamp your claim form. Then send the completed form to us with a covering letter stating that you were treated with no charge. Please note that you need to ensure that the medical section of your claim form is completed by your consultant.</p>

Further benefits (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Kidney dialysis	Paid in full	Paid in full	Paid in full	Paid in full	We pay for kidney dialysis - provided as In-patient, day-case or as on out-patient
Prosthetic devices	We pay a maximum benefit of GBP 2,400 USD 3,700 EUR 3,100 for each device	We pay a maximum benefit of GBP 3,000 USD 4,700 EUR 3,900 for each device	We pay a maximum benefit of GBP 4,000 USD 6,200 EUR 5,200 for each device	Paid in full	We pay for the initial prosthetic device needed as part of your treatment . By this we mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of your surgical procedure. We do not pay for any replacement prosthetic devices for adults including any replacement devices required in relation to a pre-existing condition . We will pay for the initial and up to two replacements per device for children under the age of 16 years.
Rehabilitation	We pay in full for up to 30 days of treatment (which may be in-patient treatment or day-case treatment) each membership year	We pay in full for up to 45 days of treatment (which may be in-patient treatment, day-case treatment or out-patient treatment) each membership year	We pay in full for up to 60 days of treatment (which may be in-patient treatment, day-case treatment or out-patient treatment) each membership year	We pay in full for up to 90 days of treatment (which may be in-patient treatment, day-case treatment or out-patient treatment) each membership year	We pay for rehabilitation , including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. We do not pay for room and board for rehabilitation when the treatment being given is solely physiotherapy. We pay for rehabilitation , only when you have received our pre-authorization before the treatment starts. For in-patient treatment one day is each overnight stay and for day-case treatment and out-patient treatment , one day is counted as any day on which you have one or more appointments for rehabilitation treatment . We only pay for rehabilitation where it: <ul style="list-style-type: none">○ starts within 6 weeks of in-patient treatment which is covered by your health plan (such as trauma or stroke), and○ arises as a result of the condition which required the in-patient treatment or is needed as a result of such treatment given for that condition. Note: in order to give pre-authorization, we must receive full clinical details from your consultant ; including your diagnosis, treatment given and planned, and proposed discharge date if you receive rehabilitation . For Business Select members only, we do not pay for any out-patient rehabilitation .
Rehabilitation in a health resort	Not covered	Not covered	Not covered	We pay in full for up to 30 days each membership year following serious illness	We pay rehabilitation costs for medically prescribed stays at recognised health resorts following serious illness. Please contact us for pre-authorization before proceeding. Benefit will not be paid unless pre-authorization has been provided. To claim this benefit, you must meet all the criteria for the Rehabilitation benefit above.
Transplant services	Paid in full	Paid in full	Paid in full	Paid in full	We pay for transplant services that you need as a result of an eligible condition. We pay medical expenses if you need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant. We also pay for bone marrow transplants (either using your own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy. For Business Select and Business Premier we do not pay for costs associated with the donor or the donor organ. For Business Select members only, we do not pay for any out-patient treatment associated with a transplant, either before or after that transplant takes place, including consultations, diagnostic tests etc, or drugs prescribed for use as an out-patient, including anti-rejection drugs. For Business Premier, Business Elite and Business Ultimate members , any drugs prescribed for use as an out-patient, including anti-rejection drugs are paid from your prescribed drugs and dressings benefit. Please see donor organs in the 'General Exclusions' section.

Further benefits (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
<p>Treatment for or related to gender dysphoria.</p> <p>Please refer to the 'What is not covered?' section.</p>	Not covered	<p>Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) nonbinary people</p> <p>GBP 48,000 USD 80,000 EUR 64,000 per membership year</p> <p>Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) nonbinary people</p> <p>GBP 48,000 USD 80,000 EUR 64,000 per membership year</p>	<p>Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) nonbinary people</p> <p>GBP 61,000 USD 104,000 EUR 76,000 per membership year</p> <p>Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) nonbinary people</p> <p>GBP 61,000 USD 104,000 EUR 76,000 per membership year</p>	<p>Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) nonbinary people</p> <p>Paid in full</p> <p>Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) nonbinary people</p> <p>Paid in full</p>	<p>This benefit is paid instead of any other benefit for all hormonal and surgical treatment for or related to gender dysphoria.</p> <p>Any mental health treatment for or related to gender dysphoria is paid from the mental health benefit and is subject to the limits that apply to the mental health benefit.</p> <p>All treatment under this benefit must be pre-authorized.</p> <p>Please refer to the 'What is not covered?' section.</p>

Maternity and childbirth cover

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Maternity and childbirth cover	Not covered	<p>Maternity and childbirth: We pay up to GBP 12,600 USD 19,500 EUR 16,400 each membership year</p> <p>Childbirth at home or birthing centre: We pay up to GBP 780 USD 1,200 EUR 1,000 each membership year</p> <p>Medically essential Caesarean section: We pay up to GBP 12,600 USD 19,500 EUR 16,400 each membership year</p> <p>Complications of maternity and childbirth: Paid in full</p>	<p>Maternity and childbirth: Paid in full</p> <p>Childbirth at home or birthing centre: Paid in full</p> <p>Medically essential Caesarean section: Paid in full</p> <p>Complications of maternity and childbirth: Paid in full</p>	<p>Maternity and childbirth: Paid in full</p> <p>Childbirth at home or birthing centre: Paid in full</p> <p>Medically essential Caesarean section: Paid in full</p> <p>Complications of maternity and childbirth: Paid in full</p>	<p>We pay maternity and childbirth benefits.</p> <p>Maternity and childbirth cover</p> <p>These benefits include for example:</p> <ul style="list-style-type: none"> ○ ante natal care such as ultrasound scans ○ hospital charges, obstetricians' and midwives' fees for pregnancy and childbirth ○ post natal care required by the mother immediately following normal childbirth, such as stitches <p>Treatment for</p> <ul style="list-style-type: none"> ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside the womb (ectopic pregnancy) <p>are not covered from this benefit but may be covered by your other benefits.</p> <p>(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by your other benefits.)</p> <p>Note: routine care for your baby</p> <p>We pay for routine care (if eligible) for the baby, for up to seven days following birth, from the mother's maternity benefit or normal benefits. For adding your newborn please also see the 'Want to add more people to your health plan?' section.</p> <p>Your baby is also covered for up to seven days routine care following birth if your baby was born to a surrogate mother and you, as the intended parent, have been covered on the plan for 10 months when the baby is born.</p> <p>Childbirth at home or birthing centre</p> <p>This benefit includes obstetricians' and midwives' fees for delivering your baby at home or a birthing centre.</p> <p>Medically Essential Caesarean Section</p> <p>This benefit includes hospitals, obstetricians and other medical fees for the cost of the delivery of your baby by Caesarean section when medically essential for example, non progression during labour leading to emergency Caesarean section (eg dystocia, foetal distress, haemorrhage) provided the mother has been a member of this plan for at least 10 months before delivery.</p> <p>Note: if we are unable to determine that your Caesarean section was medically essential, it will be paid from your maternity and childbirth benefit limit.</p> <p>Complications of maternity and childbirth</p> <p>Treatment which is medically necessary as a direct result of pregnancy and childbirth complications.</p> <p>By complications we mean those conditions which only ever arise as a direct result of pregnancy or childbirth for example pre-eclampsia, threatened miscarriage, gestational diabetes, still birth.</p> <p>Please contact us for pre-authorisation where possible. If you require an emergency admission as a direct result of pregnancy and childbirth complications, please contact us within 48 hours of your admission.</p> <p>Please see maternity and childbirth, and surrogate parenting in the 'General Exclusions' section.</p>

Maternity and childbirth cover (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Infertility Treatment	Not covered	50% up to GBP 8,000, EUR 10,000 or USD 13,400 each policy year	50% up to GBP 8,000, EUR 10,000 or USD 13,400 each policy year	50% up to GBP 8,000, EUR 10,000 or USD 13,400 each policy year	<p>We pay for reasonable investigations into the causes of infertility and, provided you are under the age of 40, up to 4 cycles for treatment per lifetime to assist reproduction, such as:</p> <ul style="list-style-type: none"> ○ in-vitro fertilisation (IVF) ○ gamete intrafallopian transfer (GIFT) ○ zygote intrafallopian transfer (ZIFT) ○ artificial insemination (AI) ○ prescribed drug treatment ○ embryo transport (from one physical location to another), or ○ donor ovum and/or semen and related costs <p>Please contact us for pre-authorisation before proceeding with treatment. Benefit will not be paid unless pre-authorisation has been provided.</p>

Transportation / Travel

Evacuation covers **you** for reasonable transport costs to the nearest appropriate place of **treatment**, when the **treatment you** need is not available nearby. Repatriation gives **you** the added option of returning to **your specified country of residence** or **specified country of nationality**, to be treated in familiar surroundings, when the **treatment you** need is not available locally.

For all medical transfers, either evacuation or repatriation:

- **you** must contact **us** for pre-authorisation before **you** travel
- the **treatment** must be recommended by **your specialist** or **doctor**
- the **treatment** is not available locally
- the **treatment** must be covered under **your health plan**
- **we** must agree the arrangements with **you**, and
- benefit is applicable for **hospital treatment**, either overnight or as a day-patient

Evacuation may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy.

We will only pay if all arrangements are agreed and approved in advance by **Bupa Global**. Please see the 'Pre-authorisation' section for more details. Should **you** arrange transportation covered under the **health plan** yourself **we** shall only compensate **your** expenses to the equivalent cost if **we** had arranged **your** transportation.

Note:

- **We** do not pay for extra nights in **hospital** when **you** are no longer receiving **active treatment** which requires **you** to be hospitalised, for example when **you** are awaiting **your** return flight.
- **We** will not approve a transfer which in **our** reasonable opinion is inappropriate, based on established clinical and medical practice, and **we** are entitled to conduct a review of **your** case, when it is reasonable for **us** to do so. Evacuation or repatriation will not be authorised if it is against the advice of the **Bupa Global** medical team.
- **We** will not arrange evacuation or repatriation in cases where the local situation, including geography, makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. Such intervention depends upon and is subject to local and/or international resource availability and must remain within the scope of national and international law and regulations. Interventions may depend on the attainment of necessary authorisations issued by the various authorities concerned, which may be outside of the reasonable control or influence of **Bupa Global** or **our service partners**.
- **We** cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond **our** control.
- **Bupa Global** is not the provider of the transportation and other services set out in the transportation/travel section, but will arrange those services on **your** behalf. In some countries **we** may use **service partners** to arrange these services locally, but **Bupa Global** will always be here to support **you**.

Transportation / Travel (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Medical evacuation	Paid in full	Paid in full	Paid in full	Paid in full	<p>Transport costs for a medical evacuation:</p> <ul style="list-style-type: none"> ○ to the nearest place when the required treatment is not available locally (this could be to another part of the country that you are in or to another country), and ○ for the return journey to the place you were transferred from <p>when this is pre-authorised by us.</p> <p>Please see the 'Pre-authorisation' section for more details.</p> <p>The costs we pay for the return journey will be either:</p> <ul style="list-style-type: none"> ○ the reasonable cost of the return journey by land or sea, or ○ the cost of an economy class air ticket on Business Select, Business Premier or Business Elite, or the cost of a business class air ticket on Business Ultimate <p>whichever is the lesser amount.</p> <p>We do not pay any other costs related to the evacuation such as travel costs or hotel accommodation. In some cases, it may be more appropriate for you to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, we will pay for taxi fares.</p>
Medical repatriation	Paid in full	Paid in full	Paid in full	Paid in full	<p>Transport costs for a medical repatriation:</p> <ul style="list-style-type: none"> ○ to your specified country of nationality as given on your application form, or your specified country of residence, when the required treatment is not available locally, and ○ the return journey to the place you were transferred from <p>when this is pre-authorised by Bupa Global.</p> <p>Please see the 'Pre-authorisation' section for more details.</p> <p>The costs we pay for the return journey will be either:</p> <ul style="list-style-type: none"> ○ the reasonable cost of the return journey by land or sea, or ○ the cost of an economy class air ticket on Business Elite, or the cost of a business class air ticket on Business Ultimate <p>whichever is the lesser amount.</p> <p>We do not pay any other costs related to the repatriation such as travel costs or hotel accommodation.</p> <p>In some cases, it may be more appropriate for you to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, we will pay for taxi fares.</p> <p>In some cases you may request a medical repatriation when contacting Bupa Global for authorisation, but this may not be medically appropriate. In these cases, we will first evacuate you to the nearest appropriate place where treatment is available. Once you have been stabilised, we may then repatriate you to your specified country of nationality or your specified country of residence.</p>

Transportation / Travel (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Non-medical evacuation in case of conflicts and natural disasters	Not covered	Not covered	Not covered	Paid in full	<p>Costs for evacuation if your return ticket cannot be used due to:</p> <ul style="list-style-type: none"> ○ war, civil commotion, civil war, terrorist incidents, martial law, revolution or other similar situations in the region where you are staying, if such a situation was declared and documented by the Ministry of Foreign Affairs, embassy, or similar institution of the country you are in and arose after you left for the region ○ destructive natural disasters, including but not limited to tsunamis, hurricanes, earthquakes, volcanic eruptions, where the solution overwhelms the local capacity, necessitating a request of a national or international level for external assistance, and only if you are travelling outside your specified country of residency and the situation arose after you left for the region. <p>If you are detained by the authorities in a country due to war or impending war or you cannot be evacuated due to a natural disaster, we will provide coverage for up to 3 months for essential and documented extra expenses for accommodation and meals, plus the costs of necessary domestic transport due to enforced relocation in country or to meet the cost of higher security travel, if the situation requires so.</p> <p>Cover is subject to the condition that you have not previously neglected to follow an evacuation recommendation from the Ministry of Foreign Affairs, embassy, or similar institution of the country you are in.</p> <p>We cannot be held responsible for the extent to which transportation may be carried out, but will co-operate with the Ministry of Foreign Affairs, embassy, or similar institution of the country you are in, in such cases where assistance is necessary.</p> <p>Please contact us as soon as possible after the event.</p>
Local air ambulance	We pay up to GBP 5,900 USD 9,100 EUR 7,700 each membership year	We pay up to GBP 5,900 USD 9,100 EUR 7,700 each membership year	We pay up to GBP 5,900 USD 9,100 EUR 7,700 each membership year	We pay up to GBP 5,900 USD 9,100 EUR 7,700 each membership year	<p>We pay for medically necessary travel for you to be transported by local air ambulance such as a helicopter, when related to eligible in-patient treatment or day-case treatment, either:</p> <ul style="list-style-type: none"> ○ from the location of an accident to hospital, or ○ for a transfer from one hospital to another <p>when it is appropriate for this method of transfer to be used to transport you over short journeys of up to 100 miles/160 kilometres. A local air ambulance may not always be available in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. This benefit does not include mountain rescue.</p> <p>Note: you would be covered under the medical evacuation benefit if the treatment you need is not available locally.</p>
Local road ambulance	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay for a local road ambulance</p> <ul style="list-style-type: none"> ○ from the location of an accident to a hospital ○ for a transfer from one hospital to another, or ○ from your home to the hospital <p>When a local road ambulance is:</p> <ul style="list-style-type: none"> ○ medically necessary, and ○ related to treatment that is covered that you need to receive in hospital

Transportation / Travel (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Travel cost for an accompanying person	Paid in full	Paid in full	Paid in full	Paid in full	<p>Reasonable travel costs for a close relative (spouse/partner, parent, child, brother or sister) to accompany you if there is a reasonable need for you to be accompanied. By 'reasonable need' we mean that you need someone to accompany you for one of the following reasons:</p> <ul style="list-style-type: none"> <input type="radio"/> you need assistance to board or disembark from transport <input type="radio"/> you need to be transferred over a long distance (over at least 1000 miles or 1600 KM) <input type="radio"/> there is no medical escort <input type="radio"/> in the case of serious acute illness <p>The accompanying person may travel in a different class from you, depending on medical requirements.</p> <p>Reasonable travel costs for the return journey to the place you were transferred from when:</p> <ul style="list-style-type: none"> <input type="radio"/> this is pre-authorised by Bupa Global, and <input type="radio"/> the return journey is within 14 days of the end of the treatment <p>The costs we pay for the return journey will be either:</p> <ul style="list-style-type: none"> <input type="radio"/> the reasonable cost of the return journey by land or sea, or <input type="radio"/> the cost of an economy air ticket whichever is the lesser amount <p>We do not pay for someone to travel with you when the evacuation is for you to receive out-patient treatment such as advanced imaging or cancer treatment such as radiotherapy or chemotherapy.</p>
Travel cost for the transfer of children	Paid in full	Paid in full	Paid in full	Paid in full	<p>Reasonable travel costs for children to be transferred with you in the event of an evacuation or repatriation, provided they are under the age of 18 when:</p> <ul style="list-style-type: none"> <input type="radio"/> it is medically necessary for you as their parent or guardian to be evacuated or repatriated <input type="radio"/> your spouse, partner, or other joint guardian is accompanying you, and <input type="radio"/> they would otherwise be left without a parent or guardian
Compassionate visit transport costs and compassionate visit living allowance	Not covered	Not covered	Visit and return: We pay up to 5 trips maximum benefit for the whole of your lifetime, up to GBP 1,000 USD 1,600 EUR 1,300 per trip Visit living allowance: We pay up to GBP 100 USD 160 EUR 130 per day for a maximum of 10 days each trip	Paid in full	<p>The cost of economy class travel costs for a close relative (spouse/partner, parent, child, brother or sister) who is in another country to visit when you have a sudden accident or illness and are going to be hospitalised for at least five days or you have received a short-term terminal prognosis. This includes economy class costs of your relative's return journey to their home country. This benefit is only paid when pre-authorised by Bupa Global.</p> <p>For Business Elite members:</p> <ul style="list-style-type: none"> <input type="radio"/> a maximum of five trips per lifetime <input type="radio"/> only when pre-authorised by Bupa Global <p>For Business Elite and Business Ultimate members, costs towards living expenses for your relative:</p> <ul style="list-style-type: none"> <input type="radio"/> following an eligible compassionate visit only, and <input type="radio"/> for up to 10 days whilst away from their usual specified country of residence <p>This benefit is not paid when either an evacuation or repatriation has taken place. In the event of an evacuation or repatriation taking place during a compassionate visit, no further benefits as described in notes 'Travel cost for an accompanying person', 'Travel cost for the transfer of children' or 'Living allowance' will be payable.</p>

Transportation / Travel (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Compassionate emergency repatriation	Not covered	Not covered	Not covered	Paid in full	<p>If you are outside of your country of residence and have to terminate your journey prematurely due to death, serious acute illness or injury resulting in hospitalisation of a relative we pay for reasonable additional travel expenses.</p> <p>Relative for this benefit means spouse/partner, parent, child, brother, sister, brother in-law, sister in-law, son in-law, daughter in-law, grandchild, parent in-law, step-parent, step-child, step-sibling or guardian.</p> <p>The costs we pay will be either:</p> <ul style="list-style-type: none"> <input type="radio"/> the reasonable cost of the return journey by land or sea, or <input type="radio"/> the cost of a business class air ticket whichever is the lesser amount <p>Only:</p> <ul style="list-style-type: none"> <input type="radio"/> one transportation in connection with one course of an illness <input type="radio"/> if the relative in question is not a fellow insured traveller who has already been repatriated <input type="radio"/> if the compassionate emergency repatriation would cause you to arrive at least 12 hours earlier than was originally planned
Living allowance	Not covered	Not covered	We pay up to GBP 25 USD 40 EUR 30 per day for up to 10 days per membership year	We pay up to GBP 25 USD 40 EUR 30 per day for up to 10 days per membership year	<p>Costs towards living expenses for a relative (spouse/partner, parent, child, brother or sister) who is authorised to travel with you:</p> <ul style="list-style-type: none"> <input type="radio"/> following an evacuation, and <input type="radio"/> for up to 10 days, or your date of discharge whichever is the earlier, whilst away from their usual specified country of residence <p>We do not pay for someone to travel with you when evacuation is for out-patient treatment only such as advanced imaging or cancer treatment such as radiotherapy or chemotherapy.</p>
Repatriation of mortal remains	Paid in full	Paid in full	Paid in full	Paid in full	<p>Reasonable costs for the transportation of your body or cremated mortal remains to your specified country of nationality or to your specified country of residence:</p> <ul style="list-style-type: none"> <input type="radio"/> in the event of your death while you are away from home, and <input type="radio"/> subject to airline requirements and restrictions <p>We will only pay statutory arrangements, such as cremation and an urn or embalming and a zinc coffin, if this is required by the airline authorities to carry out the transportation.</p> <p>We do not pay for any other costs related to the burial or cremation, the cost of burial caskets, etc, or the transport costs for someone to collect or accompany your mortal remains.</p>

Dental / Optical treatment*

* On Business Premier and Business Elite, the dental and optical benefits can only be purchased together as a single module.

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Dental	Not covered	Optional cover, if purchased We pay up to GBP 1,200 USD 1,900 EUR 1,600 maximum benefit each membership year	Optional cover, if purchased We pay up to GBP 2,500 USD 3,900 EUR 3,300 maximum benefit each membership year	Included We pay up to GBP 10,000 USD 15,500 EUR 13,000 maximum benefit each membership year	For Business Premier and Business Elite: <ul style="list-style-type: none">○ 100 percent of preventive treatment (such as check-ups, X-rays, scale and polishing)○ 80 percent of routine treatment (such as fillings, extractions and root canal therapy)○ 50 percent of major restorative (such as crowns, bridges or implants)○ 50 percent of orthodontic treatment of overbite or under bite etc, up to the age of 19. For Business Ultimate: <ul style="list-style-type: none">○ 100 percent of preventive treatment (such as check-ups, X-rays, scale and polishing)○ 100 percent of routine treatment (such as fillings, extractions and root canal therapy)○ 50 percent of major restorative (such as crowns, bridges or implants)○ 50 percent of orthodontic treatment of overbite or under bite etc, up to the age of 19. Note: Treatment must be provided by a dental practitioner.
Optical	Not covered	Optional cover, if purchased We pay up to GBP 250 USD 400 EUR 350 maximum benefit each membership year	Optional cover, if purchased We pay up to GBP 250 USD 400 EUR 350 maximum benefit each membership year	Included We pay up to GBP 250 USD 400 EUR 350 maximum benefit each membership year	We pay: <ul style="list-style-type: none">○ maximum of one eye test each membership year, which includes the cost of your consultation and sight/vision testing○ 75 percent of eligible costs for spectacle and contact lenses which are prescribed to correct a sight/vision problem, such as short or long sight○ 75 percent of eligible costs of spectacle frames only if you have been prescribed spectacle lenses, your spectacle lens prescription or invoice will be required in support of your claim for spectacle frames
Refractive eye surgery	Not covered	Not covered	Not covered	We pay for one surgery per eye for the whole of your lifetime	For Business Ultimate only, we also pay costs of refractive surgery for astigmatism and myopia / hyperopia, subject to Bupa Global's medical policy criteria, when: <ul style="list-style-type: none">○ you have 3 dioptries or greater on the eye being treated, and○ the treatment is provided by an accredited recognised practitioner, hospital or clinic We only pay for one surgery per eye per lifetime. Please contact us for pre-authorisation before proceeding with consultations and treatment. Benefit will not be paid unless pre-authorisation has been provided.

U.S. cover

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
U.S. cover	Not covered	<p>Optional cover, if purchased</p> <p>100 percent of eligible costs in network.</p> <p>Reasonable and Customary costs out of network.</p> <p>Treatment must be pre-authorized.</p>	<p>Optional cover, if purchased</p> <p>100 percent of eligible costs in network.</p> <p>Reasonable and Customary costs out of network.</p> <p>Treatment must be pre-authorized.</p>	<p>Included</p> <p>100 percent of eligible costs in network.</p> <p>Reasonable and Customary costs out of network.</p> <p>Treatment must be pre-authorized.</p>	<p>Pre-authorization and the U.S. provider network</p> <p>If you have U.S. cover, then before any in-patient treatment or day-case treatment in the U.S., you must contact our dedicated team for pre-authorization.</p> <p>Please contact them by calling 844 369 3797 (from inside the U.S.), or +1 844 369 3797 (from outside the U.S.).</p> <p>In-patient treatment or day-case treatment received in the U.S. without pre-authorization may be ineligible. Any pre-authorized treatment costs are covered according to this 'Table of Benefits'.</p> <p>Our U.S. Service Partner uses a national network of hospitals, clinics and medical practitioners. This is the U.S. provider network. Our dedicated team can help you to find a hospital or clinic in the U.S. provider network, when you contact them for pre-authorization. When eligible treatment takes place in the U.S. using the U.S. provider network, benefit is paid at 100 percent, once any co-insurance or deductible amount which may apply, and which you are responsible to pay, has been deducted from the claimed amount.</p> <p>When eligible treatment takes place in the U.S. but outside the U.S. provider network, benefit is paid at Reasonable and Customary costs. Please see the "Our approach to costs" section of this membership guide.</p> <p>Emergency admissions</p> <p>If you are admitted for emergency treatment you must contact our dedicated team within 48 hours of admission, or as soon as reasonably possible.</p> <p>If your admission for emergency treatment is to a non-network hospital, our dedicated team may arrange to transfer you to a network hospital as soon as it is medically appropriate to do so.</p> <p>If the transfer to a network hospital is carried out, benefit for all eligible treatment received at both facilities will be payable at 100 percent.</p> <p>If you choose to stay in a non-network hospital after the date our dedicated team decides a transfer is medically appropriate, benefit for all eligible treatment received both before and after that date will be payable at Reasonable and Customary costs.</p>

General Exclusions

In the 'General Exclusions' section below, **we** list specific **treatments**, conditions and situations that **we** do not cover as part of **your health plan**. In addition to these **you** may have personal exclusions or restrictions that apply to **your health plan**, as shown on **your** membership certificate. No personal exclusions or restrictions shall apply where **we** have agreed with **your sponsor** that medical history has been disregarded.

Do you have cover for pre-existing conditions?

When **your sponsor** applied for **your health plan** **you** may have been asked to provide all information about any disease, illness or injury for which **you** received medication, advice or **treatment**, or **you** had experienced symptoms before **you** became a customer – **we** call these **pre-existing conditions**.

Our medical team reviewed **your** medical history to decide the terms on which **we** offered **you** this **health plan**. **We** may have offered to cover any **pre-existing conditions**, or decided to exclude specific **pre-existing conditions** or apply other restrictions to **your health plan**. If **we** have applied any personal exclusion or other restrictions to **your health plan**, this will be shown on **your** membership certificate. This means **we** will not cover costs for **treatment** of this **pre-existing condition**, related symptoms, or any condition that results from or is related to this **pre-existing condition**. Also **we** will not cover any **pre-existing conditions** that **you** did not disclose in **your** application.

If **we** have not applied a personal exclusion or restriction to **your** membership certificate, this means that any **pre-existing conditions** that **you** told **us** about in **your** application are covered under **your health plan**. If **you** are unsure about anything in this section, please contact **us** for confirmation before **you** go for **your treatment**.

General Exclusions

The exclusions in this section apply in addition to and alongside any personal exclusions and restrictions explained above.

For all exclusions in this section, and for any personal exclusions or restrictions shown on **your** membership certificate, **we** do not pay for conditions which are directly related to:

- excluded conditions or **treatments**
- additional or increased costs arising from excluded conditions or **treatments**
- complications arising from excluded conditions or **treatments**

Important note:

Our global **health plans** are non-U.S. insurance products and accordingly are not designed to meet the requirements of the U.S. Patient Protection and Affordable Care Act (the Affordable Care Act). **Our** plans may not qualify as minimum essential coverage or meet the requirements of the individual mandate for the purposes of the Affordable Care Act, and **we** are unable to provide tax reporting on behalf of those U.S. taxpayers and other persons who may be subject to it. The provisions of the Affordable Care Act are complex and whether or not **you** or **your dependants** are subject to its requirements will depend on a number of factors. **You** should consult an independent professional financial or tax advisor for guidance. For customers whose coverage is provided under a group **health plan**, **you** should speak to **your health plan** administrator for more information.

Please note that, should **you** choose to have **treatment** or services with a **benefits provider** who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. Additional rules may apply in respect of **covered benefits** received from an 'out-of-network' **benefits provider** in certain specific countries.

Exclusion	Notes	Rules
Administration / registration fees		Administration and/or registration fees (unless we , at our reasonable discretion, deem that such fees are proper and usual, accepted practice in the relevant country).
Artificial life maintenance		We will not pay for artificial life maintenance for more than 90 days – including mechanical ventilation, where such treatment will not or is not expected to result in your recovery or restore you to your previous state of health. Example: We will not pay for artificial life maintenance when you are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 days.
Birth control		Contraception, sterilisation, vasectomy, termination of pregnancy (unless there is a threat to the mother's health), family planning, such as meeting your doctor to discuss becoming pregnant or contraception.

Exclusion	Notes	Rules
Chinese medicine		Any of the following traditional Chinese medicines: cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American Ginseng; Radix Ginseng Silvestris; antelope horn powder; placenta hominis; Agaricus blazei murill; musk; and pearl powder, rhinoceros horn and substances from Asian Elephant, Sun Bear, and Tiger or other endangered species.
Conflict and disaster		<p>We shall not be liable for any claims which concern, are due to or are incurred as a result of treatment for sickness or injuries directly or indirectly caused by you putting yourself in danger by entering a known area of conflict (as listed below) and/or if you were an active participant or you have displayed a blatant disregard for your personal safety in a known area of conflict:</p> <ul style="list-style-type: none"> ○ nuclear or chemical contamination ○ war, invasion, acts of a foreign enemy ○ civil war, rebellion, revolution, insurrection ○ terrorist acts ○ military or usurped power ○ martial law ○ civil commotion, riots, or the acts of any lawfully constituted authority ○ hostilities, army, naval or air services operations whether war has been declared or not
Convalescence, nursing home and admission for general care, or staying in hospital or other establishment		Convalescence, pain management, supervision, general nursing care, therapist or complementary therapist services, domestic/living assistance such as bathing and dressing, and treatment that could take place as a day-patient or out-patient, receiving services which would not normally require trained medical professionals.
Cosmetic treatment		<p>Non-medically essential surgery and treatment to alter your appearance including abdominoplasty or treatment related to or arising from the removal or addition of non-diseased or surplus or fat tissue is not covered.</p> <p>We do not pay for treatment of keloid scars. We also do not pay for scar revision.</p>
Deafness		Treatment for or arising from deafness or partial hearing loss caused by a congenital abnormality or ageing.
Dental treatment /gum disease	This exclusion is not applicable if you have the Business Ultimate level of cover, or if you have purchased the optional Dental / Optical module with the Business Premier or Business Elite Health Plan . Please see dental treatment and accident related dental in the 'Table of Benefits'.	<p>This includes surgical operations for the treatment of bone disease when related to gum disease or damage.</p> <p>Examples: we do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth, etc.</p>
Desensitisation and neutralisation		Treatment to de-sensitise or neutralise any allergic condition or disorder.
Developmental problems		<p>Treatment for, or related to developmental problems, including:</p> <ul style="list-style-type: none"> ○ learning difficulties, such as dyslexia ○ developmental problems treated in an educational environment or to support educational development

Exclusion	Notes	Rules
Donor organs		<p>Treatment costs for, or as a result of the following:</p> <ul style="list-style-type: none"> ○ transplants involving mechanical or animal organs ○ the removal of a donor organ from a donor ○ the removal of an organ from you for purposes of transplantation into another person ○ the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible diseases or illness ○ the purchase of a donor organ
Drugs and dressings (out-patient)	This exclusion applies to Business Select cover only.	Any drugs or surgical dressings that are provided or prescribed for out-patient treatment , or for you to take home with you on leaving hospital , for any condition.
Experimental or unproven treatment		<p>Clinical tests, treatments, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy.</p> <ul style="list-style-type: none"> ○ We do not pay for any test, treatment, equipment, medicine, device or procedure that is not considered to be in standard clinical use but is (or should, in Bupa's reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy. ○ We do not pay for any tests, treatment, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by Bupa Global in line with its criteria for standard clinical use. <p>Standard clinical use includes:</p> <ul style="list-style-type: none"> ○ treatment agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved through the UK Cancer Drugs Fund), Royal Colleges or equivalent national specialist bodies in the country of treatment; ○ the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or Bupa's in-house Clinical Effectiveness team) indicate that the treatment is safe and effective; ○ where the treatment has received full regulatory approval by the licensing authority (e.g. US Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency, etc.) in the location where the member has requested treatment, and is duly licensed for the condition and patient population being requested (please note - full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or ○ tests, treatments, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which treatment is requested. <p>Notes:</p> <ul style="list-style-type: none"> ○ Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not considered appropriate evidence to demonstrate a test, treatment, equipment, medicine, device or procedure should be used in standard clinical use. ○ Where licensing authority approval to market tests, treatment, equipment, medicines, devices or procedures does not, in Bupa's reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.
Eyesight	This exclusion does not apply to the Business Ultimate level of cover.	<p>Treatment, equipment or surgery to correct eyesight, such as laser treatment, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Examples: We will pay for eligible treatment or surgery of a detached retina, glaucoma, cataracts or keratoconus.</p> <p>We will not pay for routine eye examinations, contact lenses or spectacles unless the Dental / Optical option has been purchased, as detailed in the 'Table of Benefits'.</p>

Exclusion	Notes	Rules
Family doctor treatment	This exclusion applies to Business Select cover only.	Treatment or services carried out by a family doctor , including vaccinations.
Footcare		Treatment for corns, calluses, or thickened or misshapen nails.
Genetic testing	This exclusion is not applicable in the case of Genetic Cancer Screening if you have the Business Ultimate level of cover.	Genetic tests, when such tests are solely performed to determine whether or not you may be genetically likely to develop a medical condition. Example: we do not pay for tests used to determine whether you may develop Alzheimer's disease, when that disease is not present.
Harmful or hazardous use of alcohol, drugs and/or medicines		Treatment for or arising: <ul style="list-style-type: none"> ○ directly or indirectly, from the deliberate, reckless (including where you have displayed a blatant disregard for your personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and ○ in any event, from the illegal use of any such substance
Health hydros, nature cure clinics etc.	If you have the Business Ultimate level of cover, we may cover costs associated with rehabilitation at recognised health resorts as detailed in the 'Table of Benefits', subject to pre-authorisation.	Treatment or services received in health hydros, nature cure clinics or any establishment that is not a hospital .
Infertility treatment	This exclusion applies to Business Select cover only.	Treatment to assist reproduction such as: <ul style="list-style-type: none"> ○ in-vitro fertilisation (IVF) ○ gamete intrafallopian transfer (GIFT) ○ zygote intrafallopian transfer (ZIFT) ○ artificial insemination (AI) ○ prescribed drug treatment ○ embryo transport (from one physical location to another), or ○ donor ovum and/or semen and related costs <p>Note: we pay for reasonable investigations into the causes of infertility if:</p> <ul style="list-style-type: none"> ○ you had not been aware of any problems before joining, and ○ you have been a member of this plan (or any Bupa administered plan which included cover for this type of investigation) for a continuous period of two years before the investigations start <p>Once the cause is confirmed, we will not pay for any additional investigations in the future.</p>
Maternity and childbirth	This exclusion applies to Business Select cover only.	Treatment for maternity or for any condition arising from maternity and childbirth except the following conditions and treatments : <ul style="list-style-type: none"> ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside of the womb (ectopic pregnancy) ○ other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant

Exclusion	Notes	Rules
Illegal activity		We will not pay for treatment which arises, directly or indirectly, as result of you deliberate or reckless participation (whether actual or attempted) in any illegal act, including road traffic offenses.
Mechanical or animal donor organs		Mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant, purchase of a donor organ from any source or harvesting or storage of stem cells when a preventive measure against possible future disease.
Obesity	We may cover costs associated with obesity surgery as detailed in the 'Table of Benefits'.	Obesity treatment for or as a result of obesity such as: slimming aids or drugs, or slimming classes.
Persistent vegetative state (PVS) and neurological damage		We will not pay for treatment while staying in hospital for more than 90 continuous days for permanent neurological damage or if you are in a persistent vegetative state .
Physical aids and devices	Please see optical treatment in the 'Table of Benefits'.	Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an appliance. Examples: we will not pay for hearing aids, crutches or walking sticks.
Treatment for or related to gender dysphoria (Certain criteria apply)		We do not pay for: <ul style="list-style-type: none"> ○ any surgical treatment (including cosmetic treatment) for or related to gender dysphoria unless: <ul style="list-style-type: none"> ○ you have lived continuously for at least 12 months in the gender role that is congruent with your gender identity; and ○ we have received referral letters from two independent psychologists and/or psychiatrists detailing your personal and treatment history, progress and eligibility and confirming that such treatment is medically necessary for treating gender dysphoria; and, in any event ○ any treatment (surgical or non-surgical) for or related to gender dysphoria where such treatment is unlawful and/or gender dysphoria is not a clinically recognised condition in the country of treatment.
Pre-existing conditions	Please note: this exclusion does not apply if your sponsor has purchased cover with medical history disregarded. If you are unsure whether you have this cover, please contact the customer services helpline. For pre-existing conditions for newborns, please see the exclusions for congenital and hereditary conditions in this section.	Any treatment for a pre-existing condition , related symptoms, or any condition that results from or is related to a pre-existing condition . Note: please contact us before your renewal date if you or your dependants have personal exclusion(s) and would like us to review a personal exclusion. We may remove your exclusion if, in our opinion, no further treatment will be either directly or indirectly required for the condition, or for any related condition. There are some personal exclusions that, due to their nature, we will not review. To carry out a review, we may ask for an up to date medical report from your family doctor or consultant . Any costs incurred in obtaining these details are not covered under your plan and are your responsibility.
Preventive and wellness treatment	This exclusion applies to Business Select cover only. Please see wellness, full health screening and prophylactic surgery in the 'Table of Benefits'.	Health screening, including routine health checks, or any preventive treatment unless stated in the 'Table of Benefits'.

Exclusion	Notes	Rules
Reconstructive or remedial surgery		<p>Treatment required to restore your appearance after an illness, injury or previous surgery, unless:</p> <ul style="list-style-type: none"> ○ the treatment is a surgical operation to restore your appearance after an accident, or as the result of surgery for cancer, if either of these takes place during your current continuous membership of the plan ○ the treatment is carried out as part of the original treatment for the accident or cancer ○ you have obtained our written consent before the treatment takes place
Sleep disorders		<p>Treatment, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.</p>
Speech disorders		<p>Treatment for speech disorders, including stammering or speech developmental delays, unless all of the following apply:</p> <ul style="list-style-type: none"> ○ the treatment is short term therapy which is medically necessary as part of active treatment for an acute condition such as a stroke, ○ the speech therapy takes place during and/or immediately following the treatment for the acute condition, and ○ the speech therapy is recommended by the consultant in charge of your treatment, and is provided by a therapist <p>in which case we may pay at our discretion.</p>
Stem cells		<p>Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.</p> <p>Note: we pay for bone marrow transplants and peripheral stem cell transplants when carried out as part of the treatment for cancer. This is covered under the cancer treatment benefit.</p>
Surrogacy	Please also see maternity and childbirth cover in the 'Table of Benefits'.	<p>Treatment directly related to surrogacy. This applies to you if you act as a surrogate, or to anyone else acting as a surrogate for you.</p>
Temporomandibular joint (TMJ) disorders		<p>Disorders of the Temporomandibular joint (TMJ) and related complications.</p>
Travel costs for treatment		<p>Any travel costs related to receiving treatment, unless otherwise covered by:</p> <ul style="list-style-type: none"> ○ local air ambulance benefit ○ local road ambulance benefit ○ medical evacuation ○ medical repatriation ○ non-medical evacuation ○ travel cost for an accompanying person ○ travel cost for the transfer of children ○ compassionate visit transport costs and compassionate visit living allowance, or ○ compassionate emergency repatriation <p>Examples:</p> <ul style="list-style-type: none"> ○ we do not pay for taxis or other travel expenses for you to visit a medical practitioner ○ we do not pay for travel time or the cost of any transport expenses charged by a medical practitioner to visit you
Unrecognised medical practitioner, hospital or healthcare facility		<ul style="list-style-type: none"> ○ Treatment provided by a medical practitioner, hospital or healthcare facility which are not recognised by the relevant authorities in the country where the treatment takes place as having specialist knowledge, or expertise in, the treatment of the disease, illness or injury being treated. ○ Self treatment or treatment provided by anyone with the same residence, Family Members (persons of a family, related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ○ Treatment provided by a medical practitioner, hospital or healthcare facility which are to whom we have sent a written notice that we no longer recognise them for the purposes of our health plans. You can contact us by telephone for details of treatment providers we have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder

Exclusion	Notes	Rules
U.S. treatment (unless purchased)	Business Ultimate cover includes U.S. cover.	<p>If U.S. cover is not included in your cover, then any treatment received, emergency or otherwise, in the U.S. is ineligible.</p> <p>If U.S. cover is included in your cover (on Business Ultimate or optional on Business Select, Business Premier or Business Elite), then any treatment received in the U.S. is ineligible if we have specifically excluded any conditions to include U.S. cover.</p> <p>Our Service Partner in the U.S. operates a national network of hospitals, clinics and medical practitioners. This is the U.S. provider network. You must contact our dedicated team before you have treatment, and they can help to find a suitable network provider for you.</p> <p>For eligible treatment that takes place in the U.S. using the U.S. provider network, benefit is paid at 100 percent once any co-insurance or deductible amount which may apply, and which you are responsible to pay, has been deducted from the claimed amount.</p> <p>When eligible treatment takes place in the U.S. but outside the provider network, benefit is paid at Reasonable and Customary costs. Please see the "Our approach to costs" section of this membership guide.</p> <p>If USA cover has not been purchased, then any treatment received in the U.S. is ineligible:</p> <ul style="list-style-type: none"> ○ after the 28th day of your visit to the U.S. ○ for any condition of which you were aware before your visit to the U.S. ○ when arrangements were not authorised by our agents in the U.S., and ○ when we know or suspect that you travelled to the U.S. for the purpose of receiving treatment for a condition, when the symptoms of the condition were apparent to you before travelling. This applies whether or not your treatment was the main or sole purpose of your visit <p>Note: you can claim for unforeseen treatment received within 28 days of your arrival in the U.S., you must send a photocopy of your airline ticket and stamped passport as evidence of your arrival date with your claim.</p>

Pre-authorisation

We want to make sure everything runs as smoothly as possible when **you** need **treatment** and help take care of the practicalities so **you** can focus on getting better.

If **you** contact **us** before going for **treatment**, **we** can explain **your** benefits and confirm that **your treatment** is covered by **your health plan**. If needed **we** can also help with suggesting **hospitals**, clinics and **doctors** and offer any help or advice **you** may need.

In cases where **you** need **hospital treatment (in-patient treatment or day-case treatment)**, contacting **us** also gives **us** an opportunity to contact **your hospital** or clinic and make sure they have everything they need to go ahead with **your treatment**. If possible **we** will arrange to pay them directly too.

We would like to make **you** aware that there are certain benefits which **you** must receive pre-authorisation for. These are detailed in **your** 'Table of Benefits'. Benefit may not be paid unless pre-authorisation has been provided.

The pre-authorisation process

You can pre-authorise **your treatment** by phone or email. Once **we** have the necessary details, **we** send a pre-authorisation statement to **your hospital** or clinic.

When **you** contact **us**, please have **your** membership number ready. **We** will ask some or all of the following questions:

- what condition are **you** suffering from?
- when did **your** symptoms first begin?
- when did **you** first see **your** family **doctor** about them?
- what **treatment** has been recommended?
- on what date will **you** receive the **treatment**?
- what is the name of **your consultant**?
- where will **your** proposed **treatment** take place?
- how long will **you** need to stay in **hospital**?

We will send **you** a pre-authorisation statement at **your** request.

From time to time **we** may ask **you** for more detailed medical information, for example, to rule out any relation to a **pre-existing condition**. **We** may require that **you** have a medical examination by an independent **medical practitioner** appointed by **us** (at **our** cost) who will then provide **us** with a medical report. If this information is not provided in a timely manner once requested this may result in a delay in pre-authorisation and to **your** claims being paid. If this information is not provided to **us** at all this may result in **your** claims not being paid.

If **we** pre-authorise **your treatment**, this means that **we** will pay up to the limits of **your** plan provided that all the following requirements are met:

- the **treatment** is eligible **treatment** that is covered by **your health plan**
- **you** have an active membership at the time
- that **treatment** takes place
- **your** subscriptions are paid up to date
- the **treatment** carried out matches the **treatment** authorised
- **you** have provided a full disclosure of the condition and **treatment** required
- **you** have enough benefit entitlement to cover the cost of the **treatment**
- **your** condition is not a **pre-existing condition** that has been excluded from **your** cover, as detailed in **your** membership certificate
- the **treatment** is **medically necessary**
- and the **treatment** takes place within 31 days after pre-authorisation is given.

CALL: +44 (0) 1273 323 563

FAX: +44 (0) 1273 866 301

Or contact **us** via **our** secure MembersWorld website at membersworld.bupaglobal.com

Length of stay (in-patient treatment)

Your pre-authorisation will specify an approved length of stay for **in-patient treatment**. This is the number of nights in **hospital** that **we** will cover **you** for. If **your treatment** will take longer than this approved length of stay, then **you** or **your consultant** must contact **us** for an extension to the pre-authorisation.

Treatment we can pre-authorise

We can pre-authorise **in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans.

Treatment in the U.S.

All **in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans in the U.S. must be pre-authorised. If **you** are going to receive any of these **treatments**, ask **your** medical provider to contact **Bupa Global** for pre-authorisation. All the information they need is on **your** membership card.

We have made special arrangements if **you** need to have **treatment** or be hospitalised or visit a **doctor** in the U.S. These include access to a select **network** of quality medical providers and direct settlement of all covered expenses when **you** receive **treatment** in a **network hospital**.

Treatment which has not been pre-authorised

If **you** choose not to get **your in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans in the U.S. pre-authorised, **we** will only pay 50 percent towards the cost of covered **treatment**.

Of course **we** understand that there are times when **you** cannot get **your treatment** pre-authorised, such as in an **emergency**. If **you** are taken to **hospital** in an **emergency**, it is important that **you** arrange for the **hospital** to contact **us** within 48 hours of **your** admission, or as soon as reasonably possible in the circumstances. **We** can then make sure **you** are getting the right care, and in the right place. If **you** have been taken to a **hospital** that is out-of-**network** and, if it is the best thing for **you**, **we** may arrange for **you** to be moved to an in-**network hospital** to continue

your treatment, once **you** are stable. Should **you** decline to transfer to a provider in **network** (should this be offered to be arranged, where medically appropriate) only the **Reasonable and Customary** costs of any covered **treatment** or services received following the date of the transfer being offered will be paid (after any applicable **co-insurance** or deductible has been deducted).

If **we** have been notified within 48 hours of an **emergency** admission to an in-**network hospital**, **we** will not ask **you** to share the cost of **your treatment**.

Out of network treatment

Even if **your treatment** in the U.S. has been pre-authorised, if **you** choose to use a **hospital**, clinic or **medical practitioner** Out of **network**, **we** will only pay **Reasonable and Customary** costs towards the cost of covered **treatment**. Please see the 'Our approach to costs' section of this **membership guide**.

There may be times when it is not possible for **you** to be treated at an in-**network hospital**. These include:

- where there is no in-**network hospital** within 30 miles of **your** address, and
- when the **treatment** **you** need is not available in at in-**network hospital**

In these cases, **we** will not ask **you** to share the cost of **your treatment**.

Important rules:

Please note that pre-authorisation is only valid if all the details of the authorised **treatment**, including dates and locations, match those of the **treatment** received. If there is a change in the **treatment** required, if **you** need to have further **treatment**, or if any other details change, then **you** or **your consultant** must contact **us** to pre-authorise this separately. **We** make **our** decision to approve **your treatment** based on the information given to **us**. **We** reserve the right to withdraw **our** decision if additional information is withheld or not given to **us** at the time the decision is being made.

We reserve the right to withdraw or amend **our** decision if information is subsequently received that may be contradictory to the information initially given to **us** at the time the decision is being made. Failure to comply with any request for additional information may be deemed to be indicative of fraudulent activities. Should such a failure occur, information may be disclosed to third parties (including other insurers) with the intention of preventing and detecting fraud.

Making a Claim

At times of ill health, **you** want to concentrate on getting well. **We** will do everything **we** can to make **your** claim as simple and straightforward as possible.

Where possible **we** aim to pay **your** provider directly, however in some cases that is not possible and this section details the pay and claim process in more detail.

How to make a claim

Claim forms

Your claim form is important as it gives **us** the information that **we** need to process **your** claim.

You must ensure that **your** claim form is fully completed by **you** and by **your medical practitioner**. If it is not fully completed **we** may have to ask for more information. Contacting **you** or **your medical practitioner** for more information can take time, and an incomplete claim form is the most common reason for delayed payments.

You can download a claim form from **our** MembersWorld website, or contact **us** to send **you** one. Remember that if **your treatment** is pre-authorised, **your** pre-authorisation statement can act as **your** claim form.

You must complete a new claim form:

- for each **member**
- for each condition
- for each in-patient or day-case stay, and
- for each currency of claim

If a condition continues over six months, **we** will ask for a further claim form to be completed.

What to send us

You need to return the completed form to **us** by post, with the invoices, as soon as possible. This must be within 2 years of receiving the **treatment** for which **you** are claiming. Invoices sent to **us** after 2 years will not normally be paid unless there is a good reason why it was not possible for **you** to make the claim earlier.

Requests for further information

We may need to ask **you** for further information to support **your** claim. If **we** do, **you** must provide this. Examples of things **we** might ask for include:

- medical reports and other information about the **treatment** for which **you** are claiming
- the results of any medical examination performed at **our** expense by an independent **medical practitioner** appointed by **us**
- written confirmation from **you** as to whether **you** think **you** can recover the costs **you** are claiming from another person or insurance company

If **you** do not provide the information that **we** ask for, **we** may not pay **your** claim in full.

Important

When making a claim please note:

- **you** must have received the **treatment** while covered under **your** membership
- payment of **your** claim will be under the terms of **your** membership and up to the benefit levels shown, that apply to **you** at the time **you** receive the **treatment**
- **we** will only pay for **treatment** costs actually incurred by **you**, not deposits or advance invoices or registration/administration fees charged by the provider of **treatment**
- **we** will only pay for **treatment** costs that are **Reasonable and Customary**
- **we** do not return original documents such as invoices or letters. However, **we** will be pleased to return copies if **you** ask **us** when **you** submit **your** claim.

Tracking a claim

We will process **your** claim as quickly as possible.

You can easily check the progress of a claim **you** have made by logging on to **our** MembersWorld website.

Fraud prevention and detection

We have the right, where appropriate, to check **your** details with fraud prevention agencies, other insurers and other relevant third parties for the purpose of preventing and detecting false information or fraudulent activity. If **you** give **us** false or inaccurate information and **we** suspect fraud, **we** may record this with a fraud prevention agency. **We** and other organisations may also use and search these records to:

- help make decisions about benefit and benefit related services for **you** and **members** of **your** plan
- help make decisions on other insurance proposals and claims for **you** and **members** of **your** plan/group
- trace debtors, recover debt, prevent fraud and to manage **your** insurance plans
- establish **your** identity
- undertake credit searches and additional fraud searches.

Fraudulent Claims

You and any **dependant** (or anyone acting on behalf of **you** or any **dependant**) must not:

- make a fraudulent or exaggerated claim under this plan;
- send **us** fake or forged documents or other false evidence, or make a false statement in support of a claim; and/or
- provide **us** with information which **you** or any **dependant** knows would otherwise enable **us** to refuse to pay a claim under this plan; and/or
- refuse to cooperate or fail to provide information / documentation reasonably requested by **us** to validate **your** claim(s), whether pending or paid (including but not limited to proof of payment, medical reports and original invoices).

Failure to comply with the above will give **us** the right to:

- refuse to pay the whole of the claim and any other claim(s) submitted since the date of that claim;
- recover any payments **we** have already made in respect of the claim and/or other claims submitted since that claim(s); and/or
- notify **you** that this plan (or if the fraudulent claim is made by or on behalf of a particular **dependant**, the cover under this plan for that particular **dependant**) has terminated from the date the claim(s) was submitted, and **we** will not refund the premium.

Confirmation of your claim

We will always send confirmation of how **we** have dealt with a claim. If applicable, for child **dependants** (those aged under 18 years), **we** will write to the **principal member**. If the claim is for **treatment** received by the **principal member**, or an adult **dependant** (those aged over 18 years), **we** will write directly to the individual concerned.

How your claim will be paid

Wherever possible, **we** will follow the instructions given to **us** in the 'Payment details' section of the claim form:

- **we** can pay **you** or the **hospital**
- **we** can pay by cheque or by electronic transfer.

Who we will pay

We will only make payments to the **member** who received the **treatment**, the provider of the **treatment**, the **principal member** of the membership or the executor or administrator of the **member's** estate. **We** may pay a **dependant** only where the **dependant** received the **covered benefits**, they are over 18 and **we** have their current bank details. **We** will not make payments to anyone else.

Payment method and bank charges

We will make payment where possible by electronic transfer or by cheque. Payments made by electronic transfer are quick, secure and convenient. To receive payment by electronic transfer, **we** need the full bank account, SWIFT code, bank address details and (in Europe only) IBAN number to be provided on the claim form.

We will instruct **our** bank to recharge the administration fee relating to the cost of making the electronic transfer to **us** but **we** cannot guarantee that these charges will always be passed back for **us** to pay. In the event that **your** local bank makes a charge for a wire transfer **we** will aim to refund this as well. Any other bank charges or fees, such as for currency exchange, are **your** responsibility, unless they are charged as a result of **our** error.

Cheques are no longer valid if they are not cashed within 6 months. If **you** have an out-of-date cheque, please contact customer services, who will be happy to arrange a replacement.

Payment currency and conversions

We can pay in over 80 currencies. The claim will be paid in the currency in which **your sponsor** pays **your** subscriptions, the currency of the invoices **you** send **us**, or the currency of **your** bank account.

Sometimes, the international banking regulations do not allow **us** to make a payment in the currency **you** have asked for. If so, **we** will send a payment in the currency of **your sponsor's** subscriptions. Where payment to **you** in the usual currency may expose **us** (or **our Bupa group of companies and administrators**) to the risk of any sanction, prohibition or restriction under the laws of any relevant jurisdiction and/or United Nations resolution, **we** reserve discretion to pay **you** in such other currency as **we** are permitted and able to make payment in, if any such payment is permitted to be made.

If **we** have to make a conversion from one currency to another, the exchange rate **we** use will be Reuters closing spot rate set at 16.00 **UK** time on the **UK** working day preceding the invoice date. If there is no invoice date, **we** will use the date of **your treatment**.

Other claim information

Discretionary payments

If **we** make a payment to **you** for a benefit **you** are not covered for, it does not mean that **we** are required to pay identical or similar costs in the future. Any payment that **we** may make on this basis will still count towards the overall annual maximum limit that applies to this policy.

Incorrect payment of claims

If **we** incorrectly make any payment of **your** claim, **we** reserve the right to deduct the incorrectly paid amount from future claims or seek repayment from **you**.

Claiming for treatment when others are responsible

You must complete the appropriate section of the claim form if **you** are claiming for **treatment** that is needed when someone else is at fault, for example in a road accident in which **you** are a victim. If so, **you** will need to take any reasonable steps **we** ask of **you** to assist **us** to:

- recover from the person at fault (such as through their insurance company) the cost of the **treatment** paid for by **Bupa Global**, and
- claim interest if **you** are entitled to do so

If any person is to blame for any injury, disease, illness, condition or other event in relation to which **you** receive any **covered benefits**, **we** may make a claim in **your** name.

You must provide **us** with any assistance **we** reasonably require to help make such a claim, for example:

- providing **us** with any documents or witness statements;
- signing court documents; and
- submitting to a medical examination.

We may exercise **our** rights to bring a claim in **your** name before or after **we** have made any payment under the membership. **You** must not take any action, settle any claim or otherwise do anything which adversely affects **our** rights to bring a claim in **your** name.

Claiming with joint or double insurance

You must complete the appropriate section on the claim form, if **you** have any other insurance cover for the cost of the **treatment** or benefits **you** have claimed from **us**. If **you** do have other insurance cover, this must be disclosed to **us** when claiming, and **we** will only pay **our** share of the cost of the **treatment** or benefits claimed.

Should **you** make any claim to **Bupa Global** which may be covered under mandatory basic health and accident insurance (if applicable) pursuant to the Swiss Health Insurance Act (KVG /LAMal), Swiss Accident Insurance Act (UVG/LAA), Swiss Disability Insurance Act (IVG/LAI), Swiss Military Insurance Act (MVG/LAM) or other supplemental cover, **Bupa Global** or any person or company that it nominates may subrogate into all rights of recovery of that **you** may have under that other insurance. **You** shall sign and deliver all documents and papers and do whatever else is necessary to secure and enforce such subrogated rights to **Bupa Global** or its nominated party. **You** shall do nothing after the claim to prejudice such rights. **You** agree that **Bupa Global** and **your** KVG / mandatory cover / other insurer, as the case may be, may exchange information exchange information pertaining to **your** claim, including information on **your** personal health.

Everyday Resources

Everyday Resources provides 24/7 telephone counselling, information and resources to answer the personal concerns of employees and their **dependants** to support them in times of need.

Bupa Global has connected with Workplace Options (WPO) to provide **you** with access to Everyday Resources provided by WPO. WPO is an independent provider of employee support services. These services will be provided by WPO directly to **you**.

- The service is confidential*
- Available 24 hours a day, 7 days per week, 365 days per year
- Access available worldwide via phone, e-mail or web
- Provides information, resources and counselling on any work, life, personal or family issue

- Services can be provided in a number of languages
- There is no cost to employees and their families to use this service

Everyday Resources provides counselling, information and resources on the following topics:

- Balancing work and home life
- Relationships
- Personal issues
- Stress
- Emotional support
- Grief, trauma, loss
- Anxiety and depression
- Substance abuse
- Workplace concerns
- Bullying and harassment
- Life transitions

How to contact Everyday Resources:

- Telephone:**
 - Please see the website using the access code below for a listing of freephone numbers by country**:
 - Website access code: BGEVERYDAYRESOURCES
 - bupaglobal.com/everyday-resources
- Reverse charge calling:
 - (+44) 1287 221861 (Contact **your** international operator and request that the charges be reversed or dial **us** direct and **we** will call **you** back within one minute.)
- SMS Texting:
 - (+44) 7909 341229
 - Standard text messaging rates may apply.
 - Please include **your** name, country location and phone number where **you** can be reached.
- E-mail:
 - support@worldwideassist.co.uk
- iConnectyou:***
 - iConnectYou is an app that instantly connects **you** with the Everyday Resources. Download iConnectYou from

the App Store (iPhone) or Google Play Store (Android) and register using the applicable registration code. Please see the website using the access code below for a listing of iConnectyou registration codes by country:

- bupaglobal.com/everyday-resources
- Website access code: BGEVERYDAYRESOURCES
- Website:
 - bupaglobal.com/everyday-resources
 - Website access code: BGEVERYDAYRESOURCES

Everyday Resources general rules:

The following rules apply to the Everyday Resources:

- Support and advice provided through this service does not confirm that any related **treatment** or additional support which may be discussed would be covered under **your health plan**.
- To discuss the cover under **your health plan**, please contact **Bupa Global** using the number on the back of **your** card.
- Access to Everyday Resources, is facilitated by **Bupa Global** as an additional feature to **your health plan** under **your** table of benefits.
- **Your** access to Everyday Resources, is facilitated by **Bupa Global** and **your** employer as an additional benefit to the insurance contract.
- Confidential and/or identifiable information which **you** may discuss with WPO will not be shared with **Bupa Global** or **your** employer (WPO will only share aggregated or deidentified information for reporting purposes). However, **Bupa Global** may ask **your** permission to review **your** personal data if **you** make a complaint to **Bupa Global** about WPO. WPO is a U.S. company, and will primarily be handling **your** personal data in the UAE and U.S. For further information on how WPO processes **your** personal data please see WPO privacy policy. For further information on how **Bupa Global** will process **your** personal data in the event **you** have

made a complaint to **Bupa Global** about the WPO service please see **Bupa Global's** privacy policy www.bupaglobal.com/en/legal/privacy-notice

** Calls placed from mobile phones or internet based lines (VOIP) are carrier dependent and not guaranteed. Please contact **us** via email, text or on the website if **you** experience issues connecting.

*** The transmission of information via the Internet is not completely secure. Any transmission is at **your** own risk.

Your Membership

This section contains the rules about **your** membership, including when it will start and end, renewing **your health plan**, how **you**, the **principal member** can change **your** cover and general information.

Paying subscriptions and other charges

Your sponsor has to pay any and all subscriptions due under the agreement, together with any other charges (such as insurance premium tax) that may be payable. **You** will be directly responsible for payment of any **co-insurance** amount.

Starting and renewing your membership

When your cover starts
Your membership starts on the 'effective date' shown on the first membership certificate that **we** sent **you**, the **principal member** for **your** current continuous period of Business **Health Plan** membership.

Renewing your membership

The renewal of **your** membership is subject to **your sponsor** renewing **your** membership under the agreement.

Ending your membership

Your sponsor can end **your**, the **principal member's** membership, or that of any of **your dependants** (if applicable) by writing to **us**. **We** cannot backdate the cancellation of **your** membership.

Your membership will automatically end:

- if the agreement between **Bupa Global** and **your sponsor** is terminated
- if **your sponsor** does not renew **your** membership
- if **your sponsor** does not pay subscriptions or any other payment due under the agreement for **you** or for any other person
- if the membership of the **principal member** ends
- upon the death of the **principal member**.

If you move to a new country or change your specified country of nationality

You, the **principal member** must tell **your sponsor** straight away if **your specified country of residence** or **your specified country of nationality** changes. **We** may need to end **your** membership if the change results in a breach of regulations governing the provision of healthcare cover to local nationals, residents or citizens. The details of regulations vary from country to country and may change at any time.

In some countries **we** have local partners who are licensed to provide insurance cover but which are administered by **Bupa Global**. This means that customers experience the same quality **Bupa Global** service.

If **you** change **your specified country of residence** to a country where **we** have a local partner, in most cases **you** will be able to transfer to **our** partner's insurance policy without further medical underwriting. **You** may also be entitled to retain **your** continuity of **Bupa Global** membership; which means that for those benefits which aren't covered until **you** have been a **member** for a certain period, the time **you** were a **member** with **us** will count towards that. Please note that if **you** request a transfer to a local partner,

we will have to share **your** personal information and medical history with the local partner.

Making changes to your cover

The terms and conditions of **your** membership may be changed from time to time by agreement between **your sponsor** and **Bupa Global**, or where there is a legal or regulatory requirement to do so.

Amending your membership certificate

We will send **you**, the **principal member** a new membership certificate if:

- with the **sponsor's** approval, **you**, the **principal member** add a new **dependant** to **your** membership (if applicable)
- **we** need to record any other changes requested by **your sponsor** or that **we** are entitled to make.

General information

Other parties

No other person is allowed to make or confirm any changes to **your** membership on **our** behalf, or decide not to enforce any of **our** rights.

No change to **your** membership will be valid unless it is confirmed in writing. Any confirmation of **your** cover will only be valid if it is confirmed in writing by **us**.

If **you**, the **principal member** change **your** correspondence address, please contact **us** as soon as reasonably possible, as **we** will send any correspondence to the address **you** last gave **us**.

Correspondence

Letters between **us** must be sent by post and with the postage paid. **We** do not return original documents, with the exception of official documents such as birth or death certificates. However, if **you** ask **us** at the time **you** send any original documents to **us**, such as invoices, **we** can provide certified copies.

Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS). In the unlikely event that **we** cannot meet **our** financial obligations, **you** may be entitled to compensation from the FSCS, if **you** are usually resident in the EEA (European Economic Area). More information is available from the FSCS by calling +44 (0) 20 7892 7301 or on its website fscs.org.uk.

Applicable law

Your membership is governed by the laws of Switzerland. Any dispute that cannot otherwise be resolved will be dealt with by courts in Switzerland.

If any dispute arises as to interpretation of this document then the English version of this document shall be deemed to be conclusive and taking precedence over any other language version of this document.

This can be obtained at all times by contacting the customer services helpline.

Provision of accurate and complete information

You and any **dependant** must take reasonable care to make sure that all information provided to **us** is accurate and complete, at the time **you** take out this plan, and at each renewal and variation of this plan. **You** and any **dependant** must also tell **us** if any of the answers to the questions in the application form change prior to this plan starting. Otherwise, the following apply with effect from the date the plan was taken out, renewed or varied (depending on when **we** were provided with inaccurate or incomplete information).

A. **We** may treat this plan as if it had not existed if **you** deliberately or recklessly give **us** inaccurate or incomplete information.

B. Where **you** negligently or carelessly give **us** inaccurate or incomplete information, or where A. applies but **we** choose not to rely on **our** rights under A, **we** may treat the plan and any claims in a way which reflects what **we** would have done if **we** had been provided with accurate and complete information, as follows:

- if **we** would have refused to cover **you** at all, **we** may treat this plan as if it had not existed;
- if **we** would have provided **you** with cover on different terms, then **we** may apply those different terms to this plan. This means a claim will only be paid if it is covered by and/or if **you** have complied with such different terms - for example **your** plan may contain new personal restrictions or exclusions; and/or
- if **we** would have charged **you** a higher premium, **we** may reduce the amount payable on any claim by comparing the additional premium to the original premium. For example, **we** will only pay half of a claim, if **we** would have charged double the premium.

Where it is a **dependant** (or **you** on their behalf) who has provided incomplete or inaccurate information, the same rules apply but only to that part of the plan which applies to the **dependant**, or to claims made by that **dependant**.

The same rules apply if someone else provides **us** with information on **your** behalf or any **dependant's** behalf.

Liability

Our role under this policy is to provide **you** with insurance cover and sometimes to make arrangements (on **your** behalf) for **you** to receive any **covered benefits**. It is not **our** role to provide **you** with the actual **covered benefits**.

You the **principal member**, on behalf of yourself and the **dependants**, appoint **us** to act as agent for **you**, to make appointments or arrangements for **you** to receive **covered benefits** which **you** request. **We** will use reasonable care when acting as **your** agent.

We (and **our Bupa group of companies and administrators**) shall not be liable to **you** or anyone else for any loss, damage, illness and/or injury that may occur as a result of **you** receiving any **covered benefits**, nor for any action or failure to act of any **benefits provider** or other person providing **you** with any **covered benefits**. **You** should be able to bring a claim directly against such **benefits provider** or other person.

Your statutory rights are not affected.

Sanction clause

We will not provide cover and **we** shall not be liable to pay any claim or provide any benefit under this policy to the extent that such cover, payment of a claim(s) or benefits would:

- cause **us** to breach any United Nations resolutions or the trade or economic sanctions, laws or regulations of any jurisdiction to which **we** are subject (which may include without limitation those of the European Union, **United Kingdom** and/or United States of America).
- expose **us** to the risk of being sanctioned by any relevant authority or competent body; and/or
- expose **us** to the risk of being involved in conduct (either directly or indirectly) which any relevant authority or competent body would consider to be prohibited.

Where any resolutions, sanctions, laws or regulations referred to in this clause are, or become, applicable to this Policy, **we** reserve all of **our** rights to take all and any such actions as may be deemed necessary in **our** absolute discretion, to ensure that **we** continue to be compliant. **You** acknowledge that this may restrict or delay **our** obligations under this policy and **we** may not be able to pay any claim(s) in the event of a sanctions-related concern.

Making a Complaint

We are always pleased to hear about aspects of **your** membership that **you** have particularly appreciated, or that **you** have had problems with. If something does go wrong, **we** have a simple procedure to ensure **your** concerns are dealt with as quickly and effectively as possible.

If **you** have any comments or complaints, **you** can call the **Bupa Global** customer helpline on

+44 (0) 1273 323 563 24 hours a day, 365 days a year. Alternatively, **you** can email or write to the Head of Customer Relations via membersworld.bupaglobal.com or

Bupa Global

Victory House
Trafalgar Place
Brighton
BN1 4FY

United Kingdom

Taking it further

If **we** can't settle **your** complaint **you** may be able to refer **your** complaint to the Financial Ombudsman Service. **You** can:

- write to them at Exchange Tower, London, E14 9SR, **UK**
- call them on 0800 023 4 567 (free from most landlines), 0300 123 9 123 or from outside the **UK** +44 (0) 20 7964 0500
- find details at their website financial-ombudsman.org.uk

Please let **us** know if **you** want a full copy of **our** complaints procedure. (None of these procedures affect **your** legal rights.)

Easier to read information

We want to make sure that **members** with special needs are not excluded in any way. **We** also offer a choice of Braille, large print or audio for **our** letters and literature. Please let **us** know which **you** would prefer.

Confidentiality and Data Processing

The confidentiality of patient and customer information is of paramount concern to **Bupa Global**. To this end, **Bupa Global** fully comply with Data Protection Legislation and Medical Confidentiality Guidelines. Bupa sometimes uses third parties to process data on **our** behalf. Such processing, which may be undertaken outside the EEA (European Economic Area), is subject to contractual restrictions with regard to confidentiality and security obligations in addition to the minimum requirements imposed by data protection legislation.

Personal data collected about **you** may be used by Bupa to process **your** claims, administer **your** policy, make suggestions about clinically appropriate **treatment**, for research and analytics, in the course of undertaking audits, and to detect and prevent fraud. For further information, please see the **Bupa Global** Privacy Policy at www.bupaglobal.com/privacypolicy.

Please note that **we** may share any **dependant's** information with the **principal member** (being the person named as the main applicant on the application for the policy), including in relation to **treatment** and services received, claims paid, the amount of any **co-insurance** that applies and, if relevant, any medical history which impacts on the provision of the policy.

In accordance with data protection law, if **you** would like a copy of **your** personal information or **you** would like to update **your** personal information, or if **you** have any other data processing queries please call the **Bupa Global** service team on +44 (0) 1273 323 563. Alternatively **you** can email or write to the team via info@bupaglobal.com; or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, **United Kingdom**.

Privacy Notice

We are committed to protecting **your** privacy when dealing with **your** personal information. This privacy notice provides details about the information **we** collect about **you**, how **we** use it and how **we** protect it. It also provides information about **your** rights (see section 13 '**your** rights').

If **you** have any questions about how **we** handle **your** information, please contact the **Bupa Global** service team on +44 (0)1273 323 563. Alternatively **you** can email or write to the team via info@bupaglobal.com or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, **United Kingdom**.

Last updated: August 2020

1. Information about **us**
2. Scope of **our** privacy notice
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1. Information about us

Summary: In this privacy notice, '**we**', '**us**' and '**our**' means **Bupa Global** and **Bupa Global** Travel. Please see 'More information' below for company contact details.

More information: Depending on which of **our** products and services **you** ask **us** about, buy or use, different companies within **our** organisation will process **your** information.

Bupa Global is a trading name of Bupa Insurance Limited and Bupa Insurance Services Limited which are registered in England and Wales at Companies House under numbers 3956433 and 3829851 respectively. The registered offices are 1 Angel Court, London, EC2R 7HJ.

Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The Financial Conduct Authority does not regulate the activities of Bupa Insurance Limited that take place outside of the **UK**. The PRA and FCA regulation numbers of Bupa Insurance Limited and Bupa Insurance Services Limited are 203332 and 312526 respectively.

2. Scope of our privacy notice

Summary: This privacy notice applies to anyone who interacts with **us** about **our** products and services ('**you**', '**your**'), in any way (for example, by email, through **our** website, by phone, through **our** app). **We** will give **you** further privacy information if necessary for specific contact methods or in relation to specific products or services. For example, if **you** use **our** apps, **we** may give **you** privacy notices which apply just to a particular type of information which **we** collect through that app.

3. How we collect personal information

Summary: **We** collect personal information from **you** and from third parties (anyone acting on **your** behalf, for example, brokers, health-care providers and so on).

Where you provide us with information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

More information: **We** collect personal information from **you**:

- through **your** contact with **us**, including by phone (**we** may record or monitor phone calls to make sure **we** are keeping to legal rules, codes of practice and internal policies, and for quality assurance purposes), by email, through **our** websites, through **our** apps, by post, by filling in application or other forms, by entering competitions, through social media or face-to-face (for example, in medical consultations, diagnosis and **treatment**).

We also collect information from other people and organisations.

For all our customers, we may collect information from:

- **your** parent or guardian, if **you** are under 18 years old;

- a **family member**, or someone else acting on **your** behalf;
- **doctors**, other clinicians and health-care professionals, **hospitals**, clinics and other health-care providers;
- any service providers who work with **us** in relation to **your** product or service, if **we** don't provide it to **you** direct, such as providing **you** with apps, medical **treatment**, dental **treatment** or health assessments;
- organisations who carry out customer-satisfaction surveys or market research on **our** behalf, or who provide **us** with statistics and other information (for example, about **your** interests, purchases and type of household) to help **us** to improve **our** products and services;
- fraud-detection and credit-reference agencies; and
- sources which are available to the public, such as the edited electoral register or social media.

If we provide you with insurance products and services, we may collect information from:

- the main **member**, if **you** are a **dependant** under a family insurance policy;
- **your** policyholder (usually **your** employer), if **you** are covered by an insurance policy they have taken out on **your** behalf;
- brokers and other agents (this may be **your** broker if **you** have one, or **your** employer's broker if they have one); and
- other third parties **we** work with, such as agents working on **our** behalf, other insurers and reinsurers, actuaries, auditors, solicitors, translators and interpreters, tax advisers, debt-collection agencies, credit-reference agencies, fraud-detection agencies (including health-insurance counter-fraud groups), regulators, data-protection supervisory authorities, health-care professionals, other health-care providers and medical-assistance providers.

4. Categories of personal information

Summary: For all **our** services, **we** process the following categories of personal information about **you** and (where this applies) **your dependants**:

- standard personal information (for example, information **we** use to contact **you**, identify **you** or manage **our** relationship with **you**);
- special categories of information for example, health information; and
- information about criminal convictions and offences (**we** may get this information when carrying out fraud or money laundering checks, or other background screening to prevent crime).

More information:

Standard personal information includes:

- contact information, such as **your** name, username, address, email address and phone numbers;
- the country **you** live in, **your** age, **your** date of birth and national identifiers (such as **your** National Insurance number or passport number);
- information about **your** employment;
- details of any contact **we** have had with **you**, such as any complaints or incidents;
- financial details, such as details about **your** payments and **your** bank details;
- the results of any credit or any anti-fraud checks **we** have made on **you**;
- information about how **you** use **our** products and services, such as insurance claims; and
- information about how **you** use **our** website, apps or other technology, including IP addresses or other device information (please see **our** Cookies Policy available at <https://www.bupaglobal.com/en/legal/cookies> for more details).

Special category information includes:

- information about **your** physical or mental health, including genetic information or biometric information (**we** may get this information from application forms **you** have

filled in, from notes and reports about **your** health and any **treatment** and care **you** have received or need, or it may be recorded in details of contact **we** have had with **you** such as information about complaints or incidents, and referrals from **your** existing insurance provider, quotes and records of medical services **you** have received);

Criminal offences and convictions information includes:

- information collected as a result of fraud and money-laundering checks.

5. What we use your personal information for and our legal reasons for doing so

Summary: **We** process **your** personal information for the purposes set out in this privacy notice. **We** have also set out some legal reasons why **we** may process **your** personal information (these depend on what category of personal information **we** are processing). **We** normally process standard personal information if this is necessary to provide the services set out in a contract, it is in **our** or a third party's legitimate interests or it is required or allowed by any law that applies. Please see below for more information about this and the reasons why **we** may need to process special category information and criminal offence and conviction information.

More information: By law, **we** must have a lawful reason for processing **your** personal information. **We** process standard personal information about **you** if this is:

- **necessary to provide the services set out in a contract** – if **we** have a contract with **you**, **we** will process **your** personal information in order to fulfil that contract (that is, to provide **you** and **your dependants** with **our** products and services);
- **in our or a third party's legitimate interests** – details of those legitimate interests are set out in more detail in section 6 'legitimate interests' below.

- **required or allowed by law.**

We process special category information about **you** because:

- **it is necessary for the purposes of preventive or occupational medicine**, to assess whether **you** are able to work, medical diagnosis, to provide health or social care or **treatment**, or to manage health-care or social-care systems (including to monitor whether **we** are meeting expectations relating to **our** clinical and non-clinical performance);
- **it is necessary for an insurance purpose** (for example, advising on, arranging, providing or managing an insurance contract, dealing with a claim made under an insurance contract, or relating to rights and responsibilities arising in connection with an insurance contract or law);
- **it is necessary to establish, make or defend legal claims** (for example, claims against **us** for insurance);
- **it is necessary for the purposes of preventing or detecting an unlawful act** in circumstances where **we** must carry out checks without **your** permission so as not to affect the outcome of those checks (for example, anti-fraud and anti-money-laundering checks or to check other unlawful behaviour, or carry out investigations with other insurers and third parties for the purpose of detecting fraud);
- **it is necessary for a purpose designed to protect the public against dishonesty, malpractice or other seriously improper behaviour** (for example, investigations in response to a safeguarding concern, a **member's** complaint or a regulator (such as the Care Quality Commission or the General Medical Council) telling **us** about an issue);
- **it is in the public interest, in line with any laws that apply;**
- **it is information that you have made public; or**
- **we have your permission.** As is best practice, **we** will only ask **you** for permission to process **your** personal information if there is no other legal reason to process it. If **we** need to ask for **your** permission, **we** will make

it clear that this is what **we** are asking for, and ask **you** to confirm **your** choice to give **us** that permission. If **we** cannot provide a product or service without **your** permission (for example, **we** can't manage and run a health trust without health information), **we** will make this clear when **we** ask for **your** permission. If **you** later withdraw **your** permission, **we** will no longer be able to provide **you** with a product or service that relies on having **your** permission.

We process criminal offence and conviction information as part of money laundering checks to comply with financial crime requirements.

6. Legitimate interests

Summary: **We** process **your** personal information for a number of legitimate interests, including managing all aspects of **our** relationship with **you**, for marketing, to help **us** improve **our** services and products, and in order to exercise **our** rights or handle claims. More detailed information about **our** legitimate interests is set out below.

More information: Legitimate interest is one of the legal reasons why **we** may process **your** personal information. Taking into account **your** interests, rights and freedoms, legitimate interests which allow **us** to process **your** personal information include:

- to manage **our** relationship with **you**, **our** business and third parties who provide products or services for **us** (for example, to check that **you** have received a service that **you're** covered for, to validate invoices and so on);
- to provide health-care services on behalf of a third party (for example, **your** employer);
- to make sure that claims are handled efficiently and to investigate complaints (for example, **we** may ask **your treatment** provider for information to make sure **we** receive accurate information and to monitor the quality of **your treatment** and care);
- to keep **our** records up to date and to provide **you** with marketing as allowed by law;

- to develop and carry out marketing activities and to show **you** information that is of interest to **you**, based on **our** understanding of **your** preferences (**we** combine information **you** give **us** with information **we** receive about **you** from third parties to help **us** understand **you** better);
- for statistical research and analysis so that **we** can monitor and improve products, services, websites and apps, or develop new ones;
- to contact **you** about market research **we** are carrying out;
- to monitor how well **we** are meeting **our** clinical and non-clinical performance expectations in the case of health-care providers;
- to enforce or apply **our** website terms of use, **our** policy terms and conditions or other contracts, or to protect **our** (or **our** customers' or other people's) rights, property or safety;
- to exercise **our** rights, to defend ourselves from claims and to keep to laws and regulations that apply to **us** and the third parties **we** work with; and
- to take part in, or be the subject of, any sale, purchase, merger or takeover of all or part of the Bupa business.

7. Marketing and preferences

We may use **your** personal information to send **you** marketing by post, by phone, through social media, by email and by text.

We can only use **your** personal information to send **you** marketing material if **we** have **your** permission or a legitimate interest as described above.

If **you** don't want to receive emails from **us**, **you** can click on the 'unsubscribe' link that appears in all emails **we** send. If **you** don't want to receive texts from **us** **you** can tell **us** by contacting **us** at any time. Otherwise, **you** can always contact **us** to update **your** contact preferences. See section 14 'data protection contacts' for details of how to contact **us**.

You have the right to object to direct marketing and profiling (the automated processing of **your** information to help **us** evaluate certain things about **you**, for example, **your** personal preferences and **your** interests) relating to direct marketing. Please see section 13 'your rights' below for more details.

8. Processing for profiling and automated decision-making

Summary: Like many businesses, **we** sometimes use automation to provide **you** with a quicker, better, more consistent and fair service, and marketing information **we** think will be of interest to **you** (including discounts on **our** products and services).

This will involve evaluating information about **you** and, in some cases, using technology to provide **you** with automatic responses or decisions (automated decisions). Please see 'more information' below for further details.

You have the right to object to direct marketing and profiling relating to direct marketing (see section 13 'your rights' for more information). **You** may also have the right to object to other types of profiling and automated decision-making set out below. In these cases, **you** have the right to ask **us** to make sure that one of **our** advisers reviews an automated decision, to let **us** know how **you** feel about it and to ask **us** to reconsider the decision.

You can contact **us** to exercise these rights. See section 14 'data protection contacts' for full contact details.

More information:

By law, **we** must tell **you** about:

- automated decision-making (making a decision using technology, without any person being involved); and
- profiling (automated processing of **your** information to help **us** evaluate certain things about **you**, for example, **your** personal preferences and **your** interests).

This is because **you** have certain rights relating to both automated decision-making and profiling. **You** have the right to object to profiling relating to direct marketing. If **you** do this, **we** will no longer carry out profiling for direct marketing purposes. **You** also have the right to object to profiling in other circumstances set out below.

When **we** make decisions using only automated processing which produce legal effects which concern **you** or which have a significant effect on **you**, **we** will let **you** know. **You** then have 21 days to ask **us** to reconsider **our** decision or to make a new decision that is not based only on automated processing. If **we** receive a request from **you**, within 21 days of receiving **your** request, **we** will:

- consider the request, including any information **you** have provided that is relevant to it;
- meet **your** request; and
- let **you** know in writing what **we** have done to meet **your** request, and the outcome.

You can contact **us** (see section 14 'data protection contacts' for details) to ask about these rights (see section 13 'your rights' for more details).

Profiling and automated decision-making

The processes set out below involve both profiling and automated decision-making.

- Depending on the type of insurance product that **you** want to benefit from, to help **us** decide what level of cover **we** can offer **you**, **we** will ask **you** to provide information about **your** medical history. **We** may use software to review this information to find out whether **you** have any previous or existing health conditions which **we** cannot cover **you** for and which will be excluded from **your** policy.
- **We** may use software to help **us** calculate the price of products and services based on what **we** know about **you** and other customers. For example, **our** technology may analyse information about **your** claims history and compare it with the information **we** hold about previous claims to evaluate how likely **you** are to need to make a claim. **We** may also evaluate **your** age, where **you** live and other details relating to **your** health (such as existing health

conditions and whether **you** smoke) to calculate prices for community-rated products which are based on predefined groups with similar risk profiles.

Profiling

The processes set out below involve profiling.

- In order to improve outcomes and be more efficient, and allow **us** to offer advice about different **treatment** paths (for example, alternatives to surgery or other invasive **treatments**), **we** may use software to evaluate medical history and information about the general population in an area to identify customers who are likely to need that advice most.
- When **your** policy is due for renewal, **our** software tells **us** this and may also evaluate **your** payment and claims history, information about the general information in a particular area, other information **you** have given **us** about yourself, and other information from third parties to automatically provide **you** with information about what incentives **we** can offer **you** and the marketing messages **you** will receive.
- **We** ask other organisations to carry out some of **our** consumer and market analysis to improve **our** marketing processes. This involves sharing personal information relating to **our** customers with third parties who specialise in profiling and segmenting people (putting people into groups of different types of customer, based on different kinds of information collected about them, to help **us** to better target **our** products to them). These companies match the information **we** give them with information they get from other sources to improve the accuracy of their analysis. **We** use the results of this analysis to help **us** target marketing and offers.
- **We** may use information about the products **you** have bought, and information about what other customers who have bought the same products **you** have bought, to make sure **we** send **you** information about the products **you** are most likely to be interested in.

- **We** may share **your** personal information (including **your** name, date of birth, sex and the country **you** live in) with third-party companies who carry out fraud checks. **We** will review any matches from this process. (**We** will not use automated decision-making for this.)

9. Sharing your information

Summary: **We** share **your** information within the Bupa Group, with relevant policyholders (including **your** employer if **you** are covered under a group scheme), with funders arranging services on **your** behalf, with people acting on **your** behalf (for example, brokers and other agents) and with others who help **us** provide services to **you** (for example, health-care providers and medical-assistance providers) or who **we** need information from to allow **us** to handle or confirm claims or entitlements (for example, professional associations). **We** also share **your** information in line with the law. For more information about who **we** share **your** information with and why, please see below.

More information: **We** sometimes need to share **your** information with other people or organisations for the purposes set out in this privacy notice. The exact information **we** share depends on the reason **we** are sharing it. For example, if **we** need to share information in order to provide health care, **we** will share special categories of information, such as medical details, with the **treatment** provider.

For all our customers, we share your information with:

- other **members** of the Bupa Group of companies in order to provide **our** products and services;
- other organisations **you** belong to, or are professionally associated with, in order to confirm **your** entitlement to claim discounts on **our** products and services;
- **doctors**, clinicians and other health-care professionals, **hospitals**, clinics and other health-care providers;

- suppliers who help deliver products or services on **our** behalf;
- people or organisations **we** have to, or are allowed to, share **your** personal information with by law (for example, for fraud-prevention or safeguarding purposes, including with the Care Quality Commission);
- the police and other law-enforcement agencies to help them perform their duties, or with others if **we** have to do this by law or under a court order;
- organisations that carry out surveys on **our** behalf;
- if **we** (or any **member** of the Bupa group) sell or buy any business or assets, the potential buyer or seller of that business or those assets; and
- a third party who takes over any or all of the Bupa Group's assets (in which case personal information **we** hold about **our** customers or visitors to the website may be one of the assets the third party takes over).

If we provide insurance or manage a health-care trust, we share your information with:

- the policyholder or their agent if **you** are not the main **member** under an individual policy (**we** will send them all membership documents and confirmation of how **we** have dealt with a claim, and all people who are insured on the policy may have access to correspondence and other information **we** provide through **our** online portal);
- **your** employer (or their broker or agent) for product or service administration purposes if **you** are a **member** or beneficiary under **your** employer's group scheme;
- **your** broker or agent (or both);
- other third parties **we** work with to provide **our** products and services, such as agents working on **our** behalf, other insurers and reinsurers, actuaries, auditors, solicitors, translators and interpreters, tax advisers, debt-collection agencies, credit-reference agencies, fraud-detection agencies (including insurance counter-fraud groups), regulators, data-protection supervisory authorities, health-care professionals, health-care providers and medical-assistance providers; and

- organisations who provide **your treatment** and other benefits, including travel-assistance services.

If **we** share **your** personal information, **we** will make sure appropriate protection is in place to protect **your** personal information in line with data-protection laws.

10. Anonymised and combined information

We support ethically approved clinical research. **We** may use anonymised information (with all names and other identifying information removed) or information that is combined with other people's information, or reveal it to others, for research or statistical purposes. **You** cannot be identified from this information and **we** will only share the information in line with legal agreements which set out an agreed, limited purpose and prevent the information being used for commercial gain.

11. Transferring information outside the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, **we** transfer **your** personal information to countries outside the EEA (the EU **member** states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy notice.

We take steps to make sure that, when **we** transfer **your** personal information to another country, appropriate protection is in place, in line with data-protection laws. Often, this protection is set out under a contract with the organisation who receives that information. For more information about this protection, please contact **us** at info@bupaglobal.com.

12. How long we keep your personal information

We keep **your** personal information in line with set periods calculated using the following criteria.

- How long **you** have been a customer with **us**, the types of products or services **you** have

with **us**, and when **you** will stop being **our** customer.

- How long it is reasonable to keep records to show **we** have met the obligations **we** have to **you** and by law.
- Any time limits for making a claim.
- Any periods for keeping information which are set by law or recommended by regulators, professional bodies or associations.
- Any relevant proceedings that apply.

If **you** would like more information about how long **we** will keep **your** information for, please contact **us** at info@bupaglobal.com.

13. Your rights

Summary: **You** have the right to access **your** information and to ask **us** to correct any mistakes and delete and restrict the use of **your** information. **You** also have the right to object to **us** using **your** information, to ask **us** to transfer of information **you** have provided, to withdraw permission **you** have given **us** to use **your** information and to ask **us** not to use automated decision-making which will affect **you**.

More information: **You** have the following rights (certain exceptions apply).

- **Right of access:** **You** have the right to make a written request for details of **your** personal information and a copy of that personal information.
- **Right to rectification:** **You** have the right to have inaccurate information about **you** corrected or removed.
- **Right to erasure ('right to be forgotten'):** **You** have the right to have certain personal information about **you** deleted from **our** records.
- **Right to restriction of processing:** **You** have the right to ask **us** to use **your** personal information for restricted purposes only.
- **Right to object:** **You** have the right to object to **us** processing (including profiling) **your** personal information in cases where **our** processing is based on a task carried out in the public interest or where **we** have let **you** know it is necessary to process **your** information for **our** or a third party's

legitimate interests. **You** can object to **us** using **your** information for direct marketing and profiling purposes in relation to direct marketing.

- **Right to data portability:** **You** have the right to ask **us** to transfer the personal information **you** have given **us** to **you** or to someone else in a format that can be read by computer.
- **Right to withdraw consent:** **You** have the right to withdraw any permission **you** have given **us** to handle **your** personal information. If **you** withdraw **your** permission, this will not affect the lawfulness of how **we** used **your** personal information before **you** withdrew permission, and **we** will let **you** know if **we** will no longer be able to provide **you** with **your** chosen product or service.
- **Right in relation to automated decisions:** **You** have the right not to have a decision which produces legal effects which concern **you** or which have a significant effect on **you** based only on automated processing, unless this is necessary for entering into a contract with **you**, it is authorised by law or **you** have given **your** permission for this. **We** will let **you** know if **we** make automated decisions, **our** legal reasons for doing this and the rights **you** have.

Please note: Other than **your** right to object to **us** using **your** information for direct marketing (and profiling for the purposes of direct marketing), **your** rights are not absolute. This means they do not always apply in all cases, and **we** will let **you** know in **our** correspondence with **you** how **we** will be able to meet **your** request relating to **your** rights.

If **you** make a request, **we** will ask **you** to confirm **your** identity if **we** need to, and to provide information that helps **us** to understand **your** request better. **We** have 21 days to respond to requests relating to automated decisions. For all other requests **we** have one month from receiving **your** request to tell **you** what action **we** have taken.

If **we** do not meet **your** request, **we** will explain why.

In order to exercise **your** rights, please contact **us** at info@bupaglobal.com.

14. Data-protection contacts

If **you** have any questions, comments, complaints or suggestions in relation to this notice, or any other concerns about the way in which **we** process information about **you**, please contact **our** service team on +44 (0)1273 323 563. Alternatively **you** can email or write to **our** Data Protection Officer or Privacy Team at info@bupaglobal.com or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, **United Kingdom**..

We are regulated by the Information Commissioner's Office (www.ico.org.uk) who can be contacted at, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, **United Kingdom**. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate). **You** have a right to make a complaint to them or to **your** local privacy supervisory authority.

Glossary

This explains what **we** mean by various words and phrases in **your** membership pack. Words written in bold are particularly important as they have specific meanings.

Defined term	Description
Active treatment:	Treatment from a medical practitioner of a disease, illness or injury that leads to your recovery, conservation of your condition or to restore you to your previous state of health as quickly as possible.
Artificial life maintenance:	Any medical procedure, technique, medication or intervention delivered to a patient in order to prolong life.
Assisted Reproduction Technologies:	Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction.
Benefits provider:	The recognised medical practitioner, hospital or clinic, or any other service provider, which provides you with any covered benefits .
Birth centre:	A medical facility often associated with a hospital that is designed to provide a homelike setting during childbirth.
Bupa Global:	Bupa Insurance Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.
Bupa group of companies and administrators:	Bupa Global , Bupa Insurance Services Limited and all other companies in the Bupa Group, and those companies which provide any administration of this policy on behalf of Bupa Global .
Blue Cross Blue Shield Association / Blue Cross Blue Shield Global	Blue Cross Blue Shield Association is an association of 36 independent, locally operated Blue Cross and Blue Shield companies. Blue Cross Blue Shield Global is a brand owned by the Blue Cross and Blue Shield Association.

Defined term	Description
Co-insurance:	The percentage you have to pay towards those covered benefits to which co-insurance applies, as indicated in your membership certificate and membership guide .
Complementary medicine practitioner:	An acupuncturist, chiropractor, homeopath, osteopath or traditional Chinese medicine practitioner who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which the treatment is received.
Consultant:	A surgeon, anaesthetist or physician who: <ul style="list-style-type: none"> ○ is legally qualified to practise medicine or surgery following attendance at a recognised medical school, and ○ is recognised by the relevant authorities in the country in which the treatment takes place as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated <p>By recognised medical school we mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.</p>
Covered benefits:	The treatment and benefits shown as covered in this membership guide for your level of cover.
Day-case treatment:	Treatment which for medical reasons requires you to stay in a bed in hospital during the day only. We do not require you to occupy a bed for day-case psychiatric treatment .

Defined term	Description
Dental practitioner:	<p>A person who:</p> <ul style="list-style-type: none"> ○ is legally qualified to practice dentistry, ○ is recognised by the relevant authorities in the country in which the treatment takes place as having a specialised qualification following attendance at a recognised dental school, and ○ is permitted to practice dentistry by the relevant authorities in the country where the dental treatment takes place <p>Examples of a specialised qualification in the field of dentistry may include (but are not limited to) periodontics or paediatric dentistry.</p>
Dependants:	The principle member's partner, spouse or dependant children of whom you are the biological parent or legal guardian of, named on your membership certificate as being members of the plan and who are eligible to be members , including newborn children.
Diagnostic tests:	Investigations, such as X-rays or blood tests, to find the cause of your symptoms.
Doctor:	<p>A person who: is legally qualified in medical practice following attendance at a recognised medical school to provide medical treatment, does not need a specialist's training, and is licensed to practise medicine in the country where the treatment is received.</p> <p>By recognised medical school we mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.</p>
Emergency:	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgment of a reasonable person, requires immediate treatment , generally within 24 hours of onset, and which would otherwise put your health at risk.

Defined term	Description
Family Members:	Persons of a family relationship (related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
Health plan:	This insurance plan at the level of cover confirmed on your membership certificate.
Hospital:	<p>A centre of treatment which is registered, or recognised under the local country's laws, as existing primarily for:</p> <ul style="list-style-type: none"> ○ carrying out major surgical operations, or ○ providing treatment which only consultants can provide
In-patient treatment:	Treatment which for medical reasons normally means that you have to stay in a hospital bed overnight or longer.
Medically necessary:	<p>treatment, medical service or prescribed drugs/medication which is:</p> <p>(a) consistent with the diagnosis and medical treatment for the condition;</p> <p>(b) consistent with generally accepted standards of medical practice;</p> <p>(c) necessary for such a diagnosis or treatment;</p> <p>(d) not being undertaken primarily for the convenience of the member or the treating medical practitioner</p>
Intensive care:	<p>Intensive care includes; High Dependency Unit (HDU): a unit that provides a higher level of medical care and monitoring, for example in single organ system failure. Intensive Therapy Unit/Intensive Care Unit (ITU/ICU): a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation. Coronary Care Unit (CCU): a unit that provides a higher level of cardiac monitoring. Special care baby unit: a unit that provides the highest level of care for babies.</p>

Defined term	Description
Medical practitioner:	A specialist, doctor, psychologist, psychotherapist, physiotherapist, osteopath, chiropractor, dietician, speech therapist, complementary therapist or therapist who provides active treatment of a known condition.
Member:	This means each individual covered under the health plan .
Membership guide:	The booklet that sets out which treatments and benefits are included under and any exclusions that apply to this Business Health Plan .
Membership year:	The 12 month period for which this membership is effective, as first shown on your membership certificate and, if this health plan is renewed, each 12 month period which follows the renewal date .
Network:	A hospital, pharmacy , or similar facility, or medical practitioner which has an agreement in effect with Bupa Global or service partner to provide you with eligible treatment .
Out-patient treatment:	Treatment given at a hospital, consulting room, doctors' office or out-patient clinic where you do not go in for in-patient treatment or day-case treatment .
Ovulation Induction Treatment:	Treatment including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.
Persistent vegetative state:	<ul style="list-style-type: none"> ○ a state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and ○ the person does not respond to stimuli such as calling their name, or touching <p>The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.</p>

Defined term	Description
Pre-existing condition:	<ul style="list-style-type: none"> ○ any medical condition declared in your application for cover which has been noted as a 'personal exclusion' under your membership certificate; or ○ any disease, illness or injury for which you received medication, advice or treatment, or you had experienced symptoms of <p>whether the condition was diagnosed or not, prior to becoming a member which was not disclosed under your application for cover.</p> <p>Where we have accepted your transfer to this plan from another insurance product on a continuous cover basis, the above reference to 'application for cover' shall be deemed to mean your original application for cover under that previous insurance product.</p>
Principal member:	The person who has taken out the membership, and is the first person named on the membership certificate. Please refer to ' you/your '.
Prophylactic surgery:	Surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland.
Mental health treatment:	Treatment of mental conditions, including eating disorders.
Psychologist and psychotherapist:	A person who is legally qualified and is permitted to practice as such in the country where the treatment is received.
Qualified nurse:	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the treatment takes place.

Defined term	Description
Reasonable and Customary	The 'usual', or 'accepted standard' amount payable for a specific healthcare treatment , procedure or service in a particular geographical region, and provided by benefits providers of comparable quality and experience. These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by our experience of usual, and most common, charges in that region.
Recognised medical practitioner, hospital or healthcare facility:	Any provider who is not an unrecognised medical practitioner, hospital or healthcare facility .
Registered clinical trial:	An ethically approved and clinically controlled trial that is registered on a national or international database of clinical trials (eg clinicaltrials.gov, ISRCTN.ORG or http://public.ukcrn.org.uk).
Rehabilitation:	Treatment in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.
Renewal date:	Each anniversary of the date you , the principal member joined the plan. (If however you are a member of a Bupa Global group plan with a common renewal date for all members , your renewal date will be the common renewal date for the group. We tell you the group renewal date when you join.)
Serious acute illness:	A medical condition, or symptoms resulting from a disease, illness or injury which arises suddenly and in the reasonable opinion of the attending physician and our medical consultants , requires immediate treatment , generally within 24 hours of onset, and which would otherwise put your health at serious risk.
Service partner:	A company or organisation that provides services on behalf of Bupa Global . These services may include approval of cover and location of local medical facilities.

Defined term	Description
Sound natural tooth / Sound natural teeth:	A natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally in chewing and speech.
Specialist:	A surgeon, anaesthetist or physician who: is legally qualified to practise medicine or surgery following attendance at a recognised medical school, is recognised by the relevant authorities in the country in which the treatment is received as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated. By 'recognised medical school' we mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.
Speech therapist:	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received.
Specified country of nationality:	The country of nationality specified by you in your application form or as advised to us in writing, which ever is the later.
Specified country of residence:	The country of residence specified by you in your application and shown in your membership certificate, or as advised to us in writing, which ever is the later. The country you specify must be the country in which the relevant authorities (such as tax authorities) consider you to be resident for the duration of the membership.
Sponsor:	The company, firm or individual with whom we have entered into an agreement to provide you with cover under the health plan .
Surgical operation:	A medical procedure that involves the use of instruments or equipment.
Therapists:	A physiotherapist, occupational therapist , orthoptist, dietician or speech therapist who is legally qualified and is permitted to practice as such in the country where the treatment is received.

Defined term	Description
Treatment:	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.
UK:	Great Britain and Northern Ireland.
Unrecognised medical practitioner, hospital or healthcare facility	<ul style="list-style-type: none"> ○ Treatment provided by a medical practitioner, provider or facility who is not recognised by the relevant authorities in the country where the treatment takes place as having specialist knowledge, or expertise in, the treatment of the disease, illness or injury being treated. ○ Self treatment or treatment provided by anyone with the same residence, or family members (persons of a family, related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ○ Treatment provided by a medical practitioner, provider or facility to whom we have sent a written notice that we no longer recognise them for the purposes of our health plans. Details of benefits providers we have sent written notice to are available on MembersWorld, by telephoning us, or visit Facilities Finder at bupaglobal.com/facilitiesfinder.
We/us/our:	Bupa Global .
You/your:	This means you , the principal member and your dependants unless we have expressly stated otherwise that the provisions only refer to the principal member .
Pharmacy:	A facility where prescribed drugs are prepared or sold.

