

WORLDWIDE HEALTH OPTIONS



Membership Guide

This booklet explains the terms and conditions of the Worldwide Health Options plan. Detailed information such as prior approval, making a claim and moving country can be found in this booklet.

From 1 April 2021



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Bupa international private medical insurance is underwritten in Australia by Insurance Australia Limited ABN 11 000 016 722 (IAL), AFSL number 227681. This product is distributed in Australia by Bupa HI Pty Limited (ABN 81 000 057 590) which is an Authorised Representative of IAL.

All policies and claims in relation to this product are administered by Bupa Insurance Services Limited of the United Kingdom.

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**.

Welcome

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

This includes:

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

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

Please keep **your** membership guide in a safe place. If **you** need another copy, **you** can call **us**, or view and download it any time on bupaglobal.com/membersworld. Alternatively you can call us.

Bold words

Words in bold have particular meanings in this membership guide. Please check their definition in the Glossary before **you** read on. **You** will find the Glossary in the back of this membership guide.

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

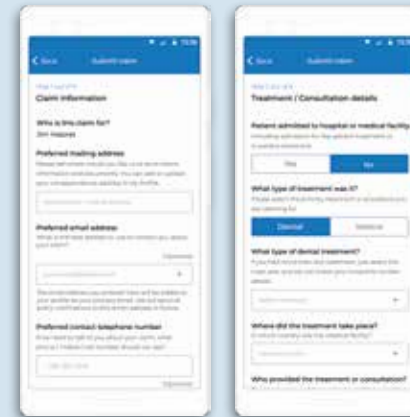
You can access and register online at membersworld.bupaglobal.com with **your** favourite web browser or via **our** app.

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



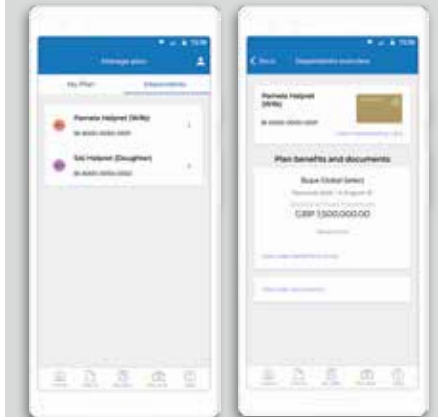
Claims and pre-authorisations

- 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



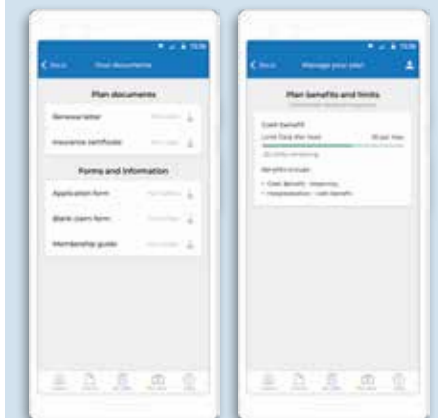
Membership cards

- 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!

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

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.

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.



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?

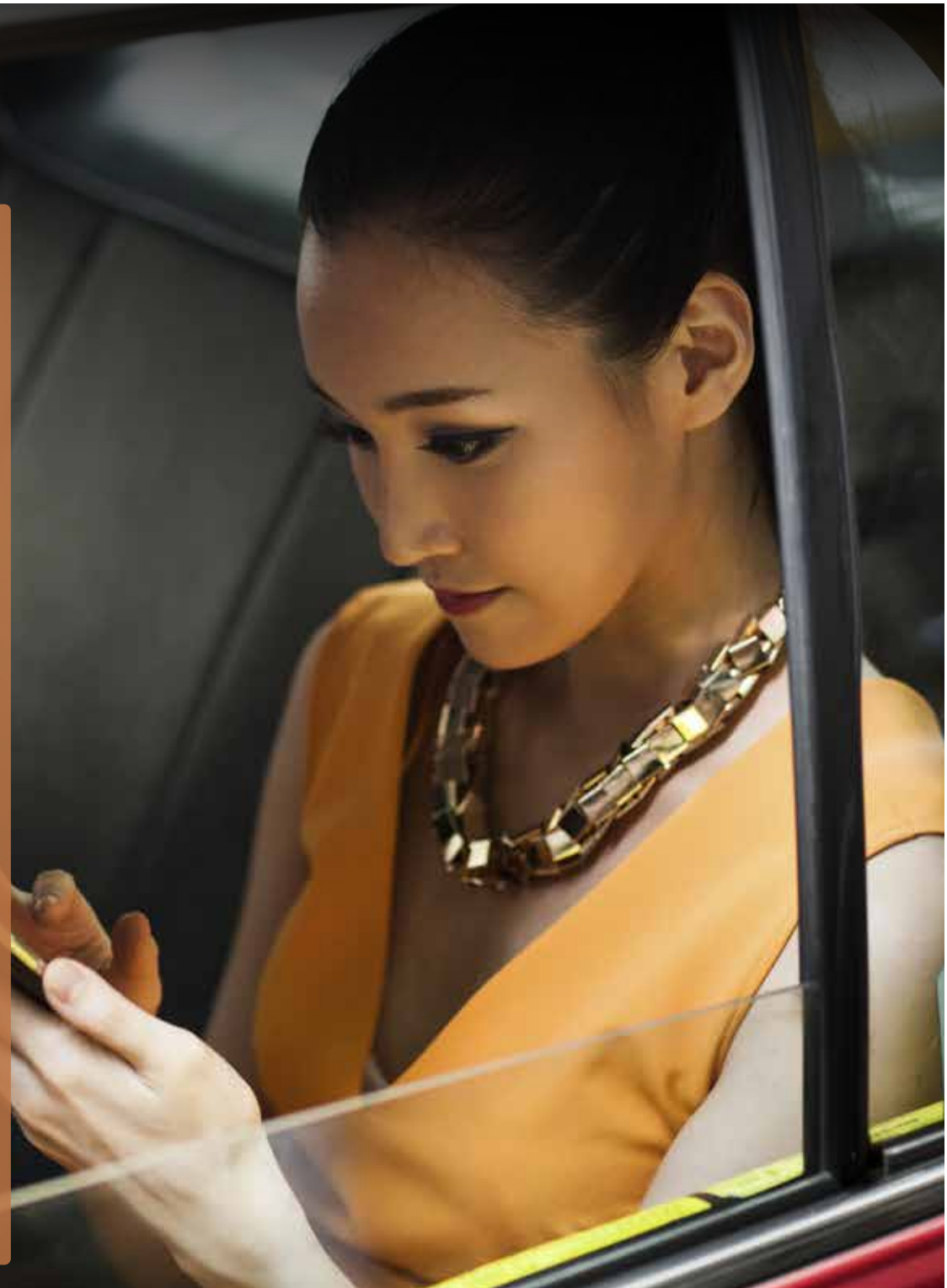
Often, when requested by telephone or webchat, pre-authorisation approval can be given right away. Email and MembersWorld requests will usually receive a response within 24 hours.

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.

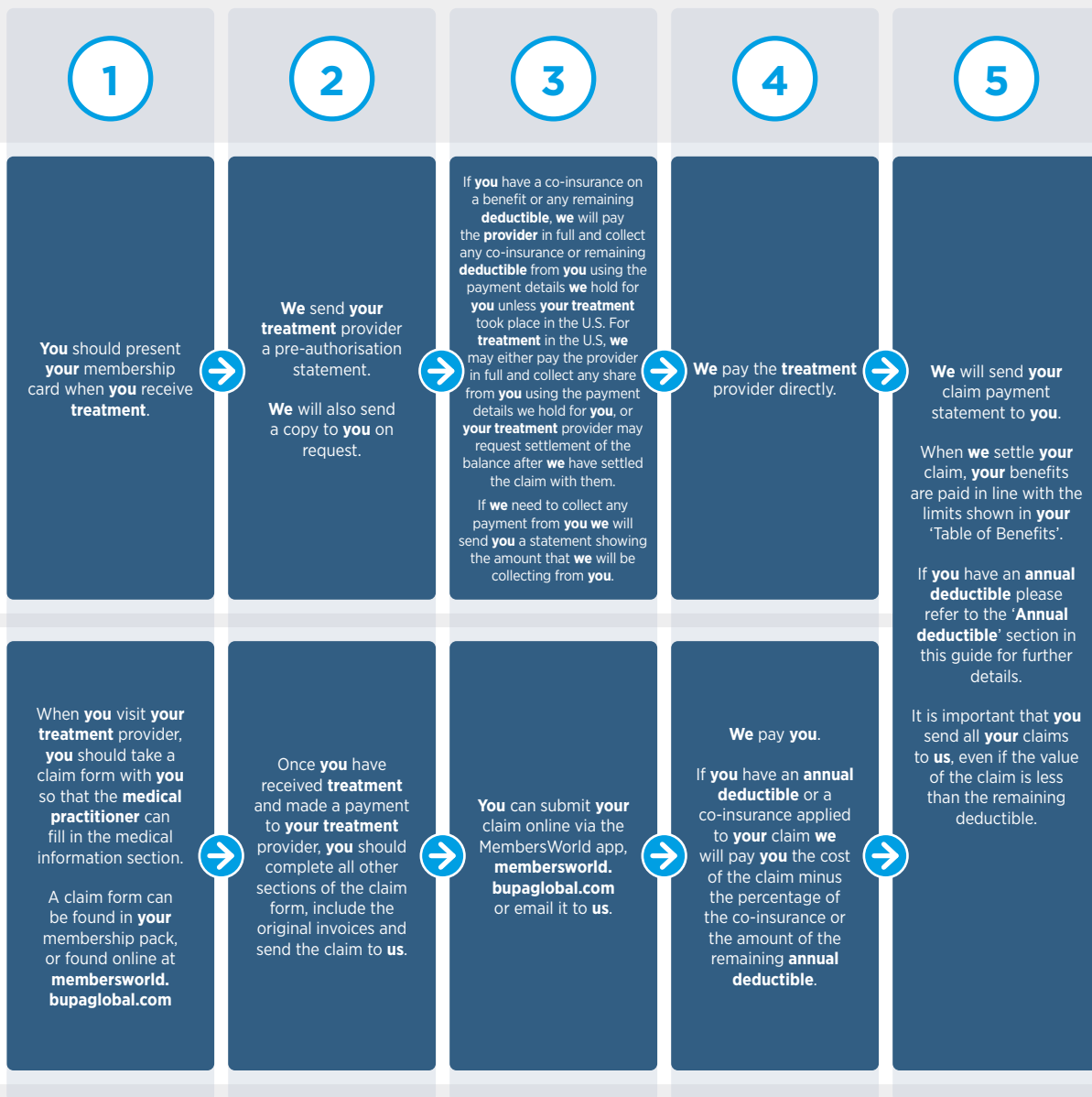
Make sure **you** have given **your** correct bank details. Reimbursement by bank transfer is by far the quickest way to receive **your** payment.

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 Worldwide Health Options plan

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- 12 Summary of Benefits and Exclusions
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How your plan works

In this section **you'll** find information on how **your** plan works.

Find out more about:

- **our** service
- what happens if **you** need **treatment**
- **treatment** in the U.S.
- how to claim
- how **you** will be paid

Our service

As a member, **you** have access to a number of services to help make **your** life easier.

Round the clock reassurance from our Bupa Global Assistance

Our dedicated Medical Centre gives **you** the confidence of knowing that all **your** medical and wellbeing needs will be looked after by medically trained people who understand **your** situation.

You can call **our** Medical Centre on +44 (0) 1273 333 911 for healthcare advice, support and assistance at any time of the day or night.

What help can you expect?

You'll find **our Bupa Global** Assistance an accessible, knowledgeable and comprehensive resource for all health related questions and concerns. **We** will talk in **your** own language and give **you** access to medical experts and local facilities around the globe.

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

- medical referral options and advice
- booking appointments
- medical 'second opinions'
- travel advice
- security advice

* **We** obtain health, travel and security information from third parties. **You** should check this information, as **we** 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.

If **you** have purchased the Worldwide Evacuation option **you** can ask **us** to arrange evacuations and repatriations, including:

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

Our Bupa Global Assistance teams will handle **your** case from start to finish, so that **you** can always talk to someone who knows what is happening and they will aim to give **you** the support and consistent advice **you** require.

You'll be treated as a valued individual rather than a policy number – **we** believe that every person and situation is different, and **we** focus on finding answers and solutions that work specifically for **you**.

Online support at MembersWorld

To make **your** life easier and save **you** time and hassle, **we** have created an exclusive, secure and password protected members website.

You can log on to **your** MembersWorld website at membersworld.bupaglobal.com from anywhere in the world to manage **your** cover and access a comprehensive library of information and expert advice.

You can use **our** online features to:

- check cover and pre-authorise in-patient and **day-case treatment**
- view **your** plan documents
- update **your** personal details
- track the progress of **your** claims
- search **our** international **hospital** directory
- download claim forms and other useful documents
- talk to **us** using webchat

Get expert health advice from bupa.com

Our health area is full of up-to-date information that can help **you** to stay fit and well. Look up the names of commonly used medicines and find out how they work and any side-effects and alternatives.

What happens if you need treatment

If for any reason **you** need **treatment**, please get in touch with **us** first. **We** can then check **your** cover, talk through any concerns **you** may have and arrange prior approval*.

* **Your insurer** cannot be held responsible for any loss, damage, illness and/or injury that may occur as a result of receiving medical **treatment** at a **hospital** or from a **medical practitioner**, even when **we** have approved the **treatment** as being covered under **your** plan.

Pre-authorisation (Prior Approval)

We want to make sure things run as smoothly as possible. After all, the last thing **you** want to worry about when **you** are not well is filling in forms and paying bills.

That is why **we** ask **you** to seek prior approval before going into **hospital**. It's important that **you** contact **us** before receiving **treatment**, whether **you** are:

- staying overnight in **hospital**
- visiting **hospital** as a **day-case**
- having **treatment** for cancer
- having advanced imaging, for example magnetic resonance imaging (MRI), computerised tomography (CT) or positron emission tomography (PET)

We can then confirm that **your treatment** is covered by **your** plan. **Our** medically qualified staff can also offer advice and help to make sure **you** are receiving the most appropriate care.

Prior approval also allows **us** to be in direct contact with **your hospital** or clinic, so that **we** can take care of the bills, while **you** concentrate on getting well.

When **we** have been contacted about prior approval, **we** will send a pre-authorisation statement to **your hospital** or clinic, to let them know that **your treatment** is covered and ask them to send all the bills directly to **us**.

We will also send **you** a pre-authorisation statement. This can be used as a claim form to send to **us** with the original invoices if **you** need to pay for any of **your treatment**.

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.

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.

How does it work?

Please follow these simple steps:

- make sure **you** take **your** membership card when **you** go for **treatment**
- give **your** card to the admissions staff when **you** arrive and ask them to contact **us** – all the information they need is on the card

- **we** will confirm whether the **treatment you** are having is covered and that **your** membership is in order
- **we** will arrange direct settlement with them, wherever possible. If **you've** chosen to pay a **deductible**, **we** will collect any amount due from **your** bank or credit card
- please note: If **you** have chosen to pay a **deductible**, **we** will collect any amount due from **your** bank or credit card
- **we** aim to arrange direct 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**

And that is it. **You** can then relax and have **your treatment** knowing that **we** will take care of the costs for **you**.

Our approach to costs

When **you** are in need of a **treatment** 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 **treatment** 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 **treatment** 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 **treatment** 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' **treatment** provider will not be paid.

This means that, should **you** choose to receive covered benefits from an 'out-of-network' **treatment** 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' **treatment** provider;
- **we** cannot control what amount **your** chosen 'out-of-network' **treatment** provider will seek to charge **you** directly.

There may be times when it is not possible for **you** to be treated at a **treatment** provider in **network**, for example, if **you** are taken to an 'out-of-network' **treatment** 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' **treatment** provider in an **emergency**, it is important that **you**, or the **treatment** 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 **treatment** provider in **network** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a **treatment** 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' **treatment** provider in certain countries.

Home leave

If **you** are an Australian resident the Worldwide Health Options plan also provides coverage whilst on **home leave** in Australia, for a period of up to 60 days, when **you** are not covered by Medicare or Australian Private Health Insurance. Cover is excluded for **treatment** or services where a Medicare benefit is or could be payable. Cover is also excluded for any benefit if its payment would constitute carrying on of a 'health insurance business' as defined under the Private Health Insurance Act 2007(Cth). Cover also excludes medical expenses which are covered by Worker's Compensation legislation.

Treatment in the U.S.

If **you** chose to include U.S. cover, **we** have special arrangements in place if **you** need to have **treatment** or be hospitalised or visit a **doctor** while **you** are there. These include access to a select **network** of quality **hospitals** and other medical **treatment** providers with direct settlement of all covered expenses when **you** receive **treatment** in a **network hospital**. To access these benefits, and avoid penalties, prior approval must be obtained for all **treatment** in **hospital** using the same simple process as before.

Please call 844 369 3797 (from inside the U.S.) or +1 844 369 3797 (from outside the U.S.)

When **you** get prior approval for **your treatment** and **you** go to a **network hospital**, all covered expenses are paid in full – direct to the providers of **your treatment**.

This cover still gives **you** the freedom to choose to have **your treatment** at any **hospital**. However, if **you** decide to have **your treatment** at a **hospital** which is not included in the **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 occasions when it is not possible for **you** to be treated at a **network hospital**.

These include:

- there is no **network hospital** within 30 miles/ 50 kilometres of **your** address
- the **treatment you** need is not available in the **network hospital**

In these cases, **we** won't ask **you** to share the cost of **your treatment**.

If **you** choose not to get prior approval for **your treatment** in **hospital**, and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans in the U.S. pre-authorised, **you** will be required to pay 50 percent of **your** covered expenses. Without prior approval, the special arrangements and **network pricing we** have put in place for **you** cannot be accessed.

Of course **we** understand that there are times when **you** cannot get prior approval, 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, in the right place. If **you** have been taken to a **hospital** which is not part of the **network**, and if it is the best thing for **you**, **we** may arrange for **you** to be moved to a **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).

How to claim

We always aim to settle **your** claim directly with **your treatment** provider. If **we** cannot do this for any reason, please send **us** a claim by post. If **you** subscribe to **our** secure MembersWorld website, **you** can view **your** documents online, upload **your** claims and view **your** claims statement.

To help **us** to settle **your** claim promptly, **you** should include:

- a fully completed claim form
- all the original invoices for **your treatment**

We cannot return original documents such as invoices or letters, but **we** are happy to send copies if **you** ask for these when **you** submit **your** claim.

We may need to ask for extra information to help **us** process **your** claim, for example:

- medical reports or other information about **your** condition
- the results of any independent medical examination that **we** may ask for at **our** expense
- written confirmation that **you** cannot claim against another person or insurer

If this is the case, there will be a delay before **we** are able to make any claim payment.

We will pay for:

- **treatment** and conditions included on **your** plan while **you** are covered by **your** membership
- costs as described in **your** 'Table of benefits' as applicable on the date(s) of **your treatment**
- **treatment** which is clinically appropriate and suitable for **you**
- **active 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
- costs for **treatment** which **you** have received, but not deposits or advance payments for **treatment** to be received in the future, or registration/administration fees charged by the provider of **treatment**
- **Reasonable and Customary** costs. This means that the costs charged by **your treatment** provider should not be more than they would normally charge and be representative of charges by other **treatment** providers in the same area*

* 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) may be published by a government or official medical body. In such cases, or where published insurance industry standards exist, **Bupa Global** may refer to these when assessing and paying claims. Charges in excess of published guidelines or **Reasonable and Customary** costs may not be paid.

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.

How you will be paid

We will pay only one of the following:

- the member who received the **treatment**
- the **main member**
- the **treatment** provider, or
- the executor or administrator of the member's estate

We will pay by either:

- electronic transfer direct to **your** bank account, or
- cheque

Electronic transfers are quick, secure and convenient, and **we** even pay the administration costs for making payments in this way. **Our** bank is instructed to pass these charges back to **us** for payment, but sometimes **you** will still be charged by **your** local bank. If this happens, **we** will refund these costs to **you**. Any other bank charges or fees, such as for currency exchange, are **your** responsibility, unless they are charged as a result of **our** error.

If **you** wish **us** to pay **you** using electronic transfer, **we** will need the following details:

- full account number
- SWIFT code
- bank address

- IBAN number (if **your** account is held in Europe)

Please include all this information in the payment section of **your** claim form.

If **we** pay **you** by cheque and **you** don't cash it within 6 months, it will no longer be valid. If this happens simply get in touch and **we** will send **you** a replacement.

Which currency will you be paid in?

We will pay **you** in the currency **you** asked for in the payment section of **your** claim form, unless **we** are not allowed to due to international banking regulations, or where this may expose **us** (or **our** Bupa group of companies and administrators) to any sanction, prohibition or restriction under the laws of any relevant jurisdiction and/or United Nations resolution. If this happens, **we** will pay **you** in the currency **you** use to pay **us**, or, at **our** discretion, such other currency **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**.

How much will you be paid?

Your benefits are paid in line with the limits shown in **your** 'Table of benefits' and any **deductibles you** may have chosen.

The currency in which **you** have chosen to pay **your subscriptions** is the one **we** use to calculate **your** benefits.

There are different types of benefit limits, which are quoted separately for each person included in **your** membership:

- annual maximum – **we** will pay up to this amount for all **treatments** in total, each **membership year**
- money limit – **we** will pay up to this amount for a particular **treatment**, each **membership year**

- visits limit – **we** will cover up to this number of visits or **treatments**, each **membership year**
- lifetime limit – **we** will pay up to this amount (in money or visits) for the whole of **your** membership of this plan*
- single condition limit – **we** will pay up to this amount (in money or visits) for a single diagnosis, each **membership year**

Discretionary payments

Sometimes, in certain situations, **we** may pay for **treatment you** have received which is outside the terms of **your** cover. This is called a discretionary or ex-gratia payment. Any payment that **we** may make on this basis will still count towards the maximum limits on **your** membership. If **you** receive a discretionary payment like this, it does not mean that **we** are required to pay similar costs in the future.

We are not required to pay for any **treatment** or condition that is not covered by **your** plan, even if **we** have paid an earlier claim for similar or identical **treatments** or conditions.

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.

Summary of Benefits

Level

Core cover: Worldwide Medical Insurance

Overall annual maximum - AUD\$ 2,700,000	●
Staying in hospital overnight or as a day-case	●
Parent accommodation	●
Nursing care	●
Operating room, medicines and surgical dressings	●
Intensive care , intensive therapy, coronary care and high dependency unit	●
In-patient, day-case and out-patient surgical operations , including surgeons' and anaesthetists' fees	●
Specialists' consultation fees	●
Pathology, X-rays and diagnostic tests	●
Physiotherapy, chiropractor and osteopathy, therapists, complementary therapists, dietician and speech therapist	●
Rehabilitation	●
Advanced imaging	●
Mental health treatment overnight in hospital , including room, board and treatment costs	●
Mental health treatment as a day-case , including room, board and treatment costs	●
Prosthetic implants and appliances	●
Prosthetic devices	●
Childbirth and treatment in hospital	●
Complications of maternity and childbirth	●
Childbirth at home or birthing centre	●
Medically essential Caesarean section	●
Newborn care	●
Cancer treatment	●
Transplant services	●
Hospice and palliative care	●
Local road ambulance	●
Local air ambulance	●
Home nursing	●
Hospitalisation cash benefit	●
Emergency dental treatment	●
Treatment of congenital and hereditary conditions	●
Kidney dialysis	●

Option: Worldwide Medical Plus

Overall annual maximum - AUD\$40,000	●
Specialists' consultation and doctors' fees	●
Physiotherapy, osteopathy and chiropractor treatment	●
Consultations and treatment with therapists, complementary therapists and qualified nurses	●
Psychiatrists', psychologists' and psychotherapist fees	●
Speech therapy	●
Pathology, X-rays and diagnostic tests	●
Young child care	●
Maternity	●
Accident-related dental treatment	●
Transplant services	●

Summary of Benefits (continued)

Level

Option: Worldwide Medicines and Equipment

Prescribed medicines and dressings	●
Durable medical equipment - up to 45 days rental each condition	●
Long-term prescription medicines	●

Option: Worldwide Wellbeing

Overall annual maximum - AUD\$8,000	●
Full health screen	●
Mammogram	●
Papanicolaou (PAP) test	●
Prostate cancer screen	●
Colon cancer screen	●
Bone densitometry	●
Four dietetic consultations	●
Vaccinations	●
Dental benefits	●
Dental - Preventive - 100%	●
Dental - Routine and major restorative - 80%	●
Dental - Orthodontic - 50%	●
Eye test (including consultation)	●
Spectacle lenses	●
Contact lenses	●
Spectacle frames	●

Option: Worldwide Evacuation

Evacuation	●
Repatriation	●
Travel cost for an accompanying person	●
Travel cost for the transfer of minor children	●
Living allowance	●
Repatriation of mortal remains	●
Compassionate visit and return	●
Compassionate visit living allowance	●

Summary of Exclusions

	Level
Artificial life maintenance	●
Birth control	●
Conflict and disaster	●
Convalescence and admission for general care, or staying in hospital for	●
Cosmetic treatment	●
Developmental problems	●
Donor organs	●
Experimental or unproven treatment	●
Eyesight	●
Footcare	●
Genetic testing	●
Harmful or hazardous use of alcohol, drugs and/or medicines	●
Health hydros, nature cure clinics etc.	●
Illegal activity	●
Infertility treatment	●
Obesity	●
Persistent vegetative state (PVS) and neurological damage	●
Personal exclusions	●
Pre-existing conditions	●
Preventive treatment	●
Reconstructive or remedial surgery	●
Sexual problems/gender issues	●
Sleep disorders	●
Stem cells	●
Surrogate parenting	●
Temporomandibular joint (TMJ) disorders	●
Travel costs for treatment	●
Unrecognised medical practitioner, hospital or healthcare facility	●
U.S. treatment	●

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.

Core cover: Worldwide Medical Insurance

For treatment received whilst staying in hospital, either overnight or as a day-case

Worldwide Medical Insurance gives **you** the reassurance of covering essential **hospital treatment you** may need, whether in an **emergency** or a planned visit. All surgery, cancer **treatment** and advanced imaging, whether received whilst staying in **hospital** or as an **out-patient**, are also included.

This also includes **surgical operations** that do not require a **hospital** stay, for example **surgical operations/procedures** in a **specialist's** or **doctor's treatment** room as well as **surgical operations**, in **hospital** overnight, as a **day-case** or as an **out-patient**.

You may have chosen this cover on its own, or together with any combination of **our** options.

Benefits	Level	Explanation of benefits
Overall annual maximum - AUD\$ 2,700,000		
Staying in hospital overnight or as a day-case	Paid in full	<p>We pay hospital room and board costs when:</p> <ul style="list-style-type: none"> ○ there is a medical need to stay in hospital ○ your treatment is given or managed by a specialist ○ you are staying in hospital ○ the length of your stay 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. ○ you occupy a standard single room with private bathroom. (This means we will not pay the extra costs of a deluxe, executive or VIP suite, etc) ○ if treatment fees are charged in line with the room type, we will pay for treatment at the cost which would have been charged if you had stayed in a standard single room with private bathroom <p>If you need to stay in hospital for longer than we have given prior approval, or if your treatment plan changes, your specialist must send us a medical report as soon as possible telling us:</p> <ul style="list-style-type: none"> ○ your diagnosis ○ treatment you have already had ○ treatment that you need to have ○ how long you need to stay in hospital <p>We will also pay up to AUD\$15 each day for personal expenses such as newspapers, television rental and guest meals when you have had to stay overnight in hospital.</p> <p>We do not pay hospital room and board charges if you are staying in hospital for any of the following reasons:</p> <ul style="list-style-type: none"> ○ convalescence ○ general supervision ○ pain management ○ general nursing care without specialist treatment, except when in a hospice and receiving palliative care ○ services from a therapist or complementary therapist, physiotherapist, osteopath, chiropractor, dietician or speech therapist ○ domestic services such as help in walking, bathing or preparing meals, or ○ receiving treatment that could have taken place as an out-patient

Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Parent accommodation	Paid in full	<p>We pay room and board costs for a parent staying in hospital with their child when:</p> <ul style="list-style-type: none"> ○ the costs are for one parent or legal guardian only ○ the parent or guardian is staying in the same hospital as you ○ the child is under the age of 18 years old, and ○ the child is receiving treatment that is covered
Nursing care	Paid in full	<p>We pay for reasonable costs of a qualified nurse for your treatment if the hospital does not provide nursing staff.</p> <p>We do not pay for nurses hired in addition to the hospital's own staff.</p>
Operating room, medicines and surgical dressings	Paid in full	<p>We pay for the costs of the:</p> <ul style="list-style-type: none"> ○ operating room ○ recovery room ○ medicines and dressings used in the operating or recovery room ○ medicines and dressings for use during your hospital stay <p>We do not pay medicines and dressings prescribed for use at home unless you have bought the Worldwide Medicines and Equipment option.</p>
Intensive care , intensive therapy, coronary care and high dependency unit	Paid in full	<p>We pay room and board costs if you are treated in an intensive care/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when it is the most appropriate place for you to receive treatment and:</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 you, or ○ it is medically necessary in the event of unexpected circumstances, for example if you have an allergic reaction during surgery
In-patient, day-case and out-patient surgical operations , including surgeons' and anaesthetists' fees	Paid in full	<p>We pay for in-patient, day-case and out-patient surgical operations and procedures including surgeons' and anaesthetists' fees, as well as treatment and consultations needed immediately before and after the surgery on the same day. This includes surgical operations/procedures such as dialysis performed whether staying in hospital overnight, as a day-case or as an out-patient.</p> <p>We also pay for investigative procedures (e.g. endoscopy) that use instruments and equipment and are provided at a hospital /consulting room, doctors office, out-patient clinic facility, whether staying in hospital overnight, as a day-case or as an out-patient.</p> <p>We do not pay for out-patient treatment received prior to surgery or as a follow-up afterwards unless you have bought the Worldwide Medical Plus option.</p> <p>Note: Pathology (e.g. checking blood and urine samples), radiology (e.g. x-rays) and diagnostic tests (e.g. ECGs), if you are not admitted as a day-case or as in-patient are only covered if you have bought the Worldwide Medical Plus option.</p>

Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Specialists' consultation fees	Paid in full	<p>We pay for specialists' consultation fees during your stay in hospital when you have:</p> <ul style="list-style-type: none"> ○ medical treatment, for example if you have pneumonia ○ meetings with your specialist, for example to discuss your surgery ○ specialist attendance when medically necessary, for example in the unlikely event that you have a heart attack during surgery
Pathology, X-rays and diagnostic tests	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 ○ diagnostic tests such as electrocardiograms (ECGs) <p>if recommended by your specialist to help diagnose or assess your condition when you are in hospital</p>
Physiotherapy, chiropractor and osteopathy, therapists, complementary therapists, dietician and speech therapist	Paid in full	<p>We pay for treatment provided by therapists (such as occupational therapists), complementary therapists (such as acupuncturists), physiotherapy, osteopathy, chiropractor and dietician or speech therapist if it is needed as part of your treatment in hospital, as long as this treatment is not the primary reason for your hospital stay.</p>
Rehabilitation	<p>We pay in full for up to 42 days each condition (which may be in-patient treatment or daycase treatment) each membership year</p>	<p>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.</p> <p>We pay for rehabilitation; only when you have received our pre-authorization before the treatment starts, for up to 42 days treatment for each separate condition requiring rehabilitation. For treatment in hospital one day is each overnight stay and for day-case and out-patient treatment, one day is counted as any day on which you have one or more appointments for rehabilitation treatment.</p> <p>We only pay for rehabilitation where it:</p> <ul style="list-style-type: none"> ○ starts within 6 weeks after the end of your treatment in hospital for a condition which is covered by your membership (such as trauma or stroke), and ○ arises as a result of the condition which required the hospitalisation or is needed as a result of such treatment given for that condition <p>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 stayed in hospital to receive rehabilitation.</p>
Advanced imaging	Paid in full	<p>We pay for advanced imaging such as:</p> <ul style="list-style-type: none"> ○ magnetic resonance imaging (MRI) ○ computed tomography (CT) ○ positron emission tomography (PET) <p>if recommended by your specialist to help diagnose or assess your condition, whether you need this during a hospital stay overnight, as a day-case or as an out-patient.</p>

Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Mental health treatment overnight in hospital , including room, board and treatment costs	Paid in full	<p>We pay for mental health treatment overnight in hospital or as a day-case, to include room, board and treatment costs related to the mental health condition.</p> <p>We also pay for mental health treatment received as a day-case in hospital.</p>
Mental health treatment as a day-case , including room, board and treatment costs	Paid in full	
Prosthetic implants and appliances	Paid in full	<p>We pay for prosthetic implants and appliances shown in the following lists.</p> <p>Prosthetic implants:</p> <ul style="list-style-type: none"> ○ to replace a joint or ligament ○ to replace a heart valve ○ to replace an aorta or an arterial blood vessel ○ to replace a sphincter muscle ○ to replace the lens or cornea of the eye ○ to control urinary incontinence or bladder control ○ to act as a heart pacemaker ○ to remove excess fluid from the brain ○ cochlear implant – provided the initial implant was provided to the member when under the age of five, we will pay ongoing maintenance and replacements ○ breast reconstruction following surgery for cancer when the reconstruction was carried out as part of the original treatment for the cancer and you have obtained our written consent before receiving the treatment ○ to restore vocal function following surgery for cancer <p>Appliances:</p> <ul style="list-style-type: none"> ○ a knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament ○ a spinal support which is an essential part of a surgical operation to the spine ○ an external fixator such as for an open fracture or following surgery to the head or neck
Prosthetic devices	Each device, up to AUD\$3,250	<p>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.</p> <p>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.</p>

Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Childbirth and treatment in hospital	Each membership year , AUD\$12,000	<p>We pay for maternity treatment and childbirth after the mother has been a member of this plan for 24 months, including:</p> <ul style="list-style-type: none"> ○ hospital charges, obstetricians' and midwives' fees for normal 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 We pay for routine care for the baby, for up to seven days following birth, from the mother's maternity benefit. Any non-routine care, if eligible, is paid from the baby's newborn care benefit, not from the mother's maternity benefit.</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 24 months when the baby is born.</p> <p>Please see surrogate parenting in the 'What is not covered?' section.</p> <p>Please read the 'Adding members to your plan' section.</p>
Complications of maternity and childbirth	Paid in full	<p>Once you have been covered on this health plan for 24 months:</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 surrogate parenting in the 'What is not covered?' section.</p> <p>Please read the 'Adding members to your plan' section.</p>
Childbirth at home or birthing centre	Each membership year , up to AUD\$1,000	<p>We pay for midwives' or other specialists' fees for childbirth at home or birthing centre after the mother has been a member for 24 months.</p> <p>Please see surrogate parenting in the 'What is not covered?' section.</p> <p>Please read the 'Adding members to your plan' section.</p>

Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Medically essential Caesarean section	Each membership year , up to AUD\$21,000	<p>We pay for hospital, obstetricians' and other medical fees for the cost of the delivery of your baby by Caesarean section, after the mother has been a member of this plan for 24 months, when it is medically essential for a Caesarean section for example as a result of non progression during labour (eg dystocia, foetal distress, haemorrhage).</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>We do not pay for treatment directly related to surrogacy. We will not pay maternity benefits:</p> <ul style="list-style-type: none"> ○ to you if you act as a surrogate, or ○ to anyone else acting as a surrogate for you <p>We do not pay for treatment received as an out-patient before or after the birth unless you have bought the Worldwide Medical Plus option.</p> <p>Please see surrogate parenting in the 'What is not covered?' section.</p> <p>Please read the 'Adding members to your plan' section.</p>
Newborn care	Each membership year , up to AUD\$121,000 maximum benefit for all treatment received during the first 90 days following birth	<p>All treatment (including routine preventive care, check-ups and immunisations) required for a newborn during the first 90 days' following birth shall be covered by this newborn care benefit.</p> <p>The newborn care benefit is paid instead of any other benefit.</p> <p>Newborn children must be registered on a Bupa Global plan before this benefit can be claimed.</p> <p>Please read the 'Adding members to your plan' section.</p>
Cancer treatment	Paid in full	<p>We pay for treatment of cancer, once it has been diagnosed, including:</p> <ul style="list-style-type: none"> ○ fees that are related specifically to planning and carrying out treatment for cancer. This includes tests, scans, consultations and drugs (such as cytotoxic drugs or chemotherapy).

Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Transplant services	Each condition, up to AUD\$242,000	<p>We pay medical expenses for the following transplants if the organ has come from a relative or a certified and verified source of donation:</p> <ul style="list-style-type: none"> ○ cornea ○ small bowel ○ kidney ○ kidney/pancreas ○ liver ○ heart ○ lung, or ○ heart/lung transplant <p>We will also pay medical expenses 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 when carried out for conditions other than cancer.</p> <p>We pay donor expenses, for each condition needing a transplant whether the donor is a member or not, including:</p> <ul style="list-style-type: none"> ○ the harvesting of the organ, whether from live or deceased donor ○ all tissue matching fees ○ hospital/operation costs of the donor, and ○ any donor complications, but to a maximum of 30 days post-operatively only <p>We do not pay for treatment received as an out-patient before or after the transplant for either you or your donor unless you have bought the Worldwide Medical Plus option.</p> <p>We do not pay for anti-rejection medicines unless you have bought the Worldwide Medicines and Equipment option three or more years before needing these medicines.</p> <p>We do not pay medical costs for you to have an organ harvested, when the intended recipient is not a member of a Bupa Global administered plan.</p> <p>Please read about transplant services under Worldwide Medical Plus.</p> <p>Please also read about donor organs in the 'What is not covered' section.</p>
Hospice and palliative care	Lifetime limit of AUD\$32,000	<p>We pay for the following 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>

Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Local road ambulance	Paid in full	<p>We pay for a local road ambulance:</p> <ul style="list-style-type: none"> <input type="radio"/> from the location of an accident to a hospital <input type="radio"/> for a transfer from one hospital to another, or <input type="radio"/> from your home to the hospital <p>When a local road ambulance is:</p> <ul style="list-style-type: none"> <input type="radio"/> medically necessary, and <input type="radio"/> related to treatment that is covered that you need to receive in hospital
Local air ambulance	Each membership year , up to AUD\$8,000	<p>We pay for a local air ambulance:</p> <ul style="list-style-type: none"> <input type="radio"/> from the location of an accident to a hospital, or <input type="radio"/> for a transfer from one hospital to another <p>When a local air ambulance is:</p> <ul style="list-style-type: none"> <input type="radio"/> medically necessary <input type="radio"/> used for short distances of up to 100 miles/160 kilometres, and <input type="radio"/> related to treatment that is covered that you need to receive in hospital <p>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.</p> <p>We do not pay for mountain rescue.</p> <p>We do not pay for evacuation or repatriation if the treatment you need is not available locally unless you have bought the Worldwide Evacuation option.</p>
Home nursing	Paid in full for 30 days each membership year	<p>We pay for home nursing if you have had treatment in hospital which is covered under this plan, when it:</p> <ul style="list-style-type: none"> <input type="radio"/> is prescribed by your specialist <input type="radio"/> starts immediately after you leave hospital <input type="radio"/> reduces the length of your stay in hospital <input type="radio"/> is provided by a qualified nurse in your home and <input type="radio"/> is needed to provide medical care, not personal assistance
Hospitalisation cash benefit	Each night for a maximum of up to 30 nights each membership year , up to AUD\$170	<p>We pay hospital cash benefit if you:</p> <ul style="list-style-type: none"> <input type="radio"/> have received treatment in hospital which is covered under this plan <input type="radio"/> have not been charged for your room and board, and <input type="radio"/> have not been charged for your treatment

Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
<p>Emergency dental treatment</p>	<p>Paid in full</p>	<p>We pay for emergency dental treatment when:</p> <ul style="list-style-type: none"> ○ the treatment is needed as part of your overall treatment following a serious accident causing you to stay in hospital, and ○ it is not the primary reason for you to be in hospital <p>This benefit is paid instead of any other dental benefits you may have, when you need treatment as a result of a serious accident requiring hospitalisation.</p>
<p>Treatment of congenital and hereditary conditions</p>	<p>Each membership year, up to AUD\$32,000</p>	<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 have bought Worldwide Medical Plus, Worldwide Medicines and Equipment, Worldwide Wellbeing or Worldwide Evacuation the stated limits will apply for benefits included under those options. If you are unsure whether your condition may be classed as congenital or hereditary, please contact us for further information.</p>
<p>Kidney dialysis</p>	<p>Paid in full</p>	<p>We pay for kidney dialysis - provided as In-patient, day-case or as on out-patient.</p>

Option: Worldwide Medical Plus

For specialist treatment where you do not need to stay in hospital

Worldwide Medical Plus covers **you** for consultations with a **doctor** or **specialist** and medical **treatments** that do not require a **hospital** stay. These may include **osteopathy** or complementary therapies, for example. Some of these **treatments** or consultations may take place before or after a **hospital** stay, but many will be totally independent.

Please note: some **out-patient treatment** is paid for from the Core cover: Worldwide Medical Insurance and not from this option. These include newborn care, **out-patient surgical operations/procedures** and Dialysis. Please see benefit explanations in Worldwide Medical Insurance for details of these benefits.

These benefits are only available if you have chosen this option and it is listed on your membership certificate.

Benefits	Level	Explanation of benefits
Overall annual maximum - AUD\$40,000		
Specialists' consultation and doctors' fees	Paid in full up to 35 visits each membership year	<p>We pay for consultations or meetings with your specialist or doctor to:</p> <ul style="list-style-type: none"> <input type="radio"/> receive treatment <input type="radio"/> arrange treatment <input type="radio"/> as a follow-up to treatment already received, or <input type="radio"/> diagnose your illness or interpret your symptoms <p>Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.</p>
Physiotherapy, osteopathy and chiropractor treatment	Paid in full up to 30 visits each membership year	We pay for physiotherapy, osteopathy and chiropractor treatments , which are physical therapies aimed at restoring your normal physical functions.
Consultations and treatment with therapists, complementary therapists and qualified nurses	Paid in full up to 15 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 therapists when they are appropriately qualified and registered to practice in the country where treatment is received.</p> <p>This includes the cost of both consultation and treatment, including any complementary medicines prescribed or administered as part of your treatment.</p> <p>Example: 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>
Psychiatrists', psychologists' and psychotherapist fees	Paid in full up to 35 visits each membership year	<p>We pay for psychiatrists', psychologists' and psychotherapist fees for:</p> <ul style="list-style-type: none"> <input type="radio"/> meeting with your specialist to assess your condition, or <input type="radio"/> treatment provided by a psychiatrist or psychologist or psychotherapist

Option: Worldwide Medical Plus (continued)

Benefits	Level	Explanation of benefits
Speech therapy	Paid in full	<p>We pay for speech therapy only when it is:</p> <ul style="list-style-type: none"> ○ short term for a condition such as a stroke and ○ part of the treatment for that condition ○ taking place during or immediately following treatment for that condition, and ○ recommended by your specialist <p>We do not pay for treatment of speech or language disorders such as stammering or resulting from learning difficulties or developmental studies.</p>
Pathology, X-rays and diagnostic tests	Paid in full	<p>We pay for the following if recommended by your specialist or doctor to help diagnose or assess your condition:</p> <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples ○ radiology (such as X-rays) ○ diagnostic tests such as electrocardiograms (ECGs) or hearing tests <p>Note: Advanced Imaging (such as MRI, CET or PET scans) is covered from the Worldwide Medical Insurance module, and not from this module.</p>
Young child care	Each membership year , up to AUD\$1,500	<p>We pay the following young child benefits for children from the age of 91 days up to the age of five covered under this plan:</p> <ul style="list-style-type: none"> ○ routine preventive care and check-ups, and ○ immunisations

Option: Worldwide Medical Plus (continued)

Benefits	Level	Explanation of benefits
Maternity	Each membership year , up to AUD\$4,500	<p>We pay for maternity care and treatment after you, the mother, have been covered on this option for 24 months including:</p> <ul style="list-style-type: none"> ○ treatment before and after the birth, including up to seven days' routine care for your baby, and ○ home nurse following delivery <p>We also pay for pregnancy and childbirth complications, by which we mean those conditions which only ever arise as a direct result of pregnancy or childbirth.</p> <p>These include:</p> <ul style="list-style-type: none"> ○ pre-eclampsia ○ miscarriage ○ threatened miscarriage, gestational diabetes, when the foetus has died and remains with the placenta in the womb ○ still birth ○ heavy bleeding in the hours and days immediately after childbirth (post partum haemorrhage) ○ afterbirth left in the womb after delivery of the baby (retained placental membranes) ○ complications following any of the above conditions <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 We pay for routine care for the baby, for up to seven days following birth, from the mother's maternity benefit. Any non-routine care, if eligible, is paid from the baby's newborn care benefit, not from the mother's maternity benefit.</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 24 months when the baby is born.</p> <p>Please see surrogate parenting in the 'What is not covered?' section.</p> <p>Please read the 'Adding members to your plan' section.</p>
Accident-related dental treatment	Each membership year , 80% up to AUD\$800	<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>

Option: Worldwide Medical Plus (continued)

Benefits	Level	Explanation of benefits
Transplant services	Each condition, up to AUD\$81,000	<p>We pay for all costs for treatment received by you or your donor for, or related to, a covered transplant which has not been provided during a stay in hospital, such as:</p> <ul style="list-style-type: none"> ○ specialists' and doctors' fees ○ pathology, X-rays and diagnostic tests ○ physiotherapy, osteopathy and chiropractor treatment, or ○ any donor complications, but to a maximum of 30 days post-operatively only <p>We do not pay for anti-rejection medicines unless you have bought the Worldwide Medicines and Equipment option three or more years before needing these medicines.</p> <p>Please read about transplant services under Worldwide Medical Insurance.</p>

Option: Worldwide Medicines and Equipment

For prescribed medicines and medical equipment

Often, **treatment** doesn't end when **you** leave the **hospital** or clinic or after **you** have seen a **specialist**. This option covers **you** for prescription medicines and the rental or purchase of medical appliances, such as oxygen supplies or wheelchairs. **Our** benefit for long-term prescriptions will also pay for any medicine required to manage chronic conditions such as asthma.

These benefits are only available if you have chosen this option and it is listed on your membership certificate.

Benefits	Level	Explanation of benefits
Prescribed medicines and dressings	Each membership year , up to AUD\$2,500	<p>We pay for medicines and dressings:</p> <ul style="list-style-type: none"> <input type="radio"/> prescribed by your medical practitioner, and <input type="radio"/> that are only used if you have a disease, illness or injury <p>If you are staying in hospital, medicines and dressings will be covered under your Worldwide Medical Insurance benefits – read note 'Operating room, medicines and surgical dressings'.</p> <p>Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit 'Consultations and treatment with therapists and complementary therapists'.</p>
Durable medical equipment - up to 45 days rental each condition		<p>We pay for durable medical equipment that:</p> <ul style="list-style-type: none"> <input type="radio"/> can be used more than once <input type="radio"/> is not disposable <input type="radio"/> is used to serve a medical purpose <input type="radio"/> is not used in the absence of a disease, illness or injury, and <input type="radio"/> is fit for use in the home
Long-term prescription medicines	Each membership year , 80% up to AUD\$16,000 Lifetime limit of AUD\$97,000	<p>We pay for long-term prescribed medicines:</p> <ul style="list-style-type: none"> <input type="radio"/> after you have been covered on this option for three years, and <input type="radio"/> which have been prescribed for a period of at least six months <p>A medical report from your specialist or doctor is required confirming:</p> <ul style="list-style-type: none"> <input type="radio"/> the condition you need the medicines for, and <input type="radio"/> that you need to take these medicines for at least six months

Option: Worldwide Wellbeing

For a range of health screenings, vaccinations, dental and optical treatment

Our Worldwide Wellbeing option is designed to help **you** protect and maintain **your** health. It covers medical screenings that can provide valuable early detection of conditions such as cancer. It covers dental and optical **treatments**, which can play an important role in keeping **you** healthy by identifying underlying problems such as mouth cancer or diabetes.

These benefits are only available if you have chosen this option and it is listed on your membership certificate.

Benefits	Level	Explanation of benefits
Overall annual maximum - AUD\$8,000		
Full health screen	Each membership year , up to AUD\$ 960	<p>We pay for a full health screening after you have been covered on this option for one membership year.</p> <p>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.</p>
Mammogram		<p>We pay for mammogram, PAP (also known as a smear test), prostate cancer screening (which may include a prostate-specific antigen (PSA) test and/or physical examination), colon cancer screening and bone densitometry.</p> <p>These tests and/or screenings:</p> <ul style="list-style-type: none"> <input type="radio"/> do not have a waiting period, and <input type="radio"/> may take place independently of full health screening
Papanicolaou (PAP) test		
Prostate cancer screen		
Colon cancer screen		
Bone densitometry		
Four dietetic consultations		<p>We pay for dietetic consultations when required for dietary advice relating to a diagnosed disease or illness, such as diabetes.</p> <p>We do not pay for slimming classes, slimming aids and weight management.</p>

Option: Worldwide Wellbeing (continued)

Benefits	Level	Explanation of benefits
Vaccinations		<p>We pay for vaccinations and immunisations such as:</p> <ul style="list-style-type: none"> ○ travel vaccinations ○ malaria tablets ○ pneumococcal vaccinations, or ○ vaccinations to aid the prevention of cancer, such as human papilloma virus (HPV), as and when these are complete medical trials and are approved for use in the country of treatment <p>We do not pay for immunisations for newborns or for children up to the age of five from this benefit.</p> <p>If you have bought the Worldwide Medical Plus option we will pay these immunisations for children aged 91 days up to the age of 5 from the young child care benefit. Immunisations within the first 90 days are paid from the newborn care benefit (if eligible).</p> <p>Please read about newborn care under Worldwide Medical Insurance.</p>
Dental benefits		<p>We pay for treatment you receive from your dental practitioner. Certain dental/oral treatments will not be paid from this benefit, but from the Worldwide Medical Insurance and/or Worldwide Medical Plus benefits if you bought this option (please read notes under those benefits).</p> <p>These conditions are those which are more specialised and need to be performed by a maxillofacial or oral specialist in hospital, such as:</p> <ul style="list-style-type: none"> ○ put a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident ○ surgically remove a complicated, buried or impacted tooth, teeth or root ○ benign gum cysts/jaw cysts ○ chronic (large) mouth ulcers ○ facial deformity such as cleft palate or lip ○ facial injuries such as after an accident or cancer, or ○ salivary gland diseases <p>This benefit is paid instead of any other dental benefits you may have, when you need preventive, routine or orthodontic treatment. Treatment must be provided by a dental practitioner.</p>
Dental - Preventive - 100%	AUD\$5,500	<p>Dental – preventive, after you have been covered on this option for six months includes:</p> <ul style="list-style-type: none"> ○ two check-ups/exams each membership year ○ X-rays/bitewing/single view/Orthopantomogram (OPG) ○ scale and polish ○ gum shield/mouth guard, and ○ night guard
Dental - Routine and major restorative - 80%		<p>Dental – routine and major restorative, after you have been covered on this option for six months includes:</p> <ul style="list-style-type: none"> ○ all fillings—either amalgam (silver) or composite (white) ○ root canal treatment ○ crowns/bridge ○ dental implant, and ○ anaesthesia costs

Option: Worldwide Wellbeing (continued)

Benefits	Level	Explanation of benefits
Dental - Orthodontic - 50%	Please see previous page for shared limit.	Dental - orthodontic treatment up to the age of 19, after you have been covered on this option for two years includes: <ul style="list-style-type: none"> ○ consultations and monthly check-ups ○ removal of deciduous/baby teeth/milk teeth/primary teeth ○ treatment planning ○ models/gum impressions ○ extractions ○ anaesthesia ○ X-rays including single/bitewing/periapical (root X-ray)/full-mouth X-rays/Orthopantomogram (OPG) and Cephalometric (CEPH) ○ digital photography, and ○ metal braces/retainers
Eye test (including consultation)	One each membership year , 100%	We pay for one eye test each membership year , which includes the cost of your consultation and sight/vision testing.
Spectacle lenses	80%	We pay for spectacle and contact lenses which are prescribed to correct a sight/vision problem such as short or long sight.
Contact lenses	80%	
Spectacle frames	Once every two membership years , 80% up to AUD\$250	We pay for spectacle frames. This benefit is payable: <ul style="list-style-type: none"> ○ once every two membership years ○ 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.

Option: Worldwide Evacuation

For when you cannot get the treatment you need in a local hospital

When the **treatment you** need is not available locally, the Worldwide Evacuation option covers **you** for reasonable transport costs to the nearest appropriate place of **treatment**, when the **treatment you** need is not available nearby. Repatriation, which is also included, 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** is not available locally.

For all medical transfers, either evacuation or repatriation:

- **you** must contact **our service partner** for authorisation before **you** travel, on +44 (0) 1273 333 911
- **our service partners** must agree the arrangements with **you**
- **your** Worldwide Evacuation benefit is applicable for **hospital treatment**, either overnight or as a **day-case**. Evacuation only (not repatriation) may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy
- the **treatment** must be recommended by **your specialist** or **doctor**
- the **treatment** is not available locally
- the **treatment** must be eligible under **your** plan
- **you** must have cover for the country **you** are going to be treated in, for example the U.S.
- **you** must have Worldwide Evacuation Cover in place before **you** need the **treatment**.

You must provide **us** with any information or proof that **we** may reasonably ask **you** for to support **your** request. **We** will only pay if all arrangements are agreed and approved in advance by **Bupa Global's service partners**.

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 would be against medical advice.

The costs of any **treatment you** receive either before or after an evacuation or repatriation will be paid from Worldwide Medical Insurance or any options **you** have bought as appropriate, provided this is covered under **your** plan.

We will not be able to arrange evacuation or repatriation 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.

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**.

We do not pay for extra nights in **hospital**, when **you** are no longer receiving **active treatment** which requires **you** to be and are awaiting **your** return flight.

Option: Worldwide Evacuation (continued)

Benefits	Level	Explanation of benefits
Evacuation	Paid in full	<p>We pay the Reasonable and Customary transport costs for an evacuation:</p> <ul style="list-style-type: none"> <input type="radio"/> to the nearest place where the required treatment is available when the treatment is not available locally. (This could be to another part of the country that you are in or to another country), and <input type="radio"/> for the return journey to the place you were transferred from <p>when this is authorised in advance by our service partners.</p> <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 class air ticket <p>whichever is the lesser amount.</p> <p>We do not pay any other costs related to the evacuation such as travel costs outside of the actual evacuation which are not authorised by us or hotel accommodation.</p>
Repatriation	Paid in full	<p>We pay the Reasonable and Customary transport costs for a repatriation:</p> <ul style="list-style-type: none"> <input type="radio"/> to your specified country of nationality as given on your application form, or your specified country of residence, when the treatment is not available locally, and <input type="radio"/> the return journey to the place you were transferred from <p>when this is authorised in advance by Bupa Global's service partners.</p> <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 class air ticket <p>whichever is the lesser amount.</p> <p>We do not pay any other costs related to the repatriation such as taxis 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 repatriation when contacting Bupa Global's service partners for authorisation, but this may not be medically appropriate. In these cases, we will first evacuate you to the nearest 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>

Option: Worldwide Evacuation (continued)

Benefits	Level	Explanation of benefits
Travel cost for an accompanying person	Paid in full	<p>We pay reasonable travel costs for a relative or partner to accompany you:</p> <ul style="list-style-type: none"> <input type="radio"/> if there is a reasonable need for you to be accompanied, and <input type="radio"/> the return journey to the place you were transferred from <p>when:</p> <ul style="list-style-type: none"> <input type="radio"/> this is authorised in advance by Bupa Global's service partners, 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 class air ticket <p>whichever is the lesser amount.</p> <p>We do not pay for someone to travel with you when the evacuation is for you to receive out-patient treatment.</p> <p>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 (1000 miles or 1600 KM) <input type="radio"/> there is no medical escort <input type="radio"/> you are very seriously ill <p>The accompanying person may travel in a different class from the member receiving treatment depending on medical requirements.</p>
Travel cost for the transfer of minor children	Paid in full	<p>We pay reasonable travel costs for minor 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
Living allowance	For a maximum of 10 days each membership year , each day up to AUD\$150	<p>We pay towards living expenses for the relative or partner who is authorised to travel with you:</p> <ul style="list-style-type: none"> <input type="radio"/> following an evacuation only, 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.</p>

Option: Worldwide Evacuation (continued)

Benefits	Level	Explanation of benefits
Repatriation of mortal remains	Maximum benefit of AUD\$10,500	<p>We pay for reasonable costs for the transportation only of your body or cremated mortal remains to your home country 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 do not pay for burial or cremation, the cost of burial caskets, etc, or the transport costs for someone to collect or accompany your mortal remains.</p>
Compassionate visit and return	For a maximum of five trips per lifetime. Each visit up to AUD\$1,250	<p>We pay for economy class travel costs for one 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 the equivalent of economy class costs of your relative's return journey to their home country.</p> <p>We pay:</p> <ul style="list-style-type: none"> <input type="radio"/> a maximum of five trips for the lifetime of your membership <input type="radio"/> only when authorised in advance by Bupa Global's service partners <p>We also pay 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>We do not pay this benefit 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 minor children' or 'Living allowance' will be payable.</p>
Compassionate visit living allowance	For a maximum of 10 days each visit, each day up to AUD\$150	

What is not covered?

In the 'Exclusion' section below, **we** list specific **treatments**, conditions and situations that **we** do not cover as part of **your** plan. In addition to these **you** may have personal exclusions or restrictions that apply to **your** plan, as shown on **your** membership certificate.

Important - please read

General exclusions

If **you** have not bought Worldwide Medical Plus, Worldwide Medicines and Equipment, Worldwide Wellbeing or Worldwide Evacuation **we** do not pay for any of the **treatments** or benefits included under those options.

The following exclusions apply to **our** core cover and each of the options. Where **we** have stated that **we** will pay for **treatment** in some circumstances, this is subject to **you** having bought the appropriate options.

Home leave

If **you** are an Australian resident the Worldwide Health Options plan also provides coverage whilst on **home leave** in Australia, for a period of up to 60 days, when **you** are not covered by Medicare or Australian Private Health Insurance. Cover is excluded for **treatment** or services where a Medicare benefit is or could be payable. Cover is also excluded for any benefit if its payment would constitute carrying on of a 'health insurance business' as defined under the Private Health Insurance Act 2007(Cth). Cover also excludes medical expenses which are covered by Worker's Compensation legislation.

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 **treatment** 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**' **treatment** provider in certain specific countries.

Exclusion	Notes	Rules
Artificial life maintenance		<p>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.</p> <p>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 continuous days.</p>
Birth control		<ul style="list-style-type: none"> ○ 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
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

Exclusion	Notes	Rules
Convalescence and admission for general care, or staying in hospital for		<ul style="list-style-type: none"> ○ convalescence, pain management, supervision ○ receiving only 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-case or out-patient
Cosmetic treatment		<p>Treatment to improve your appearance such as:</p> <ul style="list-style-type: none"> ○ facelift or re-modelled nose, abdominoplasty ○ cosmetic dentistry such as the replacement of a sound, natural tooth with an implant, veneers, etc ○ orthodontic treatment over the age of 19 (we pay for orthodontic treatment under the age of 19 if you have bought the Worldwide Wellbeing option) ○ treatment related to or arising from the removal of non-diseased, or surplus or fat tissue, such as liposuction, whether or not it is needed for medical or psychological reasons ○ hair transplants for any reason ○ surgery to change the shape, enhance or reduce your breast(s) for any reason, except reconstruction following treatment for cancer <p>Examples:</p> <ul style="list-style-type: none"> ○ we do not pay for breast reduction for backache or gynaecomastia (the enlargement of breasts in men) ○ we do not pay for treatment of keloid scars. We also do not pay for scar revision. <p>We may pay for 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) when:</p> <ul style="list-style-type: none"> ○ there is a significant family history of the disease, for example ovarian cancer, which is part of a genetic cancer syndrome, and/or ○ you have positive results from genetic testing (please note that we will not pay for the genetic testing) <p>Please contact us for prior approval before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our approval process. Benefit will not be paid unless prior approval has been received. The limit shown under Worldwide Medical Insurance will apply for prophylactic surgery for congenital and hereditary conditions other than cancer.</p>
Developmental problems		<ul style="list-style-type: none"> ○ learning difficulties, such as dyslexia. ○ developmental problems treated in an educational environment or to support educational development.
Donor organs		<ul style="list-style-type: none"> ○ 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 and storage of stem cells, when this is carried out as a preventive measure against possible future disease

Exclusion	Notes	Rules
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		<p>Treatment, equipment or surgery to correct eyesight, such as laser treatment, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Exceptions: If you have bought Worldwide Wellbeing cover, your optical benefits will be shown.</p>
Footcare		<p>Treatment for:</p> <ul style="list-style-type: none"> ○ corns ○ calluses, or ○ thickened or misshapen nails
Genetic testing		<p>Genetic tests, when such tests are solely performed to determine whether or not you may be genetically likely to develop a medical condition.</p> <p>Example: we do not pay for tests used to determine whether you may develop Alzheimer's disease, when that disease is not present.</p>
Harmful or hazardous use of alcohol, drugs and/or medicines		<p>Treatment for or arising:</p> <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

Exclusion	Notes	Rules
Health hydros, nature cure clinics etc.		<p>Treatment or services received in a:</p> <ul style="list-style-type: none"> ○ health hydro ○ nature cure clinic ○ spa, or ○ any similar establishment that is not a hospital
Illegal activity		<p>We will not pay for treatment which arises, directly or indirectly, as result of your deliberate or reckless participation (whether actual or attempted) in any illegal act, including road traffic offenses.</p>
Infertility treatment		<p>Treatment 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>We pay for investigations into the cause of infertility when your specialist believes there are symptoms and/or evidence to suggest a medical cause. We will only pay when:</p> <ul style="list-style-type: none"> ○ you have been a member of this plan (or any Bupa administered plan which includes this cover) for two years before the investigations start, and ○ you were unaware and had not been suffering any symptoms prior to joining
Obesity		<p>Treatment for or as a result of obesity such as:</p> <ul style="list-style-type: none"> ○ slimming aids or drugs ○ slimming classes, or ○ obesity surgery
Persistent vegetative state (PVS) and neurological damage		<p>We will not pay for treatment whilst staying in hospital for more than 90 continuous days for permanent neurological damage or if you are in a persistent vegetative state.</p>

Exclusion	Notes	Rules
Personal exclusions		<p>Please check your membership certificate to see if you have any personal exclusions or restrictions on your plan. The exclusions in this section apply in addition to and alongside any such personal exclusions and restrictions.</p> <p>For all exclusions in this section, and for any personal exclusions or restrictions shown on your membership certificate, please note that:</p> <ul style="list-style-type: none"> ○ we do not pay for conditions which are directly related to excluded conditions or treatments ○ we do not pay for any additional or increased costs arising from excluded conditions or treatments ○ we do not pay for complications arising from excluded conditions or treatments. <p>Example:</p> <p>You have a personal exclusion for diabetes</p> <ul style="list-style-type: none"> ○ If your diabetes were to cause kidney problems, we would not pay for the treatment of such kidney problems. ○ If while receiving treatment for another condition, you need to stay extra nights in hospital because of your diabetes we would not pay for these extra nights. <p>Exceptions</p> <p>This section describes some circumstances where exceptions can be made to exclusions or restrictions. Where this is the case, benefit is payable up to the limits set out in your Table of Benefits.</p>
Pre-existing conditions		<p>Any treatment for a pre-existing condition, related symptoms, or any condition that results from or is related to a pre-existing condition.</p> <p>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.</p> <p>There are some personal exclusions that, due to their nature, we will not review.</p> <p>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</p>
Preventive treatment		<p>Health screening, including routine health checks and vaccinations, or any preventive treatment, except if you have bought the Worldwide Wellbeing option.</p> <p>We may pay for prophylactic surgery when:</p> <ul style="list-style-type: none"> ○ there is a significant family history of the disease, for example ovarian cancer, which is part of a genetic cancer syndrome, and/or ○ you have positive results from genetic testing (please note that we will not pay for the genetic testing) <p>The limit shown under Worldwide Medical Insurance will apply for prophylactic surgery for congenital and hereditary conditions other than cancer.</p> <p>Please contact us for prior approval before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our approval process. Benefit will not be paid unless prior approval has been received.</p>

Exclusion	Notes	Rules
Reconstructive or remedial surgery		<p>Treatment to restore your appearance after an illness, injury or surgery.</p> <p>We may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during your current continuous membership.</p> <p>Please contact us for prior approval before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our approval process. Benefit will not be paid unless prior approval has been received.</p>
Sexual problems/gender issues		<ul style="list-style-type: none"> ○ sexual problems, such as impotence, whatever the cause, or ○ sex changes or gender reassignments
Sleep disorders		<ul style="list-style-type: none"> ○ insomnia ○ snoring ○ sleep-related disorders including sleep apnoea, or ○ participation in sleep studies beyond the initial study <p>We may pay for treatment of sleep apnoea when your specialist believes this to be life-threatening. We will only pay for:</p> <ul style="list-style-type: none"> ○ an initial sleep study ○ surgery, if medically appropriate, and ○ equipment hire, such as a Continuous Positive Airway Pressure (CPAP) machine (only if you have bought the Worldwide Medicines and Equipment option) <p>Please contact us for prior approval before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our approval process. Benefit will not be paid unless prior approval has been received.</p>
Stem cells		<p>We do not pay for the harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.</p>
Surrogate parenting	Please also see maternity cover in the table of benefits.	<p>Treatment directly related to surrogacy. This applies:</p> <ul style="list-style-type: none"> ○ to you if you act as a surrogate, and ○ to anyone else acting as a surrogate for you
Temporomandibular joint (TMJ) disorders		Temporomandibular joint (TMJ) disorders
Travel costs for treatment		<p>Any travel costs related to receiving treatment.</p> <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 <p>Exceptions:</p> <ul style="list-style-type: none"> ○ Road Ambulance cover ○ Air Ambulance cover ○ you have bought Worldwide Evacuation cover and your travel meets the qualifying conditions of that cover

Exclusion	Notes	Rules
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
U.S. treatment		<p><u>If you</u> have not bought cover for the U.S., then we will not pay for treatment or services, received in the U.S.</p> <p><u>If you</u> have bought cover for the U.S., we will not pay for treatment or services, received there:</p> <ul style="list-style-type: none"> ○ when arrangements were not pre-authorized by our agents in the U.S. where required (see 'Pre-authorization – Treatment in the U.S.' section of this membership guide); or ○ when we know or have reasonable grounds to conclude, that you purchased cover for and travelled to the U.S. for the purpose of receiving treatment or services for a condition, including pregnancy when the symptoms of the condition were apparent to you before buying the cover. This applies whether or not your treatment or services were the main or sole purpose of your visit and even if the treatment or services were pre-authorized. <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. 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>Please note: If you have chosen to include cover for pre-existing conditions, this is not extended to treatment received in the U.S., even when you have bought cover for treatment in the U.S. Therefore, you will see a specific exclusion on your membership certificate for the costs of treatment in the U.S. for these pre-existing conditions.</p>

Deductibles

Deductibles are the contributions **you** make towards the cost of **your treatment**.

If **you** chose to have a **deductible** on **your** Worldwide Medical Insurance cover, additional **deductibles** will also apply if **you** opted for Worldwide Medical Plus or Worldwide Medicines and Equipment (**deductibles** do not apply to Worldwide Wellbeing or Worldwide Evacuation).

The table below explains the value of the **deductible** which applies to each option. **You'll** find details of **your deductibles** on **your** membership certificate.

Worldwide Medical Insurance

- AUS \$ 400, 800, 1,600, 3,200, 8,000

Option: Worldwide Medical Plus

- AUS \$ 160

Option: Worldwide Medicines and Equipment

- AUS \$ 80

How do deductibles work?

A **deductible** is the amount **you** must pay towards covered expenses before **we** will start paying for **your treatment**.

It's important that **you** send all **your** claims to **us**, even if the value of **your** claim is less than the **deductible**. **We** won't make any payment, but the claim will count towards **your deductible**.

Deductibles apply separately for **treatment you** have under each of the options. For example, if **you** have Worldwide Medical Insurance with a \$400 **deductible** and have chosen Worldwide Medical Plus, the **deductible** for each would be applied as follows:

- **You** have **treatment** in **hospital** for a broken leg, which costs \$1,000
- **Deductible** applied is \$400 from Worldwide Medical Insurance (as this covers **hospital treatments**)

- Amount paid by **us** is \$600
- **You** have **physiotherapy** for **your** broken leg (usually paid from **your** Worldwide Medical Plus option), which costs \$300
- **Deductible** applied is \$160 from Worldwide Medical Plus
- Amount paid by **us** is \$140

If **your** claim is for an amount higher than the value of **your deductible** or remaining **deductible**, **we** will pay for covered expenses after the **deductible** has been met in full.

Once **your deductible** has been reached, all covered expenses will be paid in line with **your** benefit limits.

Please remember:

- the **deductibles** apply separately for each person included on **your** membership
- the **deductibles** apply each **membership year**. If **you** have **treatment** which continues over **your anniversary**, the **deductible** will be payable separately for **treatment** received both before and after **your anniversary**
- the **deductible** for Worldwide Medical Insurance and each option is counted separately
- **you** are responsible for paying the **deductible** in all circumstances

How will claims be paid?

If **we** are paying **you**:

- payment will be less the amount of the **deductible**

If **we** are paying **your treatment** provider:

- payment for covered **treatment** and within any limits will be made in full
- any **deductible** due will be collected from **you** using **your** direct debit agreement or an invoice will be issued so that **you** can settle the amount due by BPAY or Electronic bank transfer

We will always send **you** a claims statement showing how much has been counted towards **your deductible** and how much has been paid.

If **you** pay by direct debit **your deductible** invoice will show the amount **we** will collect from **your** account.

Changing your deductible

You can request a change to **your deductible** on **your anniversary** each year. This request could be to add or remove a **deductible**, or to increase or decrease an existing **deductible**. If **you** wish to remove or reduce **your deductible**, **we** will ask **you** to complete a medical history questionnaire. This means that **we** may apply new special restrictions or exclusions, which are personal to **you**.

If **you** add or increase a **deductible your subscriptions** will be lower. If **you** remove or reduce a **deductible your subscriptions** will be higher.

Important Information

Your membership

Your plan is an annual contract that will begin on the 'Period of cover from' date on **your** membership certificate. **Your anniversary** falls on this date in each following year of **your** membership. **Your** membership will continue automatically each year, regardless of **your** age or current state of health.

Please read 'What happens on my **anniversary**?' section.

Our legal agreement

You have formed an agreement with **your insurer** about **your** cover on Worldwide Health Options. Only **you** and **your insurer** have legal rights under this agreement. This means that only **you** and no-one else may enforce the terms of this agreement.

You, or anyone else who is covered under **your** membership, have complete access to **our** complaints and dispute resolution process.

Please read 'Making a complaint' section.

What forms my membership?

Your membership with **us** consists of:

- **your** application, whether **you** have sent in a form or applied by telephone or online and any declarations that **you** made during **your** enrolment for **you** and other members included in **your** membership
- **your** rules and benefits in the Membership Guide within **your** membership pack
- **your** membership certificate, which shows full details of **your insurer**

What happens if I move?

You must always let **us** know when **you** change **your** address, so that **we** can keep in touch and get important documents to **you**.

If **you** move to another country, **you** must let **us** know straight away. **Your** new country may have different regulations about health insurance. **You**, the principal member, need to tell **us** of any change so that **we** can make sure that **you** have the right cover.

Specified country of residence

If **you** move to a new country or change **your specified country of nationality you**, the **main member**, must tell **us** straight away if **your** 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 **your specified country of residence** changes 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.

If **you** change **your specified country of residence** or **your specified country of nationality**, please call the **Bupa Global** customer services helpline so **we** can confirm if **your** membership is affected, and, if so, whether **we** can offer **you** a transfer service.

Please read 'How are my **subscriptions** calculated?' section.

Without limitation to the foregoing, **we** will not be able to renew **your** membership at **your** next **anniversary** date if **you** become a permanent resident of the U.S., and, if any **additional people** covered under **your** membership become a resident of the U.S., **we** will not be able to renew their cover under the membership at the next **anniversary** date. 'Permanent resident' shall mean a person residing in the U.S. who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in the U.S., and 'U.S.' shall include the Commonwealth of Puerto Rico for this purpose.

When does my membership begin?

Your membership begins on the 'Period of cover from' date on the first membership certificate **we** send. **Your anniversary** falls on this date each year.

If **you** include any **additional people**, their membership will begin on the 'Period of cover from' date on the first membership certificate **we** send on which they are listed.

If, for any reason, **you** do not continue **your** membership, any **additional people** included in **your** plan can apply for their own membership.

What happens on my anniversary?

Your membership will continue automatically, regardless of **your** age or state of health. **We** retain bank, credit/debit card and direct debit authorisation details to ensure that the policy does not lapse.

We will write to **you** and let **you** know:

- any changes to the benefits provided
- any changes to **your** membership pack, or
- the **subscriptions** and other charges payable

Any new changes will come into effect after **your anniversary** only.

In some circumstances, **we** may decide to end the plan **you** are a member of. This is a rare event, but if it does happen **we** will do **our** best to make sure **you** are not inconvenienced in any way. **We** will:

- offer **you** membership of another suitable plan, wherever possible, or
- transfer **your** membership within one month without any new personal restrictions or exclusions

Home leave

If **you** are an Australian resident the Worldwide Health Options plan also provides coverage whilst on **home leave** in Australia, for a period of up to 60 days, when **you** are not covered by Medicare or Australian Private Health Insurance. Cover is excluded for **treatment** or services where a Medicare benefit is or could be payable. Cover is also excluded for any benefit if its payment would constitute carrying on of a 'health insurance business' as defined under the Private Health Insurance Act 2007(Cth). Cover also excludes medical expenses which are covered by Worker's Compensation legislation.

Ending your membership or removing additional people from cover

You, the **main member**, can choose to cancel **your** membership (which would also end the cover for all of **your additional people**), or remove any **additional people** from **your** cover, at any time, by telephoning or emailing **us**.

Cancellation of **your** membership, or the removal of any **additional people** from cover, will take effect 14 days after **you**, the **main member**, notifies **us** of the request by telephone, email or post. **We** will not back-date any requests for termination, or the removal of **additional people** from cover. Claims relating to **treatment** or benefits taking place following the date of cancellation will not be payable.

To help **us** continue to maintain and improve **our** level of service, **we** would appreciate it if **you** could also let **us** know the reason **you** are ending **your** membership or removing any **additional people** from cover.

Please be aware that **your** membership will end automatically in the following circumstances:

- if **you** do not pay **subscriptions** or other charges (such as Insurance Premium Tax (IPT) taxes or levies) before, or within 30 days of, the date they are due. If **you** are having trouble paying **your subscriptions** please get in touch – **we** may be able to help, or
- in the event of the death of the **main member**. In this case, any **additional people** in **your** plan can apply to become the **main member**. If the membership is transferred within one month of the date of death of the original **main member** and without a break in cover, **we** will not apply any new personal restrictions or exclusions.

Refunding your subscriptions

Cancellation of your membership or removal of a dependant from cover within the first 28 days

If **you**, the **main member**, choose to cancel **your** membership within 28 days of receiving **your** first membership certificate for that **membership year**, and **you** have not made any claims in respect of that initial 28 day period, **we** will make a full refund to **you**, the **main member**, of all **subscriptions** paid for that **membership year**. Where a claim has been made in respect of the initial 28 day period, **you**, the **main member**, will be deemed to have affirmed **your** membership and the cancellation will be treated as a cancellation made

during the **membership year** (see below).

If **you**, the **main member**, choose to cancel the membership of any **additional people** within 28 days of receiving the first membership certificate for that **membership year** which names that **additional people** on the plan, and no claims have been made in respect of any **additional people** for the initial 28 day period, **we** will make a full refund **you**, the **main member**, of all **subscriptions** paid in respect of any **additional people** for that **membership year**. Where a claim has been made in respect of the initial 28 day period, **you**, the **main member**, will be deemed to have affirmed the **additional people** covered under the plan and the cancellation will be treated as a cancellation during the **membership year** (see below).

Cancellation of your membership or removal of any additional people from cover during the membership year

If **you**, the **main member**, choose to cancel **your** membership following the initial 28 days of receiving **your** first membership certificate for that **membership year** (or where cancellation is requested within the initial 28 day period and a claim has been made under the membership for that period), **we** will refund the amount of any **subscriptions** paid to **us** for the period following the date on which the cancellation of membership takes effect (i.e. from the 14th day of **us** being notified of the request).

If **you**, the **main member**, choose to remove any **additional people** from cover following the initial 28 days of receiving the first membership certificate for that **membership year** which names **additional people** on the plan (or where cancellation is requested within the initial 28 day period and a claim has been made under the **additional people** covered for that period), **we** will refund the amount of any **subscriptions** paid to **us** for the period following the date on which the removal of the **additional people** takes effect (i.e. from the 14th day of **us** being notified of the request).

Such pro-rata return of any advance paid **subscriptions** will be made to the original

payment source and method as the **subscriptions** were paid. **We** reserve the right to deduct any payment **you** may owe **us** from any refund.

If **you**, the **main member**, do not wish to renew **your** membership, **you** must inform **us** in writing as soon as **you** receive **your** renewal documents and prior to **your** renewal date. If no contact is made, **your** membership will automatically renew and any **subscription** fees will be collected automatically.

How can I change my plan?

Your membership with **us** is an annual contract. This means that **we** can only add or remove options for **you** on **your anniversary** (with the exception of U.S. upgrades which can be requested at any time).

If **you** want to add or remove options, please contact **us** before **your anniversary** to discuss **your** choices.

If **you** add options to **your** plan, **your subscriptions** will be higher. If **you** remove options from **your** plan, **your subscriptions** will be lower.

If **you** add new options to **your** cover, **we** will ask **you** to complete a medical history questionnaire. This means that **we** may apply new special restrictions or exclusions on the new options **you** have chosen, which are personal to **you**.

Adding members to your plan

You can apply to include **additional people** on **your** membership by filling in a Worldwide Health Options form. **You** can download this easily from MembersWorld at membersworld.bupaglobal.com or **you** can contact **us**, and **we** will send one to **you**.

The medical history for all **additional people you** apply to include on **your** membership will be reviewed by **our** medical underwriters.

This may result in special restrictions or exclusions, which are personal to them and which will be shown on **your** membership certificate, or **we** may decline to offer cover.

Adding your newborn

If **you** are adding **your** newborn please complete a newborn application form. Newborn children are eligible for newborn care from their date of birth up to their 90th day when:

- at least one parent has been covered on this membership or another **Bupa Global** plan for 10 months or more prior to the child's birth
- the application form is received within 30 days of birth.

If the application form is not received within 30 days of birth, the newborn care benefit will be eligible from the date of receipt up until the 90th day.

Any exclusions or restrictions will be applied from their 91st day of birth, or **we** may decline to offer cover.

If **you** have not been covered by this membership for 10 months prior to the child's birth any exclusions or restrictions will be applied from the date **we** receive **your** application to join.

Please note: Children joining a child only policy, with no parent or legal guardian, can only join on or after their 5th birthday. Each child must have their own policy and no other members are permitted.

Please read 'Newborn care' benefits in **your** 'Table of benefits'

Adding U.S. cover to your plan

You can apply to include coverage in the U.S. at any time following **your** original date of joining. To apply **you** will need to complete a Worldwide Health Options form which can be downloaded easily from MembersWorld at membersworld.bupaglobal.com. **Your** application will be reviewed by **our** medical underwriters and may result in exclusions or restrictions specific to coverage in the U.S.

Please note that **your subscriptions** will be higher or lower from the effective date of adding or removing cover for the U.S.

New membership certificates

We will send **you** a new membership certificate to record any changes made on **your** plan, such as a change of address or the addition of another person.

Your new membership certificate will replace any earlier ones **you** have received with effect from the 'Certificate issue date', so please discard the previous one.

How are my subscriptions calculated?

Your subscriptions are calculated according to the country in which **you** inform **us you** reside and are based on a number of rating factors such as **your** age, cover (including whether **you** elect U.S. coverage), level of benefits selected, level of **deductible** and any underwriting loading.

Additionally, countries are grouped into zones according to a number of different factors, including the costs and frequency of **treatment** in those countries.

Any decision to vary premiums for a zone is applied to all members in the zone. On renewal **you** would therefore receive the price impact which applies across the zone to members with **your** rating factors.

How do I pay subscriptions and other charges?

The **subscriptions** for **your** membership must be paid by the 'Due date' shown on the invoice. All **subscriptions** are payable in advance. **Your** invoice will also show **you**:

- the amount **you** need to pay
- the method **you** have chosen to pay by (direct debit, credit card, etc)
- how often **you** need to make a payment (monthly, quarterly or yearly)

The total amount **you** have to pay on **your** invoice is inclusive of any taxes, charges or levies, such as Insurance Premium Tax (IPT).

Please pay **your subscriptions** directly to **your insurer**.

What happens if I don't pay?

If **you** do not pay **subscriptions** and other charges when they are due, any claim may be reduced in proportion to any unpaid **subscription** charges. If **you** do not pay **subscriptions**, **your** membership may be suspended.

Claims submitted while **your** membership is suspended will not be paid. Once **you** have paid **your subscriptions** and **your** membership suspension has ended, **we** will be happy to consider **your** claim.

Will the amount I pay change?

It is likely that the amount **we** charge **you** at **your anniversary** will change. Some of the factors which might affect this include the rising cost of medical **treatments**, which **we** aim to control through negotiating cost control measures with **hospitals** and clinics. Additionally, the ages of everyone on **your** membership, **your** resident country and changes to **your** cover such as adding, changing or removing options or **deductibles** may also influence **your subscription**.

Other charges including IPT or other taxes, levies and charges may change at any time if there is a change in the rate or if any new tax, levy or charge is introduced in the country where **you** live.

Bank charges

You are responsible for any administration charges that **your** bank may make for the payment of **your subscriptions**.

Making a complaint

The General Insurance Code of Practice

The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

The objectives of the Code are:

- to promote better, more informed relations between insurers and their customers
- to improve consumer confidence in the general insurance industry
- to provide better mechanisms for the resolution of complaints and disputes between insurers and their customers, and
- to commit insurers and the professionals they rely upon to higher standards of customer service

Our commitment to you

We have adopted and support the Code and are committed to complying with it.

Please contact **us** if **you** would like more information about the Code.

Step 1: Talk to us first

If **we** are unable to resolve **your** complaint during this first contact **we** will assign **your** complaint to a dedicated complaint handling team.

Step 2: Have your complaint reviewed

A representative will contact **you** and work with **you** to resolve **your** complaint to **your** satisfaction. **You** will receive a leaflet outlining the process and confirming **your** rights.

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 **us** at membersworld.bupaglobal.com, or write to **us** at:

Bupa Global

Victory House
Trafalgar Place
Brighton
BN1 4FY, 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.

Useful notes and legal information

Other parties

No other party 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, which may be by letter, email or webchat. Any confirmation of **your** cover will only be valid if it is confirmed in writing by **your insurer**, as above.

Correspondence

Letters to **your insurer** must be sent by post with the postage paid. **We** do not return original documents, with the exception of official documents such as birth or death certificates. However, **we** can provide copies, if **you** request it at the time **you** send any original documents (such as invoices).

Applicable law

Your membership is governed by Australian law. Any dispute that cannot otherwise be resolved will be dealt with by courts in Victoria, Australia. If any dispute arises as to the 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. **You** can obtain a copy at any time by contacting **our** customer helpline on +44 (0) 1273 323 563.

Sanction clause

We will not provide cover nor pay claims under this policy if **our** obligations (or the obligations of **our** group companies and administrators) under the laws of any relevant jurisdiction, including **UK**, European Union, the United States of America, or international law, prevent **us** from doing so. **We** will normally tell **you** if this is the case unless this would be unlawful or would compromise **our** reasonable security measures. This policy does not provide

cover to the extent that such cover would expose **us** (or **our** group companies and administrators) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, **UK** or United States of America, or under other relevant international law.

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;
- 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.

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 membership, and at each renewal and variation of this membership. **You** and any **dependant** must also tell **us** if any of the answers to the questions in the application form change prior to this membership starting. Otherwise, the following apply with effect from the date the membership was taken out, renewed or varied (depending on when **we** were provided with inaccurate or incomplete information).

A. **We** may treat this membership 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 membership 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 membership 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 membership. 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** membership 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 membership 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.

Duty of disclosure

When **you** take out, renew, or change or vary a policy, or when **you** make a claim, **you** have a duty to answer **our** questions truthfully and provide **us** with any information that could affect **our** decision to insure **you**, or the terms of **your** policy.

This is called **your** 'duty of disclosure'.

What you must tell us when you apply to take out this policy

When applying to take out insurance **we** will ask **you** certain questions. When answering these questions, **you** must be honest, and **you** have a duty under the Insurance Contracts Act 1984 to tell **us** anything:

- known to **you**, and
- which a reasonable person in the circumstances would include in answer to any question.

We will use **your** answers to help **us** decide whether to insure **you** and anyone else under this policy, and on what terms.

Who you are answering the questions for

It is important that **you** understand **you** are answering the questions in this way on behalf of yourself and anyone else that **you** want to be covered by the policy.

If you do not answer our questions in this way

If **you** do not answer **our** questions in this way, **we** may reduce or refuse to pay a claim, or cancel the policy, or do both.

If **you** answer **our** questions fraudulently, **we** may refuse to pay a claim and treat the policy as never being in place.

Your duty of disclosure

Before **you** enter into an insurance contract, **you** have a duty to tell **us** anything that **you** know, or could reasonably be expected to know, may affect **our** decision to insure **you** and on what terms.

You have this duty until **we** agree to insure **you**.

You have the same duty before **you** renew, extend, vary or reinstate an insurance contract.

You do not need to tell **us** anything that:

- reduces the risk **we** insure **you** for; or
- is common knowledge; or
- **we** know or should know as an insurer; or
- **we** waive **your** duty to tell **us** about

If you do not tell us something

If **you** do not tell **us** anything **you** are required to, **we** may cancel **your** contract or reduce the amount **we** will pay **you** if **you** make a claim, or both.

If **your** failure to tell **us** is fraudulent, **we** may refuse to pay a claim and treat the contract as if it never existed.

Privacy

How Bupa and IAL protect your privacy

This privacy notice provides a summary of how Bupa and **IAL** handle **your** personal and health information. For further details about how **we** handle **your** personal information, **you** should refer to **our** Privacy Policies which are available on **our** websites: <http://www.bupa.com/legal-notices/privacy-policy> AND www.cgu.com.au/privacy.

How Bupa uses your information

We collect personal information from **you** for the purpose of administering **your** plan (including assessing and paying any claim). **You** can choose not to give **us** some or all of **your** personal information, but this may affect **our** ability to administer **your** plan.

Organisations we share your information with

For these purposes, **you** acknowledge and consent to **us** collecting **your** personal information from, and disclosing it on a confidential basis to **our** related entities, **your** broker, health service providers where **you** have or may wish to receive **treatment**, other insurers, insurance reference bureaus, the government and law enforcement agencies, investigators and recovery agents, lawyers, and assessors, some of which may be located outside of Australia. By using any of **our** products or services, or providing **us** with **your** information, **you** agree to this information being collected, held, used and disclosed in this policy notice.

Accessing your information

You are entitled to reasonable access to **your** personal information. **We** reserve the right to charge a reasonable fee for collating this information. Please contact customer services if **you** would like to have access to information Bupa holds on **you**.

When you provide personal information to us about another person

You must be authorised to do so, and **you** must inform that person that **we** will collect and use their personal information as set out in this privacy notice, and they have a right of access to that information as set out in this privacy notice.

Other products and services

We and companies in the Bupa Group may contact **you** by mail, phone, or email to provide **you** with information on offers, products and services or for market research and product development, and may share **your** information with other organisations to carry out those marketing purposes on their behalf.

Bupa's Privacy Policy also contains information about how **you** can access and seek correction of **your** information, complain about a breach of the privacy law, and how **we** will deal with **your** complaint.

How IAL uses your information

IAL uses information provided by **our** customers to allow **us** to offer **our** products and services. This means **we** may need to collect **your** personal information, and sometimes sensitive information about **you** as well (for example, health information for travel insurance). **We** will collect this information directly from **you** where possible, but there may be occasions when **we** collect this information from someone else.

IAL will only use **your** information for the purposes for which it was collected, other related purposes and as permitted or required by law. **You** may choose not to give **us** **your** information, but this may affect **our** ability to provide **you** with insurance cover.

We may share this information with companies within **our** group, government and law enforcement bodies if required by law and others who provide services to **us** or on **our** behalf, some of which may be located outside of Australia.

For more details on how **we** collect, store, use and disclose **your** information, please read **our** Privacy Policy located at www.cgu.com.au/privacy. Alternatively, contact **us** at privacy@cgu.com.au and **we** will send **you** a copy. **We** recommend that **you** obtain a copy of this policy and read it carefully.

By applying for, using or renewing any of **our** products or services, or providing **us** with **your** information, **you** agree to this information being collected, held, used and disclosed as set out in this policy.

Our Privacy Policy also contains information about how **you** can access and seek correction of **your** information, complain about a breach of the privacy law, and how **we** will deal with **your** complaint.

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

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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 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: **We** process two 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**); and
- 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.
Additional people:	The other people named on your membership certificate as being members of the plan and who are eligible to be members, including newborn children.
Anniversary:	Each anniversary of the date you joined the plan. (If however you are a member of a Bupa Global Worldwide Health Options group plan with a common anniversary for all members, your anniversary will be the common anniversary for the group. We tell you the group anniversary when you join).
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.
Birth centre:	A medical facility often associated with a hospital that is designed to provide a homelike setting during childbirth.
Bupa Australia:	Bupa Australia Health Pty Ltd and Bupa Australia Pty Ltd, together Bupa Australia, acting as the authorised representatives of your insurer .
Bupa Global:	Bupa Insurance Services Limited, acting as your administrator, or Bupa Insurance Limited (as the case may be).

Defined term	Description
Complementary therapist:	An acupuncturist, homeopathist 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.
Day-case:	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 mental health treatment .
Deductible:	The amount you have to pay towards the cost of the treatment that you receive each membership year that would otherwise have been covered under your membership.
Dependants:	The other people named on your membership certificate as being members of the plan and who are eligible to be members, including newborn children.
Dental practitioner:	A person who: <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>
Diagnostic tests:	Investigations, such as X-rays or blood tests, to find the cause of your symptoms.
Dietician:	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received.

Defined term	Description
Doctor:	<p>A person who:</p> <ul style="list-style-type: none"> ○ 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>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:	<p>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.</p>
Family Members:	<p>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.</p>
Home leave:	<p>When an Insured Person(s) who is an Australian resident return(s) to Australia for a period not exceeding 60 days.</p>
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
IAL:	<p>Insurance Australia Limited, your Insurer.</p>

Defined term	Description
Intensive care:	<p>Includes the following.</p> <ul style="list-style-type: none"> ○ 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.
Main member:	<p>The person who has taken out the membership, and is the first person named on the membership certificate. Please refer to you/your.</p>
Medical practitioner:	<p>A complementary therapist, specialist, doctor, psychologist, psychotherapist, osteopath, chiropractor, dietician, speech therapist or therapist who provides active treatment of a known condition.</p>
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>
Membership year:	<p>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.</p>
Mental health treatment:	<p>Treatment of mental conditions, including eating disorders.</p>

Defined term	Description
Network:	<p>A hospital, pharmacy, or similar facility, or medical practitioner, that has an agreement in effect with Bupa Global or a service partner to provide you with eligible treatment.</p>
Out-patient:	<p>Treatment given at a hospital, consulting room, doctor's office or out-patient clinic where the insured does not stay overnight or as a day-case to receive treatment.</p>
Ovulation Induction Treatment:	<p>Treatment including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.</p>
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>
Pharmacy	<p>A facility where prescribed drugs are prepared or sold.</p>
Physiotherapy, osteopathy and chiropractor:	<p>Practitioners must be fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the treatment is received.</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 on your membership certificate as a 'personal exclusion' or covered pre-existing condition. ○ Any medical condition declared in your application for cover which has been accepted with no 'personal exclusion' or underwriting loading applied ○ Any disease illness or injury for which you received medication, advice or treatment, or you had experienced symptoms of whether the condition was diagnosed or not, prior to becoming a member which was not disclosed on your application for cover <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>
Prophylactic surgery:	<p>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.</p>
Psychologist and psychotherapist:	<p>A person who is legally qualified and is permitted to practise as such in the country where the treatment is received.</p>
Qualified nurse:	<p>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 is received.</p>

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 treatment 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.
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.
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.
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: <ul style="list-style-type: none"> ○ 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 <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>

Defined term	Description
Specified country of nationality:	The country of nationality specified by you in your application form or as advised to us in writing, whichever is the later.
Specified country of residence:	The country of residence specified by you in your application and shown in the membership certificate, or as advised to us in writing, whichever 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 policy.
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.
Subscriptions:	Your annual premium.
Surgical operation:	A medical procedure that involves the use of instruments or equipment.
Therapists:	An occupational therapist or orthoptist, who is legally qualified and is permitted to practice as such in the country where the treatment is received.
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.

Defined term	Description
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
We/us/our:	Your insurer , or Bupa Australia, acting as your insurer's authorised representative or Bupa Global acting as administrator (as the case may be).
You/your:	This means you , the main member and your dependants unless we have expressly stated otherwise that the provisions only refer to the main member .
Your insurer	The insurer, IAL , providing your cover as stated on your membership certificate.

