

EXPLORER HEALTH PLAN



**Explorer Health Plan
Membership guide**

1 April 2021

bupaglobal.com

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Welcome

Explorer is a private medical insurance plan which covers **out-patient treatment, in-patient treatment** and **day-case treatment** for members who require medical insurance in **Africa, India, Pakistan** and **Sri Lanka**.

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

General enquiries - Bupa Global

Your Bupa Global customer services helpline
Open 24 hours a day, 365 days a year.

- **you** can check cover and pre-authorise in-patient and **day-case treatment**
- membership and payment queries
- claims information

tel (inside Kenya): +254 (0) 207 602 027
tel (rest of the world): +44 (0) 1273 323 563
fax: +44 (0) 1273 820 517
email: info@bupaglobal.com*

web: bupaglobal.com

You can request that **we** call **you** back.

* 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.

Correspondence

Any correspondence, including **your** claims, should be sent to the following address:

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

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.

Healthline

+44 (0) 1273 333 911

Some of the services that may be offered by **our** telephone advice line:

- Check cover and pre-authorise **treatment**
- General medical information and advice from a health professional
- Find local **medical facilities**
- Medical referrals to a physician or **hospital**
- Medical service referral (ie locating a physician) and assistance arranging appointments
- Inoculation and visa requirements information
- **Emergency** message transmission
- Interpreter and embassy referral

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**.

How to use your plan

Step 1: Where to get treatment

As long as it is covered by **your** plan, **you** can have **your treatment** at any recognised **hospital** or clinic in **Africa, India, Pakistan** and **Sri Lanka**. If **you** don't know where to go, please contact **our** Healthline service for help and advice on +254 (0) 207 602 027 (inside Kenya) or +44 (0) 1273 333 911 (rest of the world).

Participating hospitals

To help **you** find a facility, **we** have developed a **network** of medical centres, called participating **hospitals** and clinics. **We** can normally arrange direct settlement with these facilities for **your** covered **in-patient treatment**. Please contact **us** for further details.

In addition, **we** also have a number of **hospitals** and clinics that **we** can arrange direct settlement with for **your** covered **out-patient treatment**. For a full list of these facilities please contact **us** or **your** broker who will be in receipt of regular updates. If **you** choose to have a deductible on **your** policy, **you** will have access to in-patient direct settlement only.

Step 2: Contact us

If **you** know that **you** may need **treatment**, please contact **us** first. This gives **us** the chance to check **your** cover, and to make sure that **we** can give **you** the support of **our networks, our** knowledge and **our** experience.

Pre-authorisation

You must contact **us** before **in-patient treatment, day-case and cancer treatment, and MRI, CT and PET scans** for pre-authorisation. **You** will also need to contact **us** to pre-authorise **post-hospitalisation services** and any **emergency** cover outside of **Africa, India, Pakistan** and **Sri Lanka**. This means that **we** can confirm to **you** and to **your hospital** that **your treatment** will be covered under **your** plan.

Pre-authorisation puts **us** directly in touch with **your hospital**, so that **we** can look after the details while **you** concentrate on getting well.

The 'Pre-authorisation' section contains all of the rules and information about this.

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

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

Please note: This list of questions is not exhaustive and **we** retain the right to ask additional questions if required.

When **we** can pre-authorise **your treatment**, **we** will send a pre-authorisation statement that will also act as **your** claim form.

If **your** in-patient, day-case, **post-hospitalisation services**, cancer **treatment** and MRI, CT and PET scans and **emergency** cover outside of **Africa, India, Pakistan** and **Sri Lanka** have not been pre-authorised **we** will only pay up to the amount that is considered **Reasonable and Customary** in the country of **treatment**.

Step 3: Making a claim

Please read the 'Making a claim' section further on in this guide for full details of how to claim. Here are some guidelines and useful things to remember.

What to send us

You can send **us your** claim, upload **your** 'Claim form' or submit **your** 'Claim form' online via MembersWorld website. **You** need to complete the 'Claim form' in full and send or attach scanned copies of all invoices as soon as possible. This should be within 2 years of receiving the **treatment** for which **you** are claiming. Invoices sent to **us** after 2

years will not normally be paid unless there is a good reason why it was not possible for **you** to make the claim earlier. **We** cannot return any original documents but **we** can send **you** copies if **you** request.

Your 'Claim form'

You can complete **your** 'Claim form' online or upload it online. **You** must ensure that **your** 'Claim form' is fully completed. The 'Claim form' is important because it gives **us** all the information that **we** need. Contacting **you** or **your medical practitioner** for more information can take time, and an incomplete claim is the most common reason for delayed payments. **Your** in-patient, day-case and cancer **treatment**, and **post-hospitalisation services**, MRI, CT and PET scans and **emergency** outside of **Africa, India, Pakistan** and **Sri Lanka** cover must be pre-authorised and **your** 'Pre-authorisation of **treatment** statement' must be submitted as part of the online claim and will remove the need for **you** to complete further diagnosis details.

How we make payments

Wherever possible, **we** will follow the instructions given to **us** in the payment stage of the claim process

- **We** can pay **you** or the **hospital**.
- **We** can pay by electronic transfer or by cheque.
- **We** can pay in over 80 currencies*.

* **We** can only pay **you** in the currency in which **you** pay **your** subscriptions, the currency of the invoices **you** send **us**, or the currency of **your** bank account.

To carry out electronic transfers, **we** need to know the full bank name, address and SWIFT code of **your** bank account, to enable **us** to make payment quickly.

About your membership

Explorer is an individual plan. The agreement is between **you** and **Bupa Global**. As a member of the Explorer plan, **you**, the **principal member**, have formed an agreement with **us** about **your** cover. Only **you**, the **principal member**, and **us**, **Bupa Global** have legal rights under this agreement.

This means that only **you**, the **principal member**, and no other party may enforce the terms of this agreement. **We** will of course allow anyone who is covered under **you**, the **principal member's** membership complete access to **our** complaints and dispute resolution process.

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

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

The full name of **your** insurer is shown on **your** membership certificate.

Where is cover provided?

This plan covers **you** for **treatment** in **Africa, India, Pakistan** and **Sri Lanka**. Please see list of countries covered by this plan below:

Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Republic of the Congo, Djibouti, Egypt, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, **India**, Ivory Coast, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mayotte,

Morocco, Mozambique, Namibia, Niger, Nigeria, **Pakistan**, Réunion, Rwanda, Saint Helena, São Tomé and Príncipe, Senegal, Seychelles, Sierra Leone, Somalia, South **Africa**, South Sudan, **Sri Lanka**, Sudan, Swaziland, Tanzania, Togo, Tunisia, Uganda, Western Sahara, Zambia, Zimbabwe.

At the time of enrolment **we** agreed that **your** country of residency will allow **you** cover on this plan, however if **you** move out of this residency the cover may no longer be available. Please contact **us** straight away and **we** can confirm whether cover is available.

Emergency cover outside of Africa, India, Pakistan and Sri Lanka

Limited cover for **emergency** non-planned **treatment** outside of **Africa, India, Pakistan** and **Sri Lanka** is included, where **you** require **emergency medical treatment** for an **emergency medical condition** in a **medical facility** while **you** are outside of these regions.

What is covered?

Please read this important information about the kind of costs that **we** cover.

Treatment that we cover

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

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

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

Active treatment

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

Note: please see 'Wellness' and 'Full Health Screening' in the table of benefits and 'Preventive and wellness **treatment**' in the 'What is not covered?' section for information on preventive **treatment**.

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**' benefits provider in certain countries.

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.

How to read the Table of benefits

There are two levels of cover: Essential Plus and Gold. **You** need to read the column in the Table of benefits that applies to **your** level of cover, as shown on **your** membership certificate.

Benefit limits

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

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

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

Currencies

All the benefit limits in this table of benefits and notes are set out in three currencies: USD, EUR and GBP. The currency in which **you**, the **principal member**, pay **us your** subscription is the currency that applies to **your** membership for the purpose of the benefit limits. The currency applicable for **your** contract is as shown on **your** membership certificate.

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

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

Summary of Benefits

	Explorer Essential Plus	Explorer Gold
Overall annual maximum		
OVERALL ANNUAL MAXIMUM	●	●
Core cover		
Hospital accommodation	●	●
Surgical operations , including pre- and post-operative care	●	●
Post-hospitalisation services (covered up to 90 days after discharge)	●	●
Nursing care, drugs and surgical dressings	●	●
Physicians' fees	●	●
Theatre charges	●	●
Intensive care	●	●
Pathology, X-rays, diagnostic tests and therapies	●	●
Prosthetic implants and appliances	●	●
Parent accommodation	●	●
Mental health treatment	●	●
Advanced imaging	●	●
Cancer treatment	●	●
HIV/AIDS treatment (related conditions + drug therapy including ART after one years' membership)	●	●
Home nursing after in-patient treatment	●	●
Hospice and palliative care	●	●
Kidney dialysis	●	●
Maternity (after 10 months' membership)		●
Complications of maternity and childbirth		●
Newborn care	●	●
Prosthetic devices	●	●
Rehabilitation	●	●
Transplant services	●	●
Air ambulance	●	●
Road ambulance	●	●
Assistance cover (Evacuation)	●	●
Emergency cover outside of Africa, India, Pakistan and Sri Lanka	●	●
Treatment for congenital and hereditary conditions		●
Out-patient cover		
Out-patient surgical operations	●	●
Accident-related dental treatment	●	●
Consultants' fees for consultations		●
Costs for treatment by a family doctor		●
Costs for treatment by therapists, complementary medicine practitioners and qualified nurses		●
Consultants' fees, psychologists' and psychotherapists' fees for mental health treatment		●
Pathology, X-rays and diagnostic tests		●
Prescribed drugs and dressings		●
Vaccinations		●
Full Health Screening and Wellness (after one years' membership)		●

Summary of Benefits (continued)

Explorer
Essential Plus Explorer Gold

Dental and optical cover (optional)

Dental (after 6 months' membership) Subject to 25% co-insurance		•
Optical Subject to 25% co-insurance		•

Additional services

Healthline services	•	•
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This is a summary of **your** plan. Please read the table of benefits and exclusions on the following pages for detailed rules and benefit limits.

Summary of Exclusions

	Explorer Essential Plus	Explorer Gold
Artificial life maintenance	●	●
Birth control	●	●
Conflict and disaster	●	●
Congenital conditions	●	
Convalescence and admission for general care	●	●
Cosmetic treatment	●	●
Deafness	●	●
Dental treatment /gum disease	●	●
Desensitisation and neutralisation	●	●
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.	●	●
Hereditary conditions	●	
HIV/AIDS	●	●
Illegal activity		
Infertility treatment	●	●
Maternity	●	
Obesity	●	●
Out-patient treatment	●	
Persistent vegetative state (PVS) and neurological damage	●	●
Physical aids and devices	●	●
Pre-existing conditions	●	●
Preventive and wellness treatment	●	
Reconstructive or remedial surgery	●	●
Sexual problems/gender issues	●	●
Sleep disorders	●	●
Speech disorders	●	●
Stem cells	●	●
Surrogate parenting	●	●
Travel costs for treatment	●	●
Treatment outside of Africa, India, Pakistan and Sri Lanka	●	●
Unrecognised medical practitioner, hospital or healthcare facility	●	●

This is a summary of **your** plan. Please read the table of benefits and exclusions on the following pages for detailed rules and benefit limits.

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.

Overall annual maximum

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
OVERALL ANNUAL MAXIMUM	USD 500,000 EUR 370,000 GBP 300,000	USD 1,500,000 EUR 1,103,000 GBP 900,000	This is the maximum we will pay each membership year . Benefits that are shown as paid in full are subject to this overall annual maximum.

Core cover

Important

For all treatment costs:

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

Long in-patient stays: 10 nights or longer

In order for **us** to cover an in-patient stay lasting 10 nights or more, **you** must send **us** a medical report from **your consultant** before the eighth night, confirming:

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

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Hospital accommodation	Paid in full	Paid in full	<p>We pay charges for your hospital accommodation, including all your own meals and refreshments. We do not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics.</p> <p>We pay for accommodation in a room that is no more expensive than the hospital's standard single room with a private bathroom. This means that we will not pay the extra costs of a deluxe, executive or VIP suite etc.</p> <p>We pay for the length of stay that is medically appropriate for the procedure that you are admitted for. For example, unless medically essential, we do not pay for day-case accommodation for out-patient treatment, and we do not pay for in-patient accommodation for day-case treatment.</p> <p>Please also read convalescence and admission for general care in the 'What is not covered?' section.</p>
Surgical operations , including pre- and post-operative care	Paid in full	Paid in full	<p>We pay surgeons' and anaesthetists' fees for a surgical operation, including all pre- and post-operative care while you are in hospital.</p> <p>Note: We do not pay for drugs and surgical dressings you receive for out-patient treatment or use at home unless you have Explorer Gold (see 'Prescribed drugs and dressing' in this section and 'Out-patient treatment' in the 'What is not covered?' section).</p>
Post-hospitalisation services (covered up to 90 days after discharge)	We pay up to USD 2,000 EUR 1,500 GBP 1,200 each membership year	Paid from out-patient benefit	<p>Once you have been discharged from hospital, we pay for post-hospitalisation services that are medically necessary for your recovery.</p> <p>Post-hospitalisation services are covered up to 90 days after discharge. We pay for any eligible out-patient treatment relevant to the hospitalisation (this does not include any advanced imaging, such as MRI, CT and PET scans, which are covered from the Advanced imaging benefit). We may ask for written confirmation from your consultant.</p> <p>Note (for Explorer Gold members only): We pay for any eligible out-patient treatment from the out-patient benefits.</p>

Core cover (continued)

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

Core cover (continued)

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Prosthetic implants and appliances	Paid in full	Paid in full	<p>We pay for a prosthetic implant needed as part of your treatment. By this, we mean an artificial body part or appliance which is designed to form a permanent part of your body and is surgically implanted for one or more of the following reasons:</p> <ul style="list-style-type: none"> <input type="radio"/> to replace a joint or ligament <input type="radio"/> to replace one or more heart valves <input type="radio"/> to replace the aorta or an arterial blood vessel <input type="radio"/> to replace a sphincter muscle <input type="radio"/> to replace the lens or cornea of the eye <input type="radio"/> to act as a heart pacemaker <input type="radio"/> to remove excess fluid from the brain <input type="radio"/> to control urinary incontinence (bladder control) <input type="radio"/> to reconstruct a breast following surgery for cancer when the reconstruction is carried out as part of the original treatment for the cancer and you have obtained our written consent before receiving the treatment <input type="radio"/> to restore vocal function following surgery for cancer <p>We also pay for the following appliances:</p> <ul style="list-style-type: none"> <input type="radio"/> a knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament, or <input type="radio"/> a spinal support which is an essential part of a surgical operation to the spine
Parent accommodation	Paid in full	Paid in full	<p>We pay room and board costs for the parent staying in hospital with their child when:</p> <ul style="list-style-type: none"> <input type="radio"/> the costs are for one parent or legal guardian only <input type="radio"/> the parent or guardian is staying in the same hospital as the child, <input type="radio"/> the child is under the age of 18 years old, and the child is receiving treatment that is covered
Mental health treatment	Paid in full	Paid in full	<p>We cover mental health treatment in hospital during each policy year, in full. This benefit applies to all treatment related to the mental health condition.</p>
Advanced imaging	Paid in full	Paid in full	<p>We pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by your consultant or family doctor.</p>
Cancer treatment	Paid in full	Paid in full	<p>Once cancer is diagnosed, we pay 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).</p>
HIV/AIDS treatment (related conditions + drug therapy including ART after one years' membership)	We pay up to USD 5,000 EUR 3,750 GBP 2,950 each membership year	We pay up to USD 10,000 EUR 7,400 GBP 5,900 each membership year	<p>We pay for in-patient treatment or out-patient benefits, including drug therapy or ART for, or arising from, HIV or AIDS, including any treatment of conditions related to HIV or AIDS if you have been a member of the plan for one year.</p> <p>Note (for Explorer Essential Plus members only): we pay for out-patient consultation, diagnostic tests and drugs from post-hospitalisation services for 90 days after discharge.</p>
Home nursing after in-patient treatment	We pay up to USD 200 EUR 150 GBP 120 each day up to a maximum of 15 days each membership year	We pay up to USD 200 EUR 150 GBP 120 each day up to a maximum of 30 days each membership year	<p>We pay for home nursing after eligible in-patient treatment. We pay if the home nursing:</p> <ul style="list-style-type: none"> <input type="radio"/> is needed to provide medical care, not personal assistance <input type="radio"/> is necessary, meaning that without it you would have to stay in hospital <input type="radio"/> starts immediately after you leave hospital <input type="radio"/> is provided by a qualified nurse in your home, and <input type="radio"/> is prescribed by your consultant

Core cover (continued)

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Hospice and palliative care	<p>We pay up to USD 20,000 EUR 14,800 GBP 11,800 maximum benefit for the whole of the membership</p>	<p>We pay up to USD 20,000 EUR 14,800 GBP 11,800 maximum benefit for the whole of the membership</p>	<p>If you need in-patient, day-case or out-patient care or treatment following the diagnosis that your condition is terminal, when treatment can no longer be expected to cure your condition, we pay for your physical, psychological, social and spiritual care as well as hospital or hospice accommodation, nursing care and prescribed drugs.</p> <p>The amount shown here is the total amount we shall pay for these expenses during the whole of your lifetime of Bupa, whether continuous or not.</p>
Kidney dialysis	Paid in full	Paid in full	<p>We pay for kidney dialysis - provided as In-patient, day-case or as on out-patient.</p>

Core cover (continued)

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Maternity (after 10 months' membership)	Not covered	<p>We pay up to USD 8,000 EUR 6,000 GBP 4,700 each membership year</p>	<p>We pay maternity benefits only after you have been covered under the plan for 10 months.</p> <p>Maternity and childbirth</p> <p>These benefits include for example:</p> <ul style="list-style-type: none"> ○ ante natal care such as ultrasound scans ○ hospital charges, obstetricians' and midwives' fees for pregnancy and childbirth ○ post natal care required by the mother immediately following normal childbirth, such as stitches <p>You need to pay and claim for ante and post natal care.</p> <p>Treatment for:</p> <ul style="list-style-type: none"> ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside the womb (ectopic pregnancy) <p>are not covered from this benefit but may be covered by your other benefits.</p> <p>(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by your other benefits).</p> <p>Note: routine care for your baby</p> <p>We pay for routine care 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 10 months when the baby is born.</p> <p>Childbirth at home or birthing centre</p> <p>This benefit includes obstetricians' and midwives' fees for delivering your baby at home or a birthing centre.</p> <p>Medically Essential Caesarean Section</p> <p>This benefit includes hospital, obstetricians' and other medical fees for the cost of the delivery of your baby by Caesarean section when medically essential for example, non progression during labour leading to emergency Caesarean section (e.g. dystocia, foetal distress, haemorrhage) provided the mother has been a member of this plan for at least 10 months before delivery.</p> <p>Please also see the 'Adding dependants' section.</p> <p>Please see surrogate parenting, congenital and hereditary conditions in the 'What is not covered?' section.</p>
Complications of maternity and childbirth		Paid in full	<p>Complications of maternity and childbirth (after 10 months' membership)</p> <p>Treatment which is medically necessary as a direct result of pregnancy and childbirth complications. 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>

Core cover (continued)

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Newborn care	<p>We pay up to USD 50,000 EUR 36,900 GBP 29,500 maximum benefit for all treatment received during the first 90 days following birth</p>	<p>We pay up to USD 100,000 EUR 73,750 GBP 58,800 maximum benefit for all treatment received during the first 90 days following birth</p>	<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 have their own membership and must be registered on a Bupa Global plan before this benefit can be claimed.</p> <p>Please also read about adding dependants in the 'Adding dependants' section.</p>
Prosthetic devices	<p>We pay a maximum benefit of USD 4,000 EUR 3,000 GBP 2,350 for each device</p>	<p>We pay a maximum benefit of USD 4,000 EUR 3,000 GBP 2,350 for each device</p>	<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. We do not pay for any replacement prosthetic devices for adults including any replacement devices required in relation to a pre-existing condition. We will pay for the initial and up to two replacements per device for children under the age of 16 years.</p>
Rehabilitation	<p>We pay in full for up to 42 days of treatment</p> <p>(which may be in-patient treatment or day-case treatment, out-patient will be from the post-hospitalisation services) each membership year</p>	<p>We pay in full for up to 42 days of treatment</p> <p>(which may be in-patient treatment, day-case treatment, or out-patient treatment) each membership year</p>	<p>We pay in full for up to 42 days of rehabilitation treatment (which may be inpatient treatment, day-case treatment or outpatient treatment) per each event of in-patient treatment which is covered by your membership. This 42 day cap shall continue to apply where rehabilitation relating to a particular in-patient treatment event continues into a subsequent 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 per each event of in-patient treatment which is covered by your membership. For in-patient treatment one day is each overnight stay and for day-case treatment and out-patient treatment, one day is counted as any day on which you have one or more appointments for rehabilitation treatment.</p> <p>We only pay for rehabilitation where it:</p> <ul style="list-style-type: none"> ○ starts within 6 weeks of in-patient treatment which is covered by your membership (such as trauma or stroke), and ○ arises as a result of the condition which required the in-patient treatment or is needed as a result of such treatment given for that condition <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 receive rehabilitation.</p>

Core cover (continued)

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Transplant services	Paid in full	Paid in full	<p>We pay for transplant services that you need as a result of an eligible condition. We pay medical expenses if you need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant. We also pay for bone marrow transplants (either using your own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy.</p> <p>We do not pay for costs associated with the donor or the donor organ.</p> <p>Note (for Explorer Essential Plus members only): We do not pay for any out-patient treatment associated with a transplant, before that transplant takes place, including consultations, diagnostic tests etc. We pay for out-patient treatment from the post-hospitalisation services for 90 days after discharge.</p> <p>Note (for Explorer Gold members only): Any drugs prescribed for use as an out-patient, including anti-rejection drugs are paid from your prescribed drugs and dressings benefit.</p> <p>Please see donor organs in the 'What is not covered?' section.</p>
Air ambulance	Paid in full	Paid in full	<p>We pay for medically necessary travel for you to be transported by air ambulance such as a helicopter, when related to eligible in-patient treatment or day-case treatment, either:</p> <ul style="list-style-type: none"> ○ from the location of an accident to hospital, or ○ for a transfer from one hospital to another <p>when it is appropriate for this method of transfer to be used to transport you over short journeys of up to 100 miles/160 kilometres. This benefit does not include mountain rescue.</p> <p>Note: this benefit does not include evacuation if the treatment you need is not available locally.</p> <p>Please also see the 'Assistance cover'.</p>
Road ambulance	Paid in full	Paid in full	<p>We pay for medically necessary travel by road ambulance when related to eligible in-patient treatment or day-case treatment.</p>
Assistance cover (Evacuation)	Paid in full	Paid in full	<p>Please see 'Assistance cover' section.</p>

Core cover (continued)

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Emergency cover outside of Africa, India, Pakistan and Sri Lanka	<p>We pay up to USD 50,000 EUR 36,900 GBP 29,500 up to a maximum of 30 days each membership year</p>	<p>We pay up to USD 50,000 EUR 36,900 GBP 29,500 up to a maximum of 30 days each membership year</p>	<p>We will only pay for non-planned treatment outside of Africa, India, Pakistan or Sri Lanka where you require emergency medical treatment for an emergency medical condition in a medical facility while you are outside of this region.</p> <p>Symptoms must not be present immediately prior to your travel. We reserve the right to request a second medical opinion.</p> <p>Note: If you are taken to a medical facility or hospital in an emergency, it is important that you arrange for them to contact us within 48 hours of your admission to hospital, so we can pre-authorise your treatment.</p> <p>Emergency medical treatment in U.S.:</p> <p>If you are admitted for emergency treatment you must contact our U.S. Service Partner by calling 800 554 9299 within 48 hours of admission, or as soon as reasonably possible.</p> <p>If your admission for emergency treatment is to a non-network hospital, our Service Partner may arrange to transfer you to a network hospital as soon as it is medically appropriate to do so.</p> <p>If the transfer to a network hospital is carried out, benefit for all eligible treatment received at both facilities will be payable at 100 percent.</p> <p>If you choose to stay in a non-network hospital after the date our U.S. Service Partner decides a transfer is medically appropriate, benefit for all eligible treatment received both before and after that date will be payable at 80 percent.</p>
Treatment for congenital and hereditary conditions	Not covered	<p>We pay up to USD 100,000 EUR 73,750 GBP 58,800 each membership year</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, whether diagnosed or not ○ by hereditary conditions we mean any abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of your family <p>If you are unsure whether your condition may be classed as congenital or hereditary, please contact us for further information.</p>

Out-patient cover

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

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Out-patient surgical operations	Paid in full	Paid in full	We pay for out-patient surgical operations when carried out by a consultant or a family doctor .
Accident-related dental treatment	We pay up to USD 500 EUR 375 GBP 300 each membership year	We pay up to USD 1,000 EUR 750 GBP 600 each membership year	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. We only pay any accident-related dental treatment which takes place up to 30 days after the accident. Please see Dental treatment /gum disease in the 'What is not covered?' section.
Consultants' fees for consultations	Not covered	Paid in full	This normally means a meeting with a consultant to assess your condition. Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.
Costs for treatment by a family doctor	Not covered	Paid in full	We pay for family doctor treatment . Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.
Costs for treatment by therapists, complementary medicine practitioners and qualified nurses	Not covered	We pay in full for up to 30 visits each membership year	We pay for nursing charges for general nursing care, for example injections or wound dressings by a qualified nurse and consultations and treatment with therapists and complementary medicine practitioners when they are appropriately qualified and registered to practice in the country where treatment is received. This includes the cost of both the consultation and treatment , including any complementary medicine prescribed or administered as part of your treatment . 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. Note: for dieticians, we pay for the initial consultation plus two follow-up visits when needed as a result of an eligible condition. Please note that obesity is not covered.
Consultants' fees, psychologists' and psychotherapists' fees for mental health treatment	Not covered		We cover mental health treatment in hospital during each policy year, in full. This benefit applies to all treatment related to the mental health condition.
Pathology, X-rays and diagnostic tests	Not covered	Paid in full	We pay for: <ul style="list-style-type: none">○ pathology, such as checking blood and urine samples for specific abnormalities,○ radiology, such as X-rays, and○ diagnostic tests, such as electrocardiograms (ECGs) when recommended by your consultant or family doctor to help determine or assess your condition.

Out-patient cover (continued)

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Prescribed drugs and dressings	Not covered	<p>We pay up to USD 2,000 EUR 1,500 GBP 1,200 each membership year</p>	<p>We pay for up to two months supply of drugs and dressing prescribed for you by your medical practitioner for eligible treatment.</p> <p>Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit described in the costs for treatment by therapists and complementary medicine practitioners benefit.</p>
Vaccinations	Not covered	<p>We pay up to USD 1,000 EUR 750 GBP 600 each membership year</p>	<p>We pay for vaccinations including vaccinations to aid the prevention of cancer, such as the human papilloma virus (HPV) vaccination, as and when such vaccines have completed medical trials and are approved for use in the country of treatment.</p> <p>We also pay for Malaria tablets.</p> <p>You need to pay and claim for this benefit.</p>
Full Health Screening and Wellness (after one years' membership)	Not covered	<p>We pay up to USD 500 EUR 375 GBP 300 each membership year</p>	<p>We pay for full health screening and wellness after you have been a member of the plan for one 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> <p>We also pay for four preventive checks for wellness; mammogram, PAP test, prostate cancer screening or colon cancer screening.</p> <p>You need to pay and claim for this benefit.</p>

Dental and optical cover (optional)

The list below details the benefits payable and co-insurance applicable for dental and optical cover, which are optional. Dental and optical cover must be purchased together.

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Dental (after 6 months' membership) Subject to 25% co-insurance	Not covered	We pay up to USD 1,000 EUR 750 GBP 600 each membership year	For Explorer Gold members, we pay: <ul style="list-style-type: none"> ○ 75 percent of preventive treatment (such as check-ups, X-rays, scale and polishing) ○ 75 percent of routine treatment (such as fillings, extractions and root canal therapy) ○ 75 percent of major restorative or orthodontic treatment (such as crowns, bridges or implants), or orthodontic treatment of overbite or under bite etc <p>You need to pay and claim for this benefit.</p> <p>Note: Treatment must be provided by a dental practitioner</p>
Optical Subject to 25% co-insurance	Not covered	We pay up to USD 400 EUR 315 GBP 250 each membership year	For Business Explorer Gold members, we pay: <ul style="list-style-type: none"> ○ maximum of one eye test each membership year, which includes the cost of your consultation and sight/vision testing ○ 75 percent of eligible costs for spectacle and contact lenses which are prescribed to correct a sight/vision problem, such as short or long sight ○ 75 percent of eligible costs of spectacle frames only if you have been prescribed spectacle lenses, your spectacle lens prescription or invoice will be required in support of your claim for spectacle frames <p>You need to pay and claim for this benefit.</p>

Additional services

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Healthline services	Included	Included	<p>This is a telephone advice line which offers help 24 hours a day, 365 days a year. Please call +254 (0) 207 602 027 (inside Kenya) or +44 (0) 1273 333 911 (rest of the world) at any time when you need to.</p> <p>The following are some of the services that may be offered by telephone:</p> <ul style="list-style-type: none"> <input type="radio"/> general medical information from a health professional <input type="radio"/> medical referrals to a physician or hospital <input type="radio"/> medical service referral (i.e. locating a physician) <input type="radio"/> inoculation and visa requirements information <input type="radio"/> emergency message transmission <input type="radio"/> interpreter and embassy referral <p>Note: treatment arranged through this service may not be covered under your plan. Please check your cover before proceeding.</p>

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.

Do you have cover for pre-existing conditions?

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

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

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

General Exclusions

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

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

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

Important note:

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

Please note that, should **you** choose to have **treatment** or services with a **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		Including mechanical ventilation, where such treatment will not or is not expected to result in your recovery or restore you to your previous state of health. Example: We will not pay for artificial life maintenance when you are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days.
Birth control		Any type of contraception, sterilisation, termination of pregnancy or family planning,

Exclusion	Notes	Rules
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
Congenital conditions	<p>Exclusion applies to Business Explorer Essential Plus.</p> <p>Please see the 'Table of benefits' for details of your Newborn care limit.</p>	<p>Treatment received after the first 90 days following birth (or after the maximum benefit limit for Newborn care has been reached) for any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not, except cancer.</p>
Convalescence and admission for general care		<p>Hospital accommodation when it is used solely or primarily for any of the following purposes:</p> <ul style="list-style-type: none"> ○ convalescence, supervision, pain management or any other purpose other than for receiving eligible treatment, of a type which normally requires you to stay in hospital ○ receiving general nursing care or any other services which do not require you to be in hospital, and could be provided in a nursing home or other establishment that is not a hospital ○ receiving services from a therapist or complementary medicine practitioner ○ receiving services which would not normally require trained medical professionals such as help in walking, bathing or preparing meals
Cosmetic treatment		<p>Treatment undergone for cosmetic or psychological reasons to improve your appearance, such as a re-modelled nose, facelift, abdominoplasty, or cosmetic dentistry. This includes:</p> <ul style="list-style-type: none"> ○ dental implants to replace a sound natural tooth ○ hair transplants for any reason ○ treatment related to or arising from the removal of non-diseased, or surplus or fat tissue, whether or not it is needed for medical or psychological reasons; and ○ any treatment for a procedure to change the shape or appearance of your breast(s) whether or not it is needed for medical or psychological reasons: unless for reconstruction carried out as part of the original treatment for cancer, when you have obtained our written consent before receiving the treatment (see 'Reconstructive or remedial surgery' in this section) <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.
Deafness		<p>Treatment for or arising from deafness or partial hearing loss caused by a congenital abnormality or ageing.</p>

Exclusion	Notes	Rules
Dental treatment /gum disease	<p>Please see dental treatment in the 'Table of benefits'.</p> <p>Please see accident related dental 'Table of benefits'.</p>	<p>This includes surgical operations for the treatment of bone disease when related to gum disease or damage, or treatment for, or arising from disorders of the temporomandibular joint.</p> <p>Examples: we do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth, etc.</p> <p>We do not pay for dental treatment that is required as a result of eating.</p>
Desensitisation and neutralisation		<p>Treatment to de-sensitise or neutralise any allergic condition or disorder.</p>
Developmental problems		<p>Treatment for, or related to developmental problems, including:</p> <ul style="list-style-type: none"> ○ learning difficulties, such as dyslexia ○ developmental problems treated in an educational environment or to support educational development
Donor organs		<p>Treatment costs for, or as a result of the following:</p> <ul style="list-style-type: none"> ○ transplants involving mechanical or animal organs, or ○ the removal of a donor organ from a donor ○ the removal of an organ from you for purposes of transplantation into another person ○ the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible diseases or illness ○ the purchase of a donor organ

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>Please see optical in the 'Table of benefits'.</p> <p>Exclusion applies to Business Explorer Essential Plus.</p>	<p>Treatment, equipment or surgery to correct eyesight, such as laser treatment, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Examples: we will not pay for routine eye examinations, contact lenses, spectacles.</p> <p>We will pay for eligible treatment or surgery of a detached retina, glaucoma, cataracts or keratoconus.</p>
Footcare		<p>Treatment for corns, calluses, or thickened or misshapen nails.</p>
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>

Exclusion	Notes	Rules
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
Health hydros, nature cure clinics etc.		<p>Treatment or services received in health hydros, nature cure clinics or any establishment that is not a hospital.</p>
Hereditary conditions	Exclusion applies to Business Explorer Essential Plus.	<p>Treatment of abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of your family, except cancer.</p>
HIV/AIDS		<p>Treatment for, or arising from, HIV or AIDS, including any condition that is related to HIV or AIDS, if your current period of membership is less than one year.</p>
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, including but not limited to IVF treatment.</p> <p>Note: we pay for reasonable investigations into the causes of infertility if:</p> <ul style="list-style-type: none"> ○ you had not been aware of any problems before joining, and ○ you have been a member of any Bupa administered plan which included cover for this type of investigation for a continuous period of two years before the investigations start <p>Once the cause is confirmed, we will not pay for any additional investigations in the future.</p>
Maternity	Exclusion applies to Business Explorer Essential Plus.	<p>Treatment for maternity or for any condition arising from maternity except the following conditions and treatments:</p> <ul style="list-style-type: none"> ○ abnormal cell growth in the womb (hydatiform mole) ○ foetus growing outside of the womb (ectopic pregnancy) ○ other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant
Obesity		<p>Treatment for, or required as a result of obesity.</p>
Out-patient treatment	Exclusion applies to Business Explorer Essential Plus.	<p>There is no benefit for out-patient treatment, unless it is after a hospital admission. Eligible out-patient treatment is provided for from the post-hospitalisation services for 90 days after discharge.</p>
Persistent vegetative state (PVS) and neurological damage		<p>We will not pay for in-patient treatment for more than 90 continuous days for permanent neurological damage or if you are in a persistent vegetative state.</p>
Physical aids and devices		<p>Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an appliance.</p> <p>Examples: we will not pay for hearing aids, spectacles, contact lenses, crutches or walking sticks.</p>

Exclusion	Notes	Rules
Pre-existing conditions	For pre-existing conditions for newborns, please see the exclusions for congenital and hereditary conditions in this section.	<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 and wellness treatment	Please see full health screening and wellness in the 'Table of benefits'. Exclusion applies to Business Explorer Essential Plus.	<p>Health screening, including routine health checks, or any preventive treatment.</p> <p>Note: 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>Please contact us for pre-authorisation before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our pre-authorisation process.</p>
Reconstructive or remedial surgery		<p>Treatment required to restore your appearance after an illness, injury or previous surgery, unless:</p> <ul style="list-style-type: none"> ○ the treatment is a surgical operation to restore your appearance after an accident, or as the result of surgery for cancer, if either of these takes place during your current continuous membership of the plan ○ the treatment is carried out as part of the original treatment for the accident or cancer, and ○ you have obtained our written consent before the treatment takes place
Sexual problems/gender issues		Treatment of any sexual problem including impotence (whatever the cause) and sex changes or gender reassignments.
Sleep disorders		Treatment , including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.
Speech disorders		<p>Treatment for speech disorders, including stammering or speech developmental delays, unless all of the following apply:</p> <ul style="list-style-type: none"> ○ the treatment is short term therapy which is medically necessary as part of active treatment for an acute condition such as a stroke ○ the speech therapy takes place during and/or immediately following the treatment for the acute condition, and ○ the speech therapy is recommended by the consultant in charge of your treatment, and is provided by a therapist <p>in which case we may pay at our discretion.</p>
Stem cells		We do not pay for the harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.
Surrogate parenting	Please 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

Exclusion	Notes	Rules
Travel costs for treatment		<p>Any travel costs related to receiving treatment, unless otherwise covered by:</p> <ul style="list-style-type: none"> ○ local air ambulance benefit, ○ local road ambulance benefit, or ○ Assistance cover <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
Treatment outside of Africa, India, Pakistan and Sri Lanka		<p>Note: We will only pay for treatment while you are in one of the following countries, except where the treatment is needed for an emergency medical condition (for the conditions of cover for emergency medical conditions, please refer to the Emergency cover outside of Africa, India, Pakistan and Sri Lanka benefit on the 'Table of benefits'):</p> <p>Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Republic of the Congo, Djibouti, Egypt, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, India, Ivory Coast, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mayotte, Morocco, Mozambique, Namibia, Niger, Nigeria, Pakistan, Réunion, Rwanda, Saint Helena, São Tomé and Príncipe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sri Lanka, Sudan, Swaziland, Tanzania, Togo, Tunisia, Uganda, Western Sahara, Zambia, Zimbabwe.*</p> <p>* If you move to a country not listed here, the cover on this plan will no longer be available to you, please contact your sponsor straight away if this situation occurs</p>
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

Annual deductibles

Please read this section if **you** have an **annual deductible** on **your** plan.

Important – please remember that:

- the **annual deductible** applies separately to each person included on **your** membership
- even if the amount **you** are claiming is less than the amount of the **annual deductible**, **you** should still submit a claim to **us**
- this is an **annual deductible**. Therefore, if **your** first claim is towards the end of **your membership year**, and **treatment** continues over **your renewal date**, the **annual deductible** is payable separately for **treatment** received in each **membership year**
- if **your** claims are paid direct to **your** medical provider, **you** are responsible for paying any deductible shortfall to the provider after the claim has been assessed and paid

What is an annual deductible?

The **annual deductible** is the total value that **your** eligible claims must reach each **membership year** before **we** will start to pay any benefit.

For example, if **you** have an **annual deductible** of USD 500, the total value of **your** eligible claims must reach USD 500 before **we** will pay any benefit.

The **annual deductible** applies separately to each person on **your**, the **principal member's** membership.

The amount of **your annual deductible** will be shown on **your** membership certificate, which **you** can view online at **our** MembersWorld website. If **you** are unsure whether **your** cover includes an **annual deductible**, please contact **our** customer services helpline.

How an annual deductible works

If a claim is smaller than **your** remaining **annual deductible**, **you** must still submit it to **us** as normal. **We** will not pay any benefit, but the claim will count towards reaching **your annual deductible**. **We** will send **you** a statement informing **you** how much is left.

If an eligible claim exceeds **your** remaining **annual deductible**, **we** will pay the amount of the claim less the remaining **annual deductible**.

Once **your annual deductible** is reached, **we** will pay all eligible claims in full, up to the benefit limits of **your** plan.

How claims are paid to you

If **you** submit a claim and have asked **us** to pay **you**:

- **your** benefit will be paid less the amount of the **annual deductible**
- **we** will send **you** a statement showing how **your** claim has been settled, including any amounts set against the **annual deductible**

How claims are paid direct to your medical provider

If **you** have asked **us** to make a payment direct to **your** medical provider:

- **we** will send payment to the provider for the full amount of the eligible claim, without deducting any **annual deductible**
- **we** will then collect any **annual deductible** from **you** using the direct debit mandate or credit card authority, depending on which is **your** usual method of payment
- **we** will also send **you** a statement showing the amount of the **annual deductible** that **Bupa Global** will be collecting from **your** account
- Please note that there will be no out-patient direct settlement if **you** have a deductible

You are responsible for paying the **annual deductible** in all circumstances.

Paying subscriptions and other charges

All references to '**you**' and '**your**' in this section refer to **you**, the **principal member** only, unless stated otherwise.

Paying subscriptions

You have to pay subscriptions to **us** in advance for **you** and **your dependants** throughout **your** membership. The amount **you** have agreed to pay, and the method of payment **you** have chosen are shown on **your** invoice.

Your subscriptions must be paid in the currency of **your** contract, as shown on **your** invoice.

Your subscriptions should only be paid directly to **Bupa Global**. If **you** pay **your** subscriptions to anyone else, such as an intermediary or insurance broker, then that person is acting on **your** behalf as **your** agent. **Bupa Global** will not be responsible for any subscriptions paid to a third party.

Subscriptions are collected by Bupa Insurance Services Limited who act as **our** agent for the purpose of receiving and holding premiums, making claims and refunds. **Your** subscriptions are protected by an agreement between **us** and Bupa Insurance Services Limited. The amount and method of payment is shown in **your** membership certificate.

If **you** are unable to pay **your** subscriptions for any reason please contact the customer services helpline.

Paying other charges

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

If subscriptions and other charges are not paid

If **you** do not pay subscriptions and other charges in full by the date they are due, **you** and **your dependant's** membership may be suspended and claims submitted whilst there are subscriptions and charges due will not be paid.

You and **your dependant's** membership may also be suspended if **you** do not settle in full any **annual deductible** payable by **you** for a claim which has been paid direct to **you** and **your dependant's** medical provider. Claims submitted whilst repayment of an **annual deductible** is due will not be paid.

Changes to subscriptions and other charges

Each year on **your renewal date**, **we** may change how **we** calculate **your** subscriptions, how **we** determine the subscriptions, what **you** have to pay or the method of payment. Please note that subscriptions generally rise when **you** renew **your** cover. There are many factors which directly affect subscriptions, such as age or the country in which **you** are resident, and inflation in the worldwide cost of healthcare.

Any changes that **we** make will only apply from **your renewal date**.

The amount **you** have to pay to **us** in respect of IPT or other taxes, levies or charges, may also change at any time if there is a change in the rate, or if any new tax, levy or charge is introduced in those countries where **we** do business.

If **we** do make any changes to **your** subscriptions or to other charges, **we** will write to tell **you** about the changes. If **you** do not want to accept them, **you** can end **your** membership without the changes being introduced, provided that **you** do so:

- within 28 days of the date on which the changes take effect, or
- within 28 days of **us** telling **you** about the changes, whichever is later

Please remember that any bank administration charges or fees are **your** responsibility.

Your membership

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

Starting and renewing your membership

When your cover starts

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

Renewing your membership

Renewing your membership If we decide to discontinue your plan, you, the **principal member**, may be offered membership of another Bupa Global plan as an alternative.

If you, the **principal 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 we decide to discontinue your plan, you, the **principal member**, may be offered membership of another Bupa Global plan as an alternative.

Please read 'If we make changes' in this section.

Ending your membership

Your membership will automatically end:

- if you, the **principal member**, do not pay any of your subscriptions on, or before, the date they are due. However, we may allow your membership to continue without you having to complete a new medical history, if you, the **principal member**, pay the outstanding subscriptions in full within 30 days. If you, the **principal member**, are unable to pay your subscriptions for any reason, please contact the customer service helpline
- if you, the **principal member**, do not pay the amount of any IPT, taxes, levies or charges that you have to pay under your agreement with us on or before the date they are due
- upon the death of the **principal member**. If the **principal member**, dies the next named **dependant** on the membership certificate may apply to Bupa Global to become a **principal member** of the plan in his or her own right and include the other **dependants** under their membership. If they apply to do this within 28 days, we will at our discretion, not add any further special restrictions or exclusions to the **dependant's** cover that are personal to them in addition to those which

applied to the **dependant** under the plan when the **principal member**, died.

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

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

If you change your specified country of residence to a country where we have a local partner, you may be able to transfer to our partner's insurance policy without further medical underwriting. You may also be entitled to retain your continuity of your 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.

Without limitation to the foregoing, we will not be able to renew your membership at the next renewal date if you become a permanent resident of the U.S., and, if any other dependants 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 renewal 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.

Important – please read

How to end your membership or remove a dependant from cover

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

Cancellation of your membership, or the removal of dependant(s) from cover, will take effect from the 1st day of the following month from you, the **principal member**, notifying us of the request. We will not back-date any requests for termination, or the removal of dependants from cover. Claims relating to treatment or benefits taking place following the date of cancellation will not be payable.

Refunding subscriptions

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

If you, the **principal 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 for that initial 28 day period, we will make a full refund to you, the **principal 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 **principal 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 **principal member**, choose to cancel the membership of a dependant within 28 days of receiving the first membership certificate for that membership year which names that dependant on the plan, and no claims have been made in respect that dependant for the initial 28 day period, we will make a full refund you, the **principal member**, of all subscriptions paid in respect of that dependant for that membership year, Where a claim has been made in respect of the initial 28 day period, you, the **principal member**, will be deemed to have affirmed the dependant's cover 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 a dependant from cover during the membership year

If you, the **principal member**, choose to cancel your membership following the initial 28 day period of such 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 **principal member**, choose to remove a dependant from cover following the initial 28 day period of such cover for that membership year (or where cancellation is requested within the initial 28 day period and a claim has been made under the dependant's cover 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 dependant 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 **principal 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.

Death

Upon death of a **principal member** or a **dependant** we should be notified in writing within 28 days. Their membership will be ended and we will refund any subscriptions paid which relate to a period after it ends if no claims have been filed on their behalf.

Making changes to your cover

You, the **principal member's** contract is an annual one, and **you** can therefore only change **your** level of cover from **your renewal date**.

Changing your cover

If **you**, the **principal member**, want to change **your** cover, please contact the customer service helpline before renewal to discuss **your** options.

If **you**, the **principal member**, want to increase **your** cover **we** will ask **you** to complete a medical history questionnaire form, and/or to agree to certain exclusions or restrictions to **your** cover before **we** accept **your** application.

If **you**, the **principal member**, have any concerns about **your** subscriptions, or if **your** circumstances have changed, please contact **us** so that **we** can try to help.

If we make changes

We may change the benefits and rules of **your** membership on **your renewal date**.

These changes could affect, for example:

- how much **you**, the **principal member's** subscriptions will be
- how often **you**, the **principal member**, have to pay them
- the cover **you** receive

Please read 'Paying subscriptions' in the 'Paying subscriptions and other charges' section.

Any changes **we** make will only apply from **your renewal date**, regardless of when the change is made.

We will not add any personal restrictions or exclusions to someone's cover for medical conditions that started after they joined the plan, provided:

- they gave **us** the information **we** asked them for before joining, and
- they have not applied for an increase in their cover

If **we** do make any changes to **your** plan, **we** will write to tell **you**, the **principal member**, about the changes.

If **you**, the **principal member**, do not want to accept them, **you** can end **your** membership without the changes being introduced, provided that **you** do so:

- within 28 days of the date on which the changes take effect, or
- within 28 days of **us** telling **you** about the changes, whichever is later

Amending your membership certificate

We will send **you**, the **principal member**, a new membership certificate if **we** need to record any changes which **you** have requested, or **we** are entitled to make; for example adding a **dependant**, or changing the way **you** pay **your** subscriptions.

Your new membership certificate will replace any earlier version **you** possess as from the issue date shown on the new membership certificate.

General information

Other parties

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

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

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

Correspondence

Any letters posted to **us** must have postage paid. **We** do not return original documents, with the exception of official documents such as birth or death certificates. However, if **you** ask **us** at the time **you** send any original documents to **us**, such as invoices, **we** can provide copies.

Applicable law

Your membership is governed by Kenyan law. Any dispute that cannot otherwise be resolved will be dealt with by courts in Kenya.

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

Provision of accurate and complete information

You and any **dependant** must take reasonable care to make sure that all information provided to **us** is accurate and complete, at the time **you** take out this 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.

Liability

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

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

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

Your statutory rights are not affected.

Sanction clause

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

- cause **us** to breach any United Nations resolutions or the trade or economic sanctions, laws or regulations of any jurisdiction to which **we** are subject (which may include without limitation those of the European Union,

United Kingdom and/or United States of America).

- expose **us** to the risk of being sanctioned by any relevant authority or competent body; and/or
- expose **us** to the risk of being involved in conduct (either directly or indirectly) which any relevant authority or competent body would consider to be prohibited.

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

Assistance Cover

This section contains the rules and information for Assistance cover, which helps **you** if **you** need to travel to get the **treatment** that **you** need.

What is Evacuation?

Evacuation covers **you** for reasonable transport costs to an appropriate place of **treatment** where the **treatment** that **you** need is available, if it is not available locally. Please note: **we** will only evacuate to countries within **Africa, India, Pakistan** and **Sri Lanka**.

We may not be able to arrange Evacuation 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.

Assistance cover-general rules

The following rules apply:

- **you** must contact **our** appointed representatives for confirmation before **you** travel, on +254 (0) 207 602 027 (inside Kenya) or +44 (0) 1273 333 911 (rest of the world)
- **our** appointed representatives must agree the arrangements with **you**
- assistance cover is applicable for **in-patient treatment** and **day-case treatment** only
- the **treatment** must be recommended by **your consultant** or **family doctor** and, for medical reasons, not available locally
- the **treatment** must be eligible under **your** plan
- **you** must have cover for the country **you** are being treated in

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 will not be authorised if this would be against medical advice.

How to arrange your evacuation

Arrangements for Evacuation will be made by **our** appointed representatives and must be confirmed in advance by calling +254 (0) 207 602 027 (inside Kenya) or +44 (0) 1273 333 911 (rest of the world). **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 in advance by **Bupa Global's** appointed representatives.

Evacuation cover:

What we will pay for

- **We** will pay in full for **your** reasonable transport costs for **in-patient treatment** or **day-case treatment**. It may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy.

- **We** will only pay for Evacuation to an appropriate 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.
- **We** will pay for the reasonable travel costs for a relative or **your** partner to accompany **you**, but only if it is **medically necessary**.

We will pay for either:

- the reasonable cost of the return journey from within **Africa, India, Pakistan** and **Sri Lanka** to within **Africa, India, Pakistan** and **Sri Lanka** by the most direct route available by land or sea, or
- the cost of an economy class air ticket by the most direct route available
- In the event of **your** death while **you** are away from home **we** will pay reasonable costs for the transportation only of **your** body, subject to airline requirements and restrictions, to **your** home country within **Africa, India, Pakistan** and **Sri Lanka**. **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** remains
- reasonable travel costs for minor children to be transferred with **you** in the event of an evacuation provided they are under the age of 18 when it is **medically necessary** for **you** as their parent or guardian to be evacuated, **your** spouse, partner, or other joint guardian is accompanying **you**, and they would otherwise be left without a parent or guardian

Note: **we** do not pay for any other costs related to the evacuation such as hotel accommodation or taxis. Costs of any **treatment** **you** receive are not payable under Evacuation cover, but are payable from **your** medical cover as described in the 'What is covered?' section.

Please also note that for medical reasons the member receiving **treatment** may travel in a different class from their companion.

Making a claim

How to submit a claim and online 'Claim forms'

You can send **us** **your** claim, upload **your** 'Claim form' or submit **your** 'Claim form' online via MembersWorld. **Your** 'Claim form' is important as it gives **us** the information that **we** need to process **your** claim. If the claim details are not fully completed **we** may have to ask for more information. This can delay payment of **your** claim.

You must submit a new claim:

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

What to send us

You need to complete the 'Claim form' in full and send or attach scanned copies of all invoices as soon as possible.

Requests for further information

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

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

If **you** do not provide the information that **we** ask for, **we** may not pay **your** claim in full. **You** will normally be asked to provide these details via email.

Important

When submitting a claim please note:

- **you** must have received the **treatment** while covered under **your** membership

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

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.

Confirmation of your claim

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

How your claim will be paid

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

Who we will pay

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

Payment method and bank charges

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

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

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

Payment currency and conversions

We can pay in the currency in which **you** pay **your** subscriptions, the currency of the invoices **you** send **us**, or the currency of **your** bank account.

We cannot pay **you** in any other currency.

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

and able to make payment in, if any such payment is permitted to be made.

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

Other claim information

Discretionary payments

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

Incorrect payment of claims

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

Claiming for treatment when others are responsible

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

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

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

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

- providing **us** with any documents or witness statements;

- signing court documents; and
- submitting to a medical examination.

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

Claiming with joint or double insurance

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

Pre-authorisation

This section contains rules and information about what pre-authorisation means and how it works. **You** must contact **us** for pre-authorisation before receiving **post-hospitalisation services**, in-patient, day-case and cancer **treatment** and MRI, CT and PET scans and **emergency** cover outside of **Africa, India, Pakistan** and **Sri Lanka**.

What pre-authorisation means

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

- the **treatment** is eligible **treatment** and is covered by **your** plan
- **you** have an active membership at the time that the **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** (see the 'What is not covered?' section)
- the **treatment** is **medically necessary**
- the **treatment** takes place within 31 days after pre-authorisation is given

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.

Treatment we can pre-authorise

We pre-authorise **post-hospitalisation services**, in-patient, day-case and cancer **treatment** and MRI, CT or PET scans and **emergency** cover outside of **Africa, India, Pakistan** and **Sri Lanka**.

Direct settlement/pay and claim

Direct settlement is where **we** pay the provider of **your treatment** directly, making things easier for **you**. The alternative is for **you** to pay and then claim back the costs from **us**.

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**.

Direct settlement is easier for **us** to arrange if **you** pre-authorise **your treatment** first, or if **you** use a participating **hospital** or clinic. Direct settlement may also be arranged for eligible **out-patient treatment**.

Length of stay (in-patient treatment)

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

Treatment which has not been pre-authorised

If **you** choose not to get **your treatment** pre-authorised, **we** will only pay up to the amount that is considered **Reasonable and Customary** in the country of **treatment**.

Of course **we** understand that there are times when **you** cannot get **your treatment** pre-authorised, such as in an **emergency**. If **you** are taken to **hospital** in an **emergency**, it is important that **you** arrange for the **hospital** to contact **us** within 48 hours of **your** admission to **hospital**. **We** can then make sure **you** are getting the right care, and 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.

Adding dependants

You can apply to include additional people under **your** membership by filling in a Lifeline application 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 **your dependants you** apply to include on **your** membership, including newborn children, 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 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 read 'Maternity' and 'Newborn care' benefits in the 'Table of benefits'.

Please read 'Amending **your** membership certificate' in this section.

When cover starts for others on your membership

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

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

Making a complaint

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

If something does go wrong, **we** have a simple procedure to ensure **your** concerns are dealt with as quickly and effectively as possible.

If **you** have any comments or complaints, **you** can call the **Bupa Global** customer helpline on (inside Kenya): +254 (0) 207 602 027 (rest of the world): +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
United Kingdom

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.

Taking it further

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

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

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

Confidentiality

The confidentiality of personal health information is of paramount concern to the companies in the Bupa group. To this end, Bupa fully complies with applicable data protection legislation and medical confidentiality guidelines. Bupa sometimes uses third parties to process data on **our** behalf. Such processing, which may be undertaken outside the EEA (European Economic Area), is subject to contractual restrictions with regard to confidentiality and security obligations in addition to the minimum requirements imposed by data protection legislation in the **UK**.

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

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

In accordance with data protection law, if **you** would like a copy of **your** personal information (for which a small fee may be payable) or **you** would like to update **your** personal information, or if **you** have any other data processing queries please call the **Bupa Global** service team on +44 (0)1273 718 379. Alternatively **you** can email or write to the team via service.uk@bupaglobal.com; or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, **United Kingdom**.

Privacy Notice

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

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

Last updated: August 2020

1. Information about **us**
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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 and **Bupa Global** Travel are trading names 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.

Africa, India, Pakistan and Sri Lanka:	Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Republic of the Congo, Djibouti, Egypt, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, India , Ivory Coast, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mayotte, Morocco, Mozambique, Namibia, Niger, Nigeria, Pakistan , Réunion, Rwanda, Saint Helena, São Tomé and Príncipe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa , South Sudan, Sri Lanka , Sudan, Swaziland, Tanzania, Togo, Tunisia, Uganda, Western Sahara, Zambia, Zimbabwe
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Annual deductible:	The amount you , the principal member have to pay towards the cost of the treatment that you receive each membership year that would otherwise be covered under your membership. The amount of your annual deductible is shown on your membership certificate. The annual deductible applies separately to each person covered under your membership.
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Appliance:	A knee brace which is an essential part of a repair to a cruciate (knee) ligament or a spinal support which is an essential part of surgery to the spine.
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Defined term	Description
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.

Birthing centre:	A medical facility often associated with a hospital that is designed to provide a homelike setting during childbirth.
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Bupa Global:	Bupa Insurance Services Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited acting as administrator.
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Complementary medicine practitioner:	An acupuncturist, chiropractor, homeopath, osteopath or traditional Chinese medicine practitioner who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which the treatment is received.
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Consultant:	A surgeon, anaesthetist or physician who: <ul style="list-style-type: none"> ○ is legally qualified to practise medicine or surgery following attendance at a recognised medical school, and ○ is recognised by the relevant authorities in the country in which the treatment takes place as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated
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	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.
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Day-case treatment:	Treatment which for medical reasons requires you to stay in a bed in hospital during the day only. We do not require you to occupy a bed for day-case mental health treatment .
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Defined term	Description
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>

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.
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Diagnostic tests:	Investigations, such as X-rays or blood tests, to find the cause of your symptoms.
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Emergency medical condition:	We mean: <ul style="list-style-type: none"> ○ a serious injury, or ○ the sudden onset of symptoms of an illness, disease or other serious medical condition <p>which, if not treated immediately, could reasonably be expected to result in:</p> <ul style="list-style-type: none"> ○ serious impairment of limb, organ or bodily function or use, or ○ death or permanent disability <p>We reserve the right to request a second medical opinion.</p>
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Emergency medical treatment:	Appropriate medical treatment which takes place in a hospital or medical facility to treat an emergency medical condition .
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Defined term	Description
Emergency:	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgment of a reasonable person, requires immediate treatment , generally within 24 hours of onset, and which would otherwise put your health at risk.

Family doctor:	A person who: <ul style="list-style-type: none"> ○ is legally qualified in medical practice following attendance at a recognised medical school to provide medical treatment which does not need a consultant's training, and ○ is licensed to practice medicine in the country where the treatment is received
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	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.
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Family Members:	Persons of a family relationship (related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
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Hospital:	A centre of treatment which is registered, or recognised under the local country's laws, as existing primarily for: <ul style="list-style-type: none"> ○ carrying out major surgical operations, or ○ providing treatment which only consultants can provide
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In-patient treatment:	Treatment which for medical reasons normally means that you have to stay in a hospital bed overnight or longer.
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Defined term	Description
Intensive care:	<p>Intensive care includes:</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.
Medical facility:	Means a hospital or other facility providing medical treatment .
Medical practitioner:	A complementary medicine practitioner, consultant, dental practitioner, family doctor, psychologist, psychotherapist or therapist who provides active treatment of a known condition.
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:	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 .
Mental health treatment:	Treatment of mental conditions, including eating disorders.
Network:	A hospital, pharmacy , or similar facility, or medical practitioner which has an agreement in effect with Bupa Global or service partner to provide you with eligible treatment .

Defined term	Description
Out-patient treatment:	Treatment given at a hospital , consulting room, doctors' office or out-patient clinic where you do not go in for in-patient treatment or day-case treatment .
Ovulation Induction Treatment:	Treatment including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.
Persistent vegetative state:	<ul style="list-style-type: none"> ○ a state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and ○ the person does not respond to stimuli such as calling their name, or touching <p>The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.</p>
Pharmacy	A facility where prescribed drugs are prepared or sold.
Post-hospitalisation services	Consultations with your consultant , physiotherapy and follow up tests, which are recommended as medically necessary and carried out after your discharge from hospital , which leads to your recovery. Post-hospitalisation services are covered up to 90 days after your discharge date.

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

Defined term	Description
Reasonable and Customary	The 'usual', or 'accepted standard' amount payable for a specific healthcare treatment , procedure or service in a particular geographical region, and provided by 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.
Renewal date:	Each anniversary of the date you , the principal member joined the plan. (If however you are a member of a Bupa Global group plan with a common renewal date for all members, your renewal date will be the common renewal date for the group. We tell you the group renewal date when you join.)
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.
Specified country of nationality:	The country of nationality specified by you in your application form or as advised to us in writing, which ever is the later.

Defined term	Description
Specified country of residence:	The country of residence specified by you in your application and shown in your membership certificate, or as advised to us in writing, 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.
Surgical operation:	A medical procedure that involves the use of instruments or equipment.
Therapists:	A physiotherapist, occupational therapist , orthoptist, dietician or speech therapist who is legally qualified and is permitted to practice as such in the country where the treatment is received.
Treatment:	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.
UK:	Great Britain and Northern Ireland.
Unrecognised medical practitioner, hospital or healthcare facility	<ul style="list-style-type: none"> ○ Treatment provided by a medical practitioner, 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

Defined term	Description
We/us/our:	Bupa Global.
You/your:	This means you , the principal member , and your dependants unless we have expressly stated otherwise that the provisions refer to the principal member only or to your dependants only.

