

First Choice Hong Kong



First Choice Hong Kong
Table of Benefits and Terms and Conditions
Valid from July 2021 • USD



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Your plan is administered by **Bupa Global** on behalf of Bupa (Asia) Limited, your insurer.

You can contact your insurer by writing to:

Bupa (Asia) Limited
18/F, Berkshire House
25 Westlands Road
Quarry Bay
Hong Kong

Remember we can offer a second medical opinion service

The solution to health problems isn't always black and white. That's why **we** offer you the opportunity to get another opinion from an independent world-class **specialist**.

Welcome

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

This includes:

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

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

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

Bold words

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

Contact us

Open 24 hours a day, 365 days a year

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

Healthline* +852 2531 8503

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

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

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

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

We believe that every person and situation is different and focus on finding answers and solutions that work specifically for you. **Our** assistance team will handle your case from start to finish, so you always talk to someone who knows what is happening.

General enquiries

MembersWorld is the first place to go for information about:

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

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

Web: bupaglobal.com/membersworld

Alternatively:

Phone: +852 2531 8503
Email: service.hk@bupaglobal.com

Post: Bupa (Asia) Limited, 18/F Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong

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

Your calls may be recorded or monitored.

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

Easier to read information

Braille, large print or audio

We want to make sure that **customers** 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.

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 **insurance** plan or your claims. Simply log onto MembersWorld or call, email or write to **us**.

Making a complaint

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

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

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

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

Phone: +852 2531 8503
Email: service.hk@bupaglobal.com
Post:
Bupa (Asia) Limited,
18/F, Berkshire House
25 Westlands Road
Quarry Bay
Hong Kong

Wellbeing services

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

Wellbeing Quiz

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

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

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

Your Wellbeing

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

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

Second Medical Opinion*

As a **Bupa Global customer**, you can access a second medical opinion from a team of world leading international **specialist** doctors.

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

To request a second medical opinion, complete an online referral form via the MembersWorld website, or contact the **Bupa Global** Customer Service team on **+852 2531 8503** or service.hk@bupaglobal.com

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

Bupa Family Plus*

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

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

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



Global Virtual Care*

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

Features include (subject to local regulations):

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



Virtual Care

Logging into the app is easy, you can sign in using your MembersWorld email address and password. If you have yet to register for MembersWorld, follow **our** easy guide on page 5 to get started. Download Global Virtual Care from either App Store or Google Play.

Everyday Resources*

We understand that your overall wellbeing is fundamental to your overall health, enabling you to successfully overcome difficulties and achieve what you want out of life. When you have questions, concerns or emotional issues surrounding either your work or personal life, Everyday Resources, your global employee support programme can help you. No matter when, no matter where, you and your family can contact the service for life assistance including short-term counselling, resources, referrals, and information. The service provides free, confidential support by phone, email, or web. To find out more information, including a list of free phone numbers log onto www.bupaglobal.com/everyday-resources and enter your company specific log in code. (Code can be found on the Everyday Resources flyer distributed by your employer).

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

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

Your website: MembersWorld

We want to put you in control of your health insurance.

That's why **we** give you access to MembersWorld, an exclusive and secure website where you can manage your health **insurance** in an easier and faster way.

We want to make your experience as simple and stress free as possible, so you can spend your time on the things that matter to you.

In just a few clicks, it's easy to:

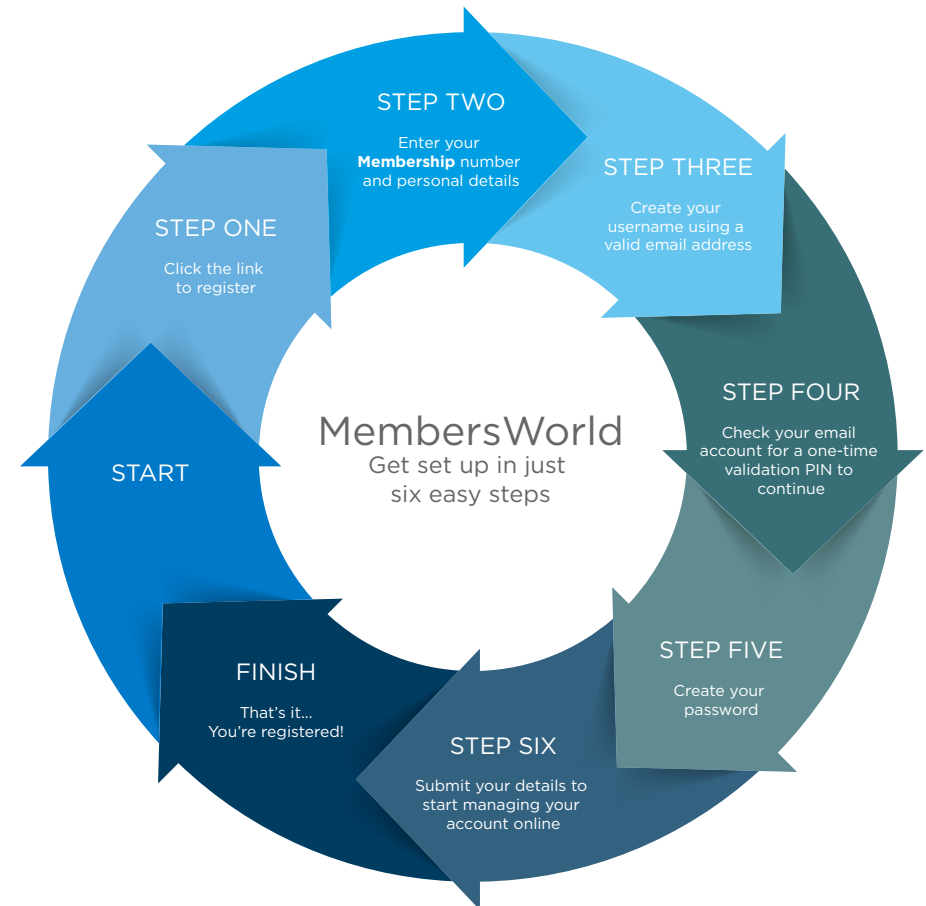
- o check your benefits
- o update your details and read **documents**
- o pre-authorise in-patient and day-case **treatment**
- o submit and track your claims*
- o request a second medical opinion at no extra cost
- o if your sponsor has purchased your **insurance** plan via a broker, you can allow them access to view your health **insurance** plan information (except claim related **documents**)
- o specify a preferred address for claim payments – useful if you have multiple addresses or are travelling.

There are many more benefits online; log in to see for yourself.

* MembersWorld may not be able to track claims in the U.S. as a third party is used here.

Registering for MembersWorld is easy. All you need is your email address, your **membership** number and a few personal details.

Go to www.bupaglobal.com/membersworld to register.



Pre-authorisation

Please remember to pre-authorise your treatment

What is pre-authorisation?

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

Why it's important:

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

How do I request a pre-authorisation?

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

- Web chat – log into MembersWorld and select the web chat option from the menu.

- Completing the form in MembersWorld
- Call us on +852 2531 8503
- Email BALPreauth@bupa.com

How long does it take?

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

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

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

- the **treatment** is eligible **treatment** that is covered by your **insurance** plan,
- you have an active policy at the time that **treatment** takes place,
- your premium is 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**, (unless approved for cover at point of underwriting),

- the **treatment** is medically necessary, and
- the **treatment** takes place within 31 days after pre-authorisation is given.

This is a summary, please ensure you read the full details of your cover in the Table of Benefits, **Terms and Conditions** and your **insurance certificate**.

The claiming process

If you need assistance with a claim you can

- Go online at www.bupaglobal.com/membersworld and web chat with us
- Call us on **+852 2531 8503**
- Email service.hk@bupaglobal.com

Whether you choose direct payment or 'pay and claim' **we** provide a quick and easy claims process. **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 healthcare facility.

How to make a claim

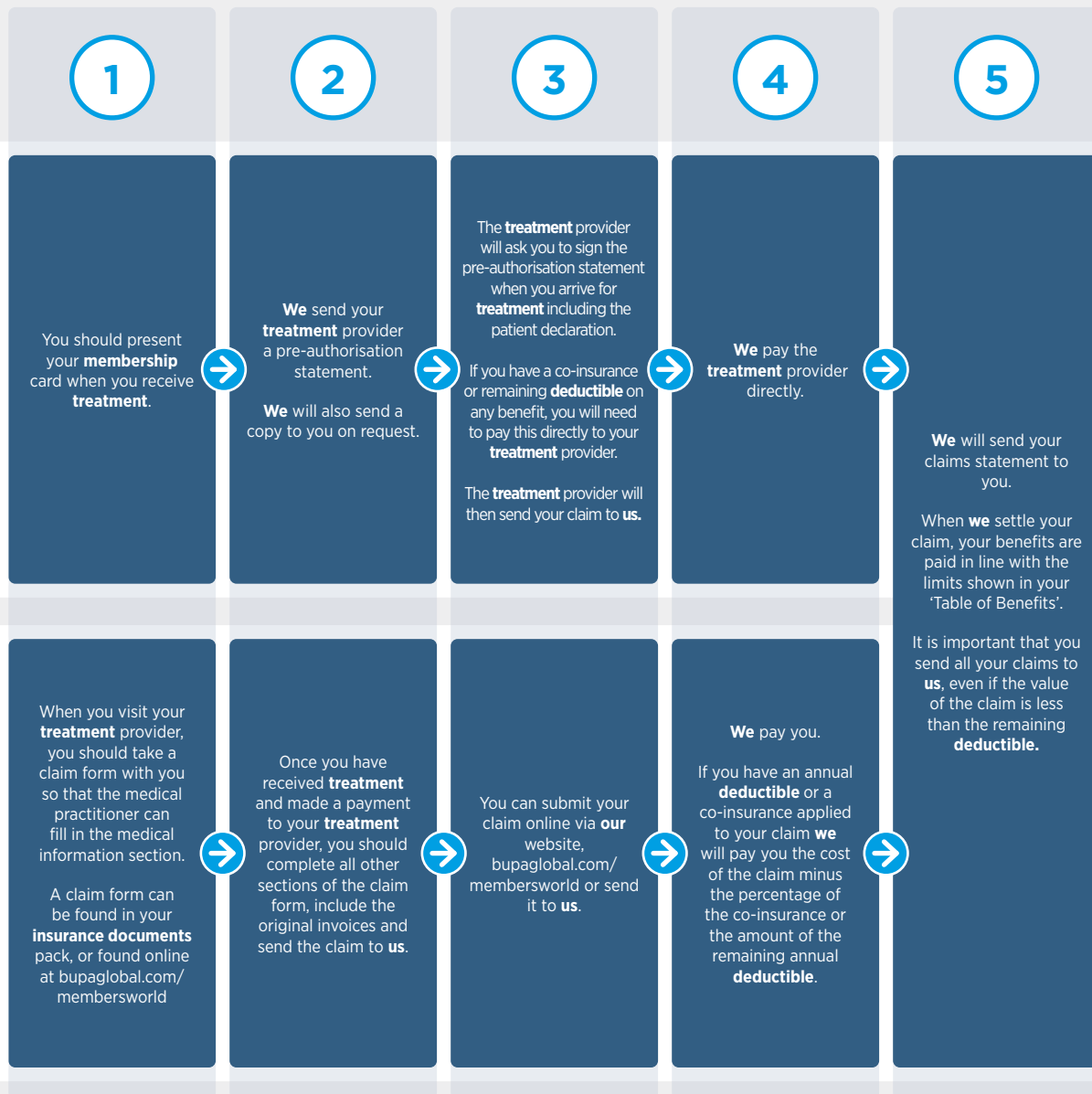
- The quickest way to submit your claim is to log on to your MembersWorld account and submit your claim electronically. You have the choice of submitting an on-line claim or uploading any completed claims form.
- Make sure **we've** got all the information as the biggest delay to paying a claim is normally incomplete, missing or ineligible information.
- Make sure you have given your correct bank details. Payment by bank transfer is by far the quickest way to receive your payment.

Direct Settlement

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

Pay and Claim

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



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Product Structure

Module overview

Mandatory module

MODULE 1: **Hospitalisation** & In-patient
Treatment

Optional modules

MODULE 2: **Out-patient Treatment**

MODULE 3: Medicine & **Appliances**

MODULE 4: Medical Evacuation

MODULE 5: Rehabilitation & Nursing

MODULE 6: Dental & Optical

Table of Benefits

All amounts are in USD.

Payments under the **insurance** is effected at the rates listed on the following pages.

Words written in bold in the Table of Benefits are "defined terms" which are specific terms relevant to your cover. Please check their meaning in the Glossary at the end of this **membership** guide.

Payment will not in any case exceed the overall annual maximum per person per policy year of:

- USD 1,800,000

If a **deductible** has been chosen for your policy, this is stated in your **insurance certificate**. Depending on the currency of your policy, it will be one of the following options:

- USD 0 / 175 / 1,750

The chosen currency is binding, meaning the currency cannot be changed.

If you have chosen a **deductible**, please note that the **benefit limits** for the benefits listed in the Table of Benefits will be reduced by any remaining **deductible**. Once your **deductible** has been reached, all covered expenses will be paid in line with your **benefit limits**. The **deductible** is applied per person per policy year irrespective of the number of modules chosen.

Please note that no **deductible** apply on Module 4 and Module 6.

Module 1: Hospitalisation & In-patient Treatment

Maximum Cover	
Maximum cover per person per policy year	USD 1,800,000
Hospitalisation & in-patient treatment	
Hospital accommodation Private room*	100%
Intensive care room	100%
Parent(s) or legal guardian accommodation for a child dependant under age 18*	100%
Surgery	
Initial reconstruction surgery , immediate or delayed, following an injury or illness (excluded corrective reconstruction surgery for enhancement of appearance and replacement of implant/ prosthesis)	100%
Diagnostic tests incl.: Lab tests, X-rays, MRI, CT, PET scans, pathology	100%
Prescribed medicines and drugs for use during hospitalisation and relevant only for the insured condition being treated	100%
Prostheses Artificial body parts designed to form a permanent part of a person's body eg pacemaker	100%
Mental health treatment provided by recognised mental health providers .	100%

Module 1: Hospitalisation & In-patient Treatment (continued)

Hospitalisation & in-patient treatment	
Cancer tests, drugs and consultants' fees for oncology	100%
Physiotherapy By a registered physiotherapist, when referred by a medical practitioner	100%
*cf also Glossary " Hospital accommodation "	
Out-patient treatment in a hospital or clinic	
Out-patient surgery	100%
Cancer treatment Once cancer has been diagnosed this benefit includes fees that are related specifically to planning and carrying out active treatment for cancer . This includes tests, diagnostic imaging, consultations and prescribed medicines (when receiving anti-hormonal drug as sole treatment for cancer, only the anti-hormonal drug expenses are covered)	100%
Endoscopic Examination	100%
Dialysis (including home dialysis) — if available locally	100%
Check-ups that are medically necessary in order to verify that the customer is recovering successfully from the surgery or treatment received while hospitalised are covered up to 90 days after hospitalisation .	100%
Local medical transport	
Ground transport to and from hospital when it is medically necessary that special medical services and/or medical equipment are provided.	100%
Hospital cash benefit	
Must be pre-authorised by the Company and applies only when treatment is received as in-patient for an eligible medical condition for a maximum of 25 nights and when no costs are incurred for accommodation and / or treatment	USD 130
Emergency room treatment	
Emergency room treatment in connection with acute illness or accident	100%
Acute emergency dental treatment Accidental damage to natural teeth (treatment as in-patient or out-patient in a hospital) In case of doubt, the decision will be left with the Company's dental consultant	USD 800

Module 1: Hospitalisation & In-patient Treatment (continued)

Crisis management	
<p>Crisis management: psychological first aid following a traumatic experience eg assault, war, accident, kidnapping Up to five treatments with a registered psychologist per incident Must be pre-authorised by the Company</p>	100%
Organ transplant	
<p>Organ transplant - kidney, liver, heart, lung, bone marrow Only human organs. Costs of the procurement of the organ are not covered Must be pre-authorised by the Company</p>	100%
Childbirth (subject to a 10 month waiting period)	
<p>Normal delivery and non-medically essential caesarean section at a hospital or clinic Prenatal and postnatal examinations are reimbursed under Module 2: Out-patient Treatment</p>	USD 7,200
Delivery with complications requiring hospitalisation	100%
Medically essential caesarean section	100%
Delivery following infertility treatment is reimbursed according to the benefit limit for normal delivery of one child (cf also Art. 13.2 f) in the Terms and Conditions	
Newborn cover	
In-patient treatment of an acute medical condition, which presents symptoms at birth or which manifests itself within 28 days following birth as well as any associated costs for a period of up to 28 days after birth	USD 45,000
Emergency out of area cover	
<p>Worldwide cover of medical expenses in case of acute illness or injury during business or pleasure travel for up to 30 days per trip Must be pre-authorised by the Company</p>	100%
Online Services	
<ul style="list-style-type: none"> <input type="radio"/> Manage your policy online, eg see status on recent claims <input type="radio"/> General health advice from Bupa Global's medical consultants <input type="radio"/> Access to a range of health related information <input type="radio"/> and much more... 	

Module 2: Out-patient Treatment

Maximum Cover	
Maximum cover per person per policy year	USD 35,000
General practitioners, specialists and therapists	
General practitioner consultations: Medicine is covered under Module 3: Medicine & Appliances	USD 10,000
Specialist consultations: Eg psychiatrist, eye and ear specialist , oncology	
Psychologist and psychotherapist consultations: Psychologist and psychotherapist treatment	
Therapist consultations: Dietetic guidance, speech therapy, oculomotor therapy, occupational therapy, physiotherapy, chiropractors, osteopaths, homeopaths, acupuncturists and traditional Chinese medical practitioners (registered by the relevant authorities to practise locally) Only if referred by a medical practitioner or specialist , and only treatment by a registered practitioner	
Examination and other medical assistance	
Diagnostic tests and procedures: Incl. X-rays, ECG, CT, PET, MRI scans, pathology and laboratory tests	100%
Hormone replacement therapy (eg menopause before age 40)	100%
Minor procedures or interventions (eg removal of a wart) performed at the clinics of the General Practitioners or Specialists in connection with visits to such medical practitioners	100%
Full health screening, maximum per person per policy year	USD 300

Module 3: Medicine & Appliances

Maximum Cover	
Maximum cover per person per policy year	USD 1,000
Medicines and drugs	
Prescribed medicines and drugs	100%
Traditional Chinese medicine* and homeopathic medicine (with the exception of the treatment listed in art 13.2 r)	100%

Module 3: Medicine & Appliances (continued)

Medicines and drugs	
Injections and vaccinations	USD 60

Medicine which could have been purchased without a medical prescription is not covered

Appliances	
Prescribed slings and bandages / dressings	100%
Prescribed arch support	50%
Prescribed hearing aids (Maximum two appliances are reimbursed per policy year)	50%

Module 4: Medical Evacuation

Medical Evacuation — must be pre-authorized by the **Company**

Expenses are covered up to the overall annual maximum of your policy

Medical Evacuation	
Transport expenses by aeroplane or helicopter	100%

Return journey	
Return journey to residential address abroad within three months after completion of treatment	100%

Accompanying person	
Travel and accommodation expenses for one person accompanying an evacuated or repatriated person	100%

Statutory arrangements	
Statutory arrangements in case of death such as embalming, zinc coffin, urn	100%

Module 5: Rehabilitation & Nursing

Rehabilitation & Nursing — must be pre-authorized by the **Company**

Maximum Cover	
Maximum cover per person per policy year	USD 5,000
In-patient Rehabilitation	
Medically prescribed in-patient rehabilitation at an authorised medical facility following hospitalisation for treatment covered by this insurance The rehabilitation has to include treatment in the form of therapy such as physical, occupational and/or speech therapy aimed at restoring as much function as possible	100%
Home nursing	
Expenses incurred for medically prescribed assistance in your private home by a certified nurse after in-patient treatment	100%
Hospice	
Hospice accommodation For maximum 30 days The accommodation must be prescribed by a physician	100%

Module 6: Dental & Optical

Maximum Cover	
Maximum cover per person per policy year	USD 2,500
Dental treatment	
Examinations, cleaning, fillings, root treatment , tooth extractions, X-rays, anesthesia	50%
Major restorative dental treatment (subject to a 24 month waiting period)	
Bridge work, crowns, periodontitis, orthodontics, dentures	90%

Module 6: Dental & Optical (continued)

Glasses and contact lenses	
Prescribed glasses and prescribed contact lenses Frames and sunglasses are not covered	50%
Eye check	
Eye check performed by optician/optometrist, maximum two per policy year	50%

Terms and Conditions

Words written in bold in the Terms and Conditions are "defined terms" which are specific terms relevant to your cover. Please check their meaning in the Glossary at the end of this membership guide.

Art. 1 Acceptance of the insurance

1.1: The **insurance** policy is insured and underwritten by Bupa (Asia) Limited, hereinafter called the **Company** and administered by the **Company** and **Bupa Global**. The **Company**, enters into a group agreement with the company or organisation (the **policyholder**) wishing to insure a full group of employees and their **dependants** (the **customer**).

1.2: In the event of a change in the **applicant's** state of health after the **application** has been signed and before the **Company's** approval thereof, the **applicant** and/or the **policyholder** shall be under the obligation to notify the **Company** of such change immediately. The terms of acceptance are stated in the **insurance certificate**.

1.3: All underwriting and issuance of **insurance certificates** are made by the **Company**. The **Company** may choose to have data processed in or outside the EU.

Art. 2 Original date of joining

2.1: The **original date of joining** of the **insurance** is stated in the **insurance certificate**.

Art. 3 Waiting periods in connection with new insurance contracts and extension of cover

3.1: When a new **insurance** contract is entered into, the right to payment under the new **insurance** contract shall only take effect four weeks after the **original date of joining** of the **insurance**. However, this does not apply when the **policyholder** can prove simultaneous transference

from an equivalent group scheme with another international health insurance company.

3.1.1: In the event of acute **serious illness** and/or **serious injury**, the right to payment shall, however, take effect concurrently with the **original date of joining** of the **insurance**.

3.1.2:

a) For expenses incurred in connection with pregnancy and childbirth and consequences thereof, the right to payment shall only take effect ten months after the **original date of joining** of the **insurance**.

b) Expenses incurred in connection with **treatment** of a newborn child shall only be reimbursed if one of the parents of the child has been insured with the **Company** for a period of at least ten months prior to the birth of the child.

3.1.3: For expenses incurred for major restorative dental **treatment**, the right to payment shall only take effect 24 months after the **original date of joining** of the **insurance**.

3.2: If extended cover is taken out by the **policyholder**, the right to payment under such extension shall become effective concurrently with the **original date of joining** of the extension. However, Art. 3.1.1, 3.1.2 and 3.1.3 shall still apply. During the **waiting period**, the previous cover shall apply.

Art. 4 Who is covered by the insurance?

4.1: The **insurance** shall cover the **customer(s)** named in the **insurance certificate**.

4.2: An **application** must be submitted for each person the **policyholder** wishes to add to the **insurance**, including newborn children. In case of adoption and for children born as a result of infertility **treatment** and/or born by a surrogate, the **customer** must submit a Medical Questionnaire for such children.

4.2.1: However, if the **insurance** of one of the parents has been valid for a minimum of ten months, newborn children of the parent can be insured without submitting an **application**, cf however Art. 13.2 f. A copy of the birth certificate must, however, be submitted within 3 (three) months after the birth.

If the birth certificate is not submitted to the **Company** within three months after the birth, a Medical Questionnaire must be submitted for the child who has to undergo the standard underwriting procedure. Registration of the child will take place from the date the Medical Questionnaire has been signed.

Art. 5 Where is cover provided?

5.1: The **insurance** shall provide cover in the chosen **region** as stated in the **insurance certificate** (see definition of "region" in the Glossary table).

5.1.1: The **policyholder** may change the **region** for the entire group as from the policy anniversary by giving one month's notice by email, letter or phone and subject to approval by the **Company**. However, any change of a **customer's** permanent residential address must be informed to the **Company** immediately and if the change of address causes a change of **region** for the **customer**, this change will take effect as from the date of change of address.

5.2: The **insurance** shall cover acute illness and **injury** during business and/or pleasure travels in countries outside the **region** stated in the **insurance certificate** for a period of 30 days per trip. The cover shall begin from the time the **customer** leaves his/her residence or working place to conduct the travel.

Art. 6 What is covered by the insurance?

6.1: The **insurance** shall cover the **customer's** medical expenses in accordance with the cover chosen and the applicable Table of Benefits. The benefits for which expenses are covered and the **benefit limits** are stated in the Table of Benefits.

6.2: Payment shall be paid following the **Company's** approval of the expenses as being covered by the **insurance** after a fully completed claim form with receipted and itemised invoices enclosed has been submitted to the **Company** (cf also Claims Guide).

6.3: Once the covered expenses have met the annual **deductible**, the amount payable will be paid. If your claim is for an amount higher than the value of your **deductible** or remaining **deductible**, we will pay for covered expenses after the **deductible** has been met in full. Once your **deductible** has been reached, all covered expenses will be paid in line with your **benefit limits**. The **deductible** shall apply per person per policy year.

6.3.1: In case of an **accident** where three or more **family members** insured with the **Company** are involved, only one **deductible**, the highest, is applied.

6.4: Medical practitioners performing **treatment** must have authorisation in the country of practice. Medical providers and facilities must also be authorised (cf also art. 13.2 n).

6.5: In no event shall the amount of payment exceed the amount shown on the invoice. If the **customer** receives compensation from the **Company** in excess of the amount to which the **customer** is entitled, the **customer** shall be under the obligation to repay the **Company** for the excess amount immediately.

6.6: Payments shall be limited to the usual, **reasonable and customary** charges in the area or the country in which the **treatment** is provided.

6.7: Any discount, which has been negotiated directly between the **Company** and providers, will be specifically used by the **Company** for the overall benefit of the **customers** within the **insurance** product as a whole.

6.8: Any ex-gratia payments are at the **Company's** discretion. If the **Company** makes a payment to which the **customer** is not entitled under the **insurance**, this will still count toward the annual maximum cover per person per policy year.

6.8.1 The **Company** is not required to pay for any **treatment** or condition that is not covered by the **customer's insurance** cover, even if the **Company** has paid an earlier claim for similar or identical **treatments** or conditions, including where such earlier payment was made at the **Company's** error.

6.9: The **Company's** global health **insurance** products 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). The **Company's insurance** products may not qualify as minimum essential coverage or meet the requirements of the individual mandate for the purposes of the Affordable Care Act, and the **Company** is 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 the **customer** is subject to its requirements will depend on a number of factors. The **customer** should consult an independent professional financial or tax advisor for guidance. For **customers** whose coverage is provided under a group **insurance**, the **customer** should speak to the group health insurance administrator for more information.

Art. 7 Module 1: Hospitalisation & In-patient Treatment

7.1: Module 1 must be taken out before any other optional module(s) can be added. The conditions below shall also apply:

7.1.1: Module 1 shall cover the medical expenses incurred by the **customer's hospitalisation** in accordance with the **deductible** chosen and the applicable **benefit limits** as stated in the Table of Benefits. It is required that the **customer** is hospitalised in order to get payment under this module.

7.1.2: The **Company** shall be notified immediately of any stays in hospital in accordance with Art. 14.3.

Art. 8 Module 2: Out-patient treatment

8.1: If the **insurance** has been extended to include Module 2, the conditions below shall also apply:

8.1.1: Module 2 can only be taken out as a supplement to Module 1.

8.1.2: Module 2 shall cover the **customer's** expenses in accordance with the **deductible** chosen and the applicable **benefit limits** as stated in the Table of Benefits.

8.1.3: Any invoice for expenses incurred by **out-patient treatment** shall be reported by submitting a claim form together with receipted and itemised invoices with the **membership** number to the **Company**. Physician's invoices must also include a diagnosis of the illness being treated.

Art. 9 Module 3: Medicine & Appliances

9.1: If the **insurance** has been extended to include Module 3, the conditions below shall also apply:

9.1.1: Module 3 can only be taken out as a supplement to Module 1.

9.1.2: Module 3 shall cover the expenses in accordance with the **deductible** chosen and the applicable **benefit limits** as stated in the Table of Benefits.

9.1.3: Any invoice for expenses incurred by **out-patient** medicine and **appliances** shall be reported by submitting a claim form together with receipted and itemised invoices with the **membership** number to the **Company**.

9.1.4: Invoices for medicine shall also be accompanied by a copy of the prescription.

Art. 10 Module 4: Medical Evacuation

10.1: If the **insurance** has been extended to include Module 4, the conditions below shall also apply:

10.1.1: Module 4 can only be taken out as a supplement to Module 1.

10.1.2: Module 4 shall cover the reasonable expenses incurred for the **customer's** medical evacuation in the event of acute **serious illness, serious injury** or death in accordance with the applicable **benefit limits** as stated in the Table of Benefits.

10.1.3: Cover shall be provided subject to the attending physician and the **Company's** medical consultants agreeing on the necessity of transferring the **customer**. Transportation shall be to the nearest appropriate place of **treatment** and only if no appropriate **treatment** can be obtained locally. In case of disagreement, the decision of the **Company's** medical consultant shall prevail.

The evacuation expenses for an eligible transportation are only covered if the transportation is arranged or pre-authorised by the **Company**.

10.1.4: The expenses for transportation covered under the **insurance**, but not arranged by the **Company**, shall only be compensated with an amount equivalent to the expenses the **Company** would have incurred, had the **Company** arranged the transportation.

10.1.5: The **insurance** shall cover reasonable and necessary transportation and accommodation expenses for one person accompanying the **customer** for maximum 14 days.

10.1.6: Only one transportation is covered in connection with one course of an illness.

10.1.7: Module 4 shall only apply if the illness is covered under the **insurance**.

10.1.8: In the event that the **customer** is evacuated for the purpose of receiving **treatment**, he/she and the accompanying person, if any, shall be reimbursed for the expenses for a return journey to the **customer's** place of residence. The return journey shall be made within three months after **treatment** has been completed. Cover shall only be provided for travelling expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

10.1.9: In the event of the **customer's hospitalisation** abroad, payment shall be paid for expenses incurred by the accompanying person for emergency air travel to the place of **hospitalisation** and accommodation. The expenses covered include one return journey in economy class. The return journey must be made at the latest at the time of the return journey of the patient.

10.1.10: In the event that the **customer** has received **treatment** covered by the **insurance**, but now has reached the **terminal phase**, he/she and the accompanying person, if any, shall be reimbursed for the expenses of the return journey to the **customer's** place of residence.

10.1.11: In the event of death, expenses shall be reimbursed for home transportation of the deceased and for statutory arrangements such as embalming and a zinc coffin. The next of kin have the following options:

a) cremation of the deceased and home transportation of the urn or

b) home transportation of the deceased.

10.1.12: The **Company** cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond the **Company's** control.

10.1.13: The expenses for transportation covered under the **insurance**, but not arranged by the **Company**, shall only be compensated with an amount equivalent to the expenses the **Company** would have incurred, had the **Company** arranged the transportation.

Art. 11 Module 5: Rehabilitation & Nursing

11.1: If the **insurance** has been extended to include Module 5, the conditions below shall also apply:

11.1.1: Module 5 can only be taken out as a supplement to Module 1.

11.1.2: Module 5 shall cover the **customer's** expenses in accordance with the **deductible** chosen and the applicable **benefit limits** as stated in the Table of Benefits.

11.1.3: Any invoice for expenses incurred by rehabilitation and nursing shall be reported by submitting a claim form and the receipted and itemised invoices provided with the **membership** number to the **Company**. Physician's invoices must also include a diagnosis of the illness being treated. Rehabilitation and nursing must be medically prescribed.

Art. 12 Module 6: Dental & Optical

12.1: If the **insurance** has been extended to include Module 6, the conditions below shall also apply:

12.1.1: Module 6 can only be taken out as a supplement to Module 1.

12.1.2: Module 6 shall cover the **customer's** expenses for dental **treatments** and glasses and lenses in accordance with the applicable **benefit limits** as stated in the Table of Benefits.

12.1.3: Any invoice for expenses incurred by dental **treatment** and glasses and lenses shall be reported by submitting a claim form together with receipted and itemised invoices provided with the **membership** number to the **Company**.

Art. 13 Exceptions to cover

13.1: The **insurance** shall not cover medical expenses incurred for any disease, illness or **injury** known to the **policyholder** and/or the **dependant** at the time of **application**, unless agreed upon with the **Company**.

13.2: Furthermore, the **Company** shall not be liable for any expenses which concern, are due to or are incurred as a result of:

a) non-medically essential or cosmetic **surgery** and **treatment**,

b) obesity **surgery** and **treatment** (including diet pills),

c) any harmful or hazardous use of alcohol, drugs and/or medicines: **treatment** for or arising directly or indirectly, from the deliberate, reckless (including where the **customer** has displayed a blatant disregard for his/her 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,

d) contraception, including sterilisation,

e) induced abortion unless medically prescribed,

f) any kind of infertility test and/or **treatment**, including hormone **treatment**, insemination or examinations and any procedures related hereto, including expenses for pregnancy, prenatal and postnatal **treatments** of the newborn child/children. An **application** must therefore be submitted for children born as a result of infertility **treatment** the mother and and/or born by a surrogate mother. The **application** will undergo the standard underwriting procedure.

g) sexual problems and gender issues: sexual problems, such as impotence, whatever the cause, or sex changes or gender reassignments,

h) hospital stay when it is used solely or primarily for any of the following purposes: receiving general nursing care or any other services which do not require the **customer** to be in a hospital and could be provided in a nursing home or other establishment that is not a hospital; receiving services which would not normally require trained medical professionals (eg help in walking and bathing) and pain management,

i) **treatment** by naturopaths and naturopathic medications and other alternative methods of **treatment**, unless specified in the Table of Benefits or the **insurance certificate**,

j) routine medical examinations, the issuing of medical certificates and attestations and examinations as to suitability for employment or travel,

k) **treatment** of diseases during military service,

l) **treatment** for sickness or **injuries** directly or indirectly caused by the **customer** putting him/herself in danger by entering a **known area of conflict** as listed below:

war, invasion, acts of a foreign enemy, hostilities (whether war has been declared or not), civil war, terrorist acts, rebellion, revolution, insurrection, civil commotion, military or usurped power, martial law, riots or the acts of any lawfully constituted authority, or army, naval or air services operations, whether war has been declared or not,

m) nuclear reactions or radioactive fallout,

n) **treatment** performed by an **unrecognised medical practitioner, provider or facility**, (cf also Glossary),

o) **treatment** or **surgery** to correct refractive errors in the eyesight (due to eg myopia, hyperopia/hypermétropia, astigmatism and presbyopia) such as laser **treatment**, refractive keratotomy and photorefractive keratectomy, clear lens extraction, or accommodative intraocular lenses,

p) any **experimental or unproven treatment**, including diagnostic investigation, testing or **treatment** (including medicine) which is experimental due to lack of **acceptable current clinical evidence**,

q) any **treatment** or medicine which is not proven to be effective based on **acceptable current clinical evidence**,

r) any of the following traditional Chinese medicines: cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American Ginseng; Radix Ginseng Silvestris; antelope horn powder; placenta hominis; Agaricus blazei murill; musk; and pearl powder, rhinoceros horn and substances from Asian Elephant, Sun Bear, and Tiger or other endangered species.

s) in-patient **treatment** for more than 90 continuous days for permanent neurological damage or when the **customer** is in a **persistent vegetative state**. This article only applies to **insurances** with a **original date of joining** on or after 1 January 2017.

t) Artificial Life Maintenance, including mechanical ventilation, when the patient is in a state of profound unconsciousness and/or with no sign of awareness or a functioning mind, where such **treatment** will not or is not expected to result in the **customer's** recovery or restore the **customer** to the **customer's** previous state of health. This means, eg cover is not provided when the **customer** is unable to feed and breathe independently and requires percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days. This article only applies to **insurances** with a **original date of joining** on or after 1 January 2017.

u) any genetic testing, unless medically necessary

- as the result of the test will directly impact the **treatment** of an existing covered disease, or
- for prenatal testing due to suspicion of fetal abnormality.

Art. 14 How to report a claim

14.1: A fully completed claim form must be submitted to the **Company** in respect of each claim. The claim form must be completed and signed by the **customer** and accompanied by the original itemised invoices and receipts for the **treatment** received (cf also Claims Guide).

The **Company** scans submitted invoices upon receipt. Any retrieval of the submitted invoices is not possible.

The **Company** reserves the right at any time to require provision of original invoices from the **customer**. If an original invoice is not provided upon request the **Company** may deny payment of the expenses to which the invoice relates.

14.2: Written proof of claim must be submitted to the **Company** immediately and at the latest within 90 days of the **customer** event for which the claim is brought.

14.3: The **Company** shall be notified immediately of any stays in hospital, and such notification must include the physician's diagnosis. All notifications should be made by telephone, fax or email; the **Company** shall defray all expenses incurred in this connection.

Art. 15 Cover by third parties

15.1: Where there is cover by another insurance policy or healthcare plan, this must be disclosed to the **Company** when claiming payment and the cover under this **insurance** shall be secondary to any such other insurance policy or healthcare plan.

15.1.1: Upon receipt of an itemised statement from another insurer and a copy of the invoices the **Company** will apply the amount reimbursed by that other insurer to write down the existing **deductible** and/or co-insurance on the health **insurance** plan(s) which the **customer** has with the **Company** if the reimbursed benefits would have been covered by the **Company**.

In order to have the **deductible** written down with the amount covered by the local insurer, it is a requirement that the **deductible** has not already been used in connection with earlier claims. **Bupa Global** does not correct previous payments in order to assess expenses related to a local insurer.

15.2: In these circumstances, the **Company** will co-ordinate payments with other companies and the **Company** will not be liable for more than its ratable proportion.

15.3: If the claim has been covered in whole or in part by any scheme, programme or similar, funded by any Government, the **Company** shall not be liable for the amount covered.

15.4: The **policyholder** or any **dependant** undertake to co-operate with the **Company** and to notify the **Company** immediately of any claim or right of action against third parties.

15.5: Furthermore, the **policyholder** or any **dependant** shall keep the **Company** fully informed and shall take any reasonable steps in making a claim upon another party and to safeguard the interests of the **Company**.

15.6: In any event, the **Company** shall have the full right of **subrogation**.

Art. 16 Payment of premium

16.1: The premium shall be paid by the **policyholder** within the due date.

16.2: You may also have to pay other charges, such as Insurance Premium Tax (IPT), or other taxes, levies or charges, depending on the laws of your **country of residence**. If they apply to you, they will be included within the total that you have to pay on your invoice. The charges may apply each time when the premium payment is due, from the **original date of joining**, the anniversary of the **original date of joining** or the date of registration of a new **customer** on the policy. You must pay these charges to **us** when you pay your premiums or when adding a new **customer** to the policy, unless otherwise required by law.

Art. 17 Information necessary to the Company

17.1: The **policyholder** and/or the **dependant** shall be under an obligation to notify the **Company** immediately by email, letter or phone of the following:

a) Any changes to the **customer's** principal residence, as declared at the time of **application** or subsequently; either permanent or temporary, which is likely to persist over a period of more than 90 days.

b) Any changes in name and in health insurance cover with another company, including a consolidated company, within 1 (one) month.

c) The death of the **customer** within three months after the death.

17.1.1: The **policyholder** is required to provide proof of employment, such as payroll slips, if requested by the **Company**.

17.2: The **Company** shall not be liable for the consequences if the **policyholder** and/or the **dependant** fail to notify the **Company** in accordance with Art. 17.1.

17.3: The **customer** shall be under the obligation to provide the **Company** with all information reasonably required for the **Company's** handling of the **customer's** claims against the **Company**, including provision of original invoices upon request from the **Company**.

17.4: In addition, the **Company** is entitled to seek information about the **customer's** state of health and to contact any hospital, physician, etc. who is treating or has been treating the **customer** for physical or mental illnesses or disorders. Furthermore, the **Company** is entitled to obtain any medical records or other written reports and statements concerning the **customer's** state of health.

17.5: The **Company** fully complies with applicable data protection legislation (see also art. 22.1). Generally, **we** therefore cannot disclose any personal or sensitive information (eg. medical information) nor discuss cases with anyone not authorised by the **customer** in question. It is therefore recommended that the **customer** authorises any person he or she wants to share information with. A third party authorisation form will be provided by the **Company** on request.

Art. 18 Assignment, cancellation and expiry

18.1: Without the prior written consent of the **Company**, no party shall be entitled to create a charge on or assign the rights under the **insurance**.

18.2: The **insurance** is automatically renewed on each policy anniversary, unless terminated by the **policyholder** as of **renewal** with two months prior notice by email, letter or phone. The **insurance** shall be effective for 12 months as a minimum.

18.2.1: The **insurance** shall automatically expire once the **customer** leaves the employment with the **policyholder** through which the **insurance** has been taken out or at such time when an Agreement between the **policyholder** and the **Company** no longer exists.

18.2.2: When the **customer** is no longer covered under First Choice, the **Company** may offer the **customer** another equivalent insurance on individual terms. If First Choice has been taken out with full medical underwriting, the new insurance may be offered on the basis of the **customer's** medical state at the time of acceptance for First Choice. If additional cover is selected, new underwriting may be required.

18.3: Where, upon taking out the **insurance** or subsequently, the **policyholder** and/or the **dependant** has fraudulently changed original **documents** or disclosed incorrect information or withheld facts which may be regarded as being of importance to the **Company**, the **insurance** contract shall be void and shall not be binding on the **Company**.

18.4: Where, upon taking out the **insurance** or subsequently, the **policyholder** and/or the **dependant** has disclosed incorrect information, the **insurance** contract shall be void, and the **Company** shall not be liable if the **Company** would not have accepted the **insurance** if the correct information had been disclosed. If the **Company** would have accepted the **insurance** but on other terms, the **Company** shall be liable to the extent to which the **Company** would have undertaken the obligations in accordance with the agreed premium.

18.5: Where, upon taking out the **insurance**, the **policyholder** and/or the **dependant** neither knew nor should have known that the information disclosed by him/her was incorrect, the **Company** shall be liable as if such incorrect information had not been disclosed.

18.6: The **Company** can stop or suspend an **insurance** product at three months' notice prior to the policy anniversary and offer the **policyholder** a similar **insurance** cover.

18.7: Sanction clause

The **Company** will not provide cover nor pay claims under this **insurance** policy if the **Company's** obligations (or the obligations of the **Company's** group companies and administrators) under the laws of any relevant jurisdiction, including UK, European Union, the United States of America, or international law, prevent the **Company** from doing so. The **Company** will normally tell the **policyholder** if this is the case unless this would be unlawful or would compromise the **Company's** reasonable security measures. This **insurance** policy does not provide cover to the extent that such cover would expose the **Company** (or the **Company's** group companies and administrators) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, UK or United States of America, or under other relevant international law.

18.8: The **Company's** liability in connection with the **insurance**, including liability for payment for medical expenses for ongoing **treatment**, after-effects or consequential damages in connection with an **injury** or illness incurred or treated during the **insurance** period, shall automatically cease upon expiry, cancellation or termination of the **insurance**. Accordingly, upon expiry, cancellation or termination of the **insurance**, a **customer's** right to claim payment shall cease. Claims for payment of medical expenses incurred during the **insurance** period must be filed within six months of the date of expiry, cancellation or termination of the **insurance** in order to be eligible for payment.

Art. 19 Complaints

19.1: How to file a complaint

We are always pleased to hear about any aspect of the **insurance** cover that the **customer** has particularly appreciated, or which may have caused the **customer** any problems.

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

For any comments or complaints, the Bupa Global

Customer Service can be contacted at the phone number +852 2531 8503 by email at service.hk@bupaglobal.com, or by writing to **us** at:

Bupa Asia Ltd
18/F Berkshire House
25 Westlands Road
Quarry Bay
Hong Kong

19.2: Taking it further

If **we** can't settle your complaint you may be able to refer your complaint to the Insurance Complaints Bureau whose address is at:

29/F, Sunshine Plaza
353 Lockhart Road
Wanchai
Hong Kong
www.icb.org.hk

Art. 20 Applicable law

20.1: The policy is governed by the laws of Hong Kong. Any dispute that cannot otherwise be resolved will be dealt with by courts in Hong Kong. If any dispute arises as to the interpretation of this **document**, then the English version of this **document** shall be deemed to be conclusive and taking precedence over any other language version of this **document**.

Art. 21 No Third Parties Rights

21.1: Any person or entity who is not the **policyholder** under this **insurance** shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Chapter 623, Laws of Hong Kong) to enforce any terms of this **insurance**.

Art. 22 Confidentiality

22.1: The confidentiality of patient and **customer** information is of paramount concern to the companies in the Bupa Group. To this end, **Bupa Global** fully complies with applicable data protection legislation and medical confidentiality guidelines. Please see the **Bupa Global** Privacy Notice above the glossary section.

Privacy notice

Bupa (Asia) Limited (the "**Company**")

Personal Information Collection Statement ("Statement") relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

In compliance with the Ordinance, the **Company** would like to inform you of the following:

1. From time to time, it is necessary for you, or other members covered under your policy (each a "Member"), to supply the **Company** with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for **insurance** or financial products and services from the **Company**, or when you apply to make changes to your policy, or when you renew a policy.

2. Failure to supply personal information requested by the **Company** may result in the **Company** being unable to process your **Application** and/or provide products, services and other related services to you, or the Member.

3. During the course of your relationship with the **Company**, further personal information relating to you, or the Member, may also be collected in the ordinary course of **our** business, for example, when you lodge **insurance** claims with the **Company** in relation to yourself or the Member.

4. The **Company** may collect, use or disclose personal information relating to you, or the Member, for the following purposes:

a) processing, assessing and determining any Applications for **insurance** products and services;

b) offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of **insurance** benefits or insured Members;

c) any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the **Company** including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any **application** or claim) processing, assessing, determining, settling or responding to such claims;

d) performing any functions and activities related to the products and/or services provided by the **Company** including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements;

e) provision and design of products and services of the **Company**;

f) exercising the **Company's** rights in connection with provision of **insurance** products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;

g) communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Statement;

h) enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the **Company's** rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and

i) making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the **Company**.

5. Personal information collected or held by the **Company** relating to you, or the Member, will be kept confidential but the **Company** may transfer such personal information inside or outside the Hong Kong Special Administrative **Region**, for the purposes specified in paragraph (4) and (6) to the

following classes of transferees:

- a) the **Company's** group companies ("Group **Company**");
- b) any **insurance** adjusters, agents and brokers;
- c) any re-**insurance** companies authorised by the **Company**;
- d) employers (for members of corporate policy only);
- e) healthcare professionals and hospitals;
- f) any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the **Company** in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other **insurance** companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the **insurance** industry; the police and databases or registers (and their operators) used by the **insurance** industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);
- g) any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the **Company's** rights or business; and
- h) any person to whom the **Company** is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the **Company** including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.

6. Only with your consent or with your indication of no objection, the **Company** may use your personal information collected from time to time, including name, contact details, gender, health and family status, to provide you with marketing communications (including by email, SMS or instant messenger) relating to the following products and services:

- a) **Insurance**, medical, healthcare, wellness, personal development, beauty, lifestyle, entertainment, financial, and related services and products;
- b) rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products; and
- c) donations and contributions for charitable and/or non-profit making purposes.

The **Company** will not disclose personal information relating to you, to third parties for them to use for their own direct marketing purposes without your consent.

For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 6, the **Company** may still communicate with you regarding the administration, features and **renewal** of your **insurance** policy.

7. Under and in accordance with the terms of the Ordinance, you have the following rights:

- a) to check whether the **Company** holds personal information relating to you or the Member and to access such personal information;
- b) to require the **Company** to correct any personal information relating to you or the Member which is inaccurate;
- c) to ascertain **our** policies and practices in relation to personal data and to be informed of the kind of personal data held by the **Company**, and

d) to request the **Company** to cease using your personal information for direct marketing purposes.

Requests can be made in writing to the **Company's** Data Protection Officer at the following address:

Data Protection Officer
18/F, Berkshire House
25 Westlands Road, Quarry Bay, Hong Kong

8. In accordance with the terms of the Ordinance, the **Company** has the right to charge a reasonable fee for the processing of any personal information access or correction request.

9. For any enquiries about this Statement, please do not hesitate to contact **our** Customer Service Team at +852 2531 8503.

10. Nothing in this Statement shall limit the rights of **customers** under the Ordinance.

11. In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail.

Glossary

This Glossary with definitions is part of the **Terms and Conditions**.

Defined term	Description
(Acute) serious illness or injury:	An "acute serious illness " shall be determined to exist only after review and agreement by both the attending physician and the Company's medical consultant.
Acceptable current clinical evidence:	International medical and scientific evidence which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people and clinical trials which are not registered.
Accident:	A fortuitous serious event occurring without the customer's intention which has a sudden external and violent impact on the body, resulting in demonstrable bodily injury , and which requires hospitalisation .
Active treatment for cancer:	Active treatment for cancer is chemotherapy, radiotherapy and immunotherapy.
Appliances:	Durable medical equipment that: <ul style="list-style-type: none">○ can be used more than once○ is not disposable○ is used to serve a medical purpose○ is not used in the absence of a disease, illness or injury○ is fit for use in the home.
Applicant:	A person named on the application form and the medical questionnaire as an applicant for insurance .
Application:	The application form and medical questionnaire.
Benefit limits:	The maximum amount of money which will be paid by way of payment of medical expenses as further detailed in the table of benefits.

Defined term	Description
Bupa Global:	Bupa (Asia) Limited (a limited liability company incorporated in Hong Kong, company number 103048, registered office at 18th Floor, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong) – the sole insurer of this insurance plan.
Company , the (incl. we/us/our):	Bupa (Asia) Limited
Country of residence:	The country where the customer is living/spending most of his/her time. This should be the country in which the relevant authorities (such as tax authorities) will consider the customer to be resident for the duration of the insurance .
Crisis management:	Crisis management is defined as treatment of a crisis caused by external events, eg serious accidents , catastrophes, terrorist acts, assaults, robberies, etc. Personal crisis, eg unemployment, change of jobs etc., and life crisis, eg, divorces, illnesses and deaths etc. is defined as psychology treatment and is thus not covered by the insurance , cf Art. 13.2 r).
Customer:	The person listed in the valid insurance certificate .
Deductible:	The amount of money noted in the insurance certificate which each customer pay each policy year before being compensated by the Company .
Dependants:	Dependants means: <ul style="list-style-type: none"> ○ a spouse or partner of the employee, including common law spouse as defined by legislation in the employee's home country, unless legally separated, and ○ unmarried natural or legally adopted children of the employee and/or the spouse
Documents:	Any written information related to the insurance including invoices, insurance certificates and the like.
End date:	The date indicated on the insurance certificate that the policy is renewed, marking the end of the insurance period but not the end of the insurance cover.

Defined term	Description
Experimental or unproven treatment:	Clinical tests, treatments , equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy. This includes: <ul style="list-style-type: none"> ○ 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. ○ 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. Standard clinical use includes: <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 though 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. U.S. Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency, etc.) in the

Family member:	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.
Hospital accommodation:	Coverage of a room that is no more expensive than the hospital's standard single room with a private bathroom. Charges for the customer's standard meals and refreshments are also covered. The charges will be paid for the length of stay that is medically appropriate for the procedure the customer is admitted for and any accompanying relative (if covered under the insurance plan).
	location where the customer 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 <ul style="list-style-type: none"> ○ 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. 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.

Defined term	Description
Hospitalisation:	Surgery or medical treatment in a hospital or clinic as an in-patient when it is medically necessary to occupy a bed overnight.
Insurance certificate:	Policy details showing the type of insurance purchased, deductible and any special terms.
Insurance:	The terms and conditions , insurance certificate and any special terms agreed upon with the Company .
Known area of conflict:	Known area of conflict is a country or part of a country, which the customer's resident country's Foreign Ministry classify in the red category (or equivalent category) and warns its people not to go. If in doubt, the advice of the UK government's website prevails.
Membership:	Your insurance with Bupa Global .
Mental health treatment:	Treatment of mental conditions, including eating disorders.
Original date of joining:	The date indicated in the insurance certificate on which the insurance commences, unless otherwise stated in the terms and conditions .
Out-patient:	Treatment provided at a hospital, out-patient clinic or associated facility where it is not medically necessary to occupy a bed overnight.
Persistent vegetative state:	Persistent vegetative state: <ul style="list-style-type: none"> ○ 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. 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.
Policyholder:	The company or organisation taking out the insurance and identified as the policyholder on the application form.

Defined term	Description
Pre-existing condition:	The medical history, including the illnesses and conditions listed in the Medical Questionnaire or declared in your application ., which may affect the Company's decision to insure or not to insure or to impose special terms
Psychologist and psychotherapist:	A person who is legally qualified and is permitted to practice as such in the country where the treatment is received.
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 mental health providers:	Psychiatrist, psychologist and psychotherapist .

Defined term	Description
Region:	The name of the region as stated in the insurance certificate determines the area of cover as set out in the below list. Region: Worldwide, Areas of cover: Worldwide Region: China/Hong Kong, Areas of cover: Worldwide, excl. U.S./Canada Region: Switzerland, Areas of cover: Worldwide, excl. U.S./Canada/China/Hong Kong Region: Latin America, Areas of cover: Worldwide, excl. U.S./Canada/China/Hong Kong/Switzerland Region: Europe, Areas of cover: Worldwide, excl. U.S./Canada/China/Hong Kong/Switzerland Region: Middle East, Areas of cover: Worldwide, excl. U.S./Canada/China/Hong Kong/Switzerland Region: Far East, Areas of cover: Worldwide, excl. U.S./Canada/China/Hong Kong/Switzerland Region: Africa, Areas of cover: Worldwide, excl. U.S./Canada/China/Hong Kong/Switzerland
Renewal:	The automatic renewal of the insurance as per the policy anniversary.

Defined term	Description
Specialist:	A surgeon, anaesthetist or physician who: <ul style="list-style-type: none"> ○ is legally qualified to practise medicine or surgery following attendance at a recognised medical school, and ○ is recognised by the relevant authorities in the country in which the treatment is received as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated. <p>By 'recognised medical school' we mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.</p>
Start date:	The date indicated on the insurance certificate on which the insurance period starts.
Subrogation:	The insurer's right to enforce a remedy which the customer has against a third party and the insurer's right to require the customer to repay the insurer if the insurer has paid expenses recouped by the customer from a third party.
Surgery:	A medical procedure that involves the use of instruments or equipment which are inserted into the body. This does not apply to minor surgical procedures e.g. removal of wart.
Terminal phase:	When the advent of death is highly probable and medical opinion has rejected active therapy in favour of the relief of symptoms and support of both patient and family. This decision must be confirmed by the Company's medical consultants.
Terms and conditions:	The terms and conditions of the insurance , eg the table of benefits.
Treatment:	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a condition, disease, illness or injury ,

Defined term	Description
Unrecognised medical practitioner, provider or facility:	An unrecognised medical practitioner, provider or facility includes: <ul style="list-style-type: none"> ○ treatment provided by a medical practitioner, provider or facility who is not recognised by the relevant authorities in the country where the treatment takes place as having specialised knowledge, or expertise in, the treatment of the disease, illness or injury being treated. ○ treatment by any medical practitioner, provider or in any facility to whom we have sent a written notice that we no longer recognise them for the purposes of our plans. ○ treatment provided by the customer, any family members or anyone with the same residence as the customer, or an enterprise owned by one of the above mentioned persons. <p>An updated list of unrecognised medical providers can be downloaded as a pdf file here: www.bupaglobal.com/en/facilities/finder</p>
Waiting period:	A period of time from the original date of joining where the insurance provides no cover unless as per specification in Art. 3.

