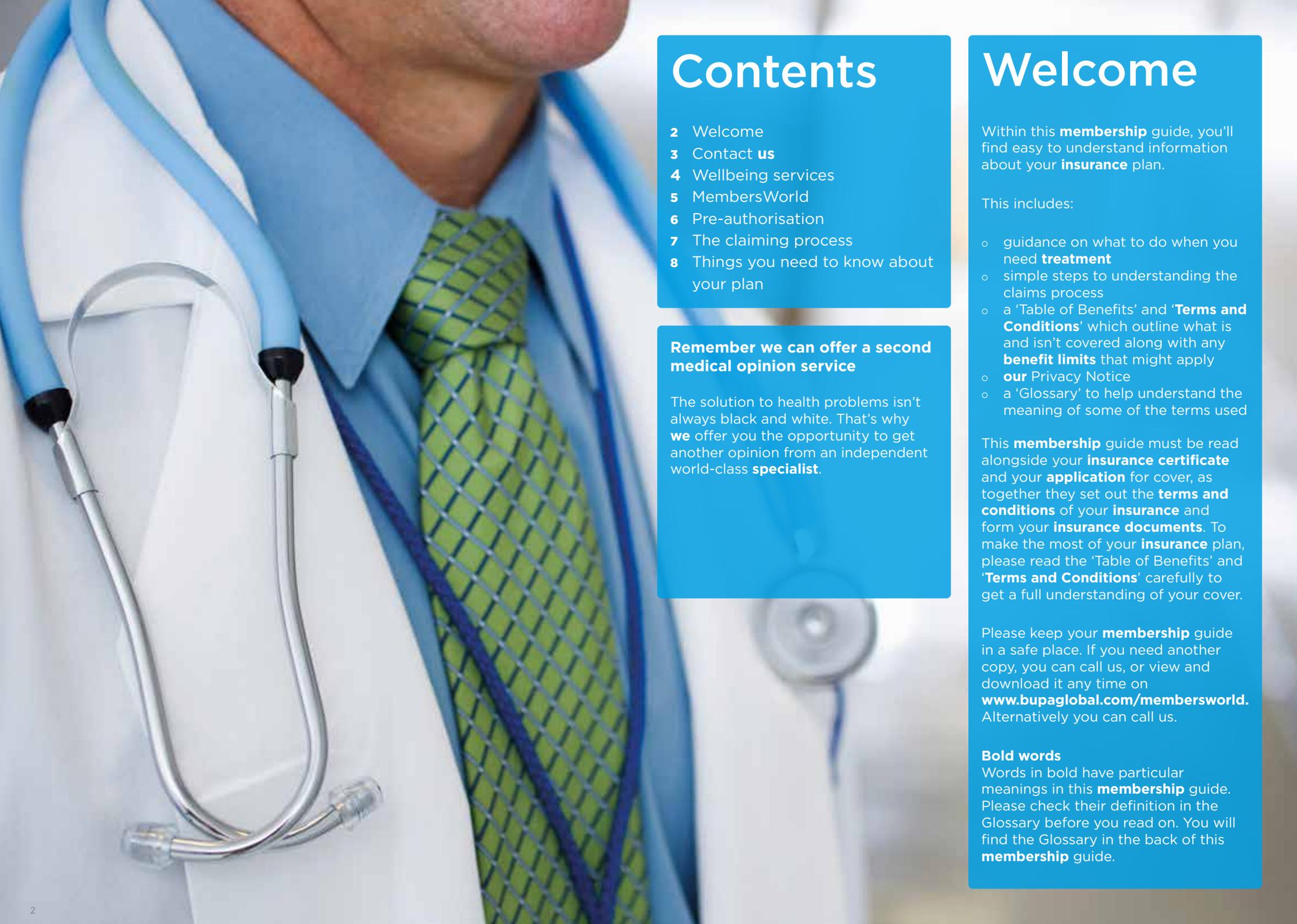


International
Swiss Medical



International Swiss Medical

Valid from July 2021 • USD/EUR/CHF



Contents

- 2 Welcome
- 3 Contact us
- 4 Wellbeing services
- 5 MembersWorld
- 6 Pre-authorisation
- 7 The claiming process
- 8 Things you need to know about your plan

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* +44 (0) 1273 333 911

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

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

You can ask **us** to arrange medical evacuations and repatriations, if covered under your **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: +44 (0) 1273 323 563

Fax: +44 (0) 1273 820517

Email: info@bupaglobal.com

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

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

Your calls may be recorded or monitored.

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

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: +44 (0) 1273 323 563

Fax: +44 (0) 1273 820 517

Email: info@bupaglobal.com

Post:

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

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 **+44 (0) 1273 323 563** info@bupaglobal.com

They are available to you from the very start of your policy at no additional cost. The use of the services listed on this page does not impact your policy premiums or erode benefits from your **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.

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:

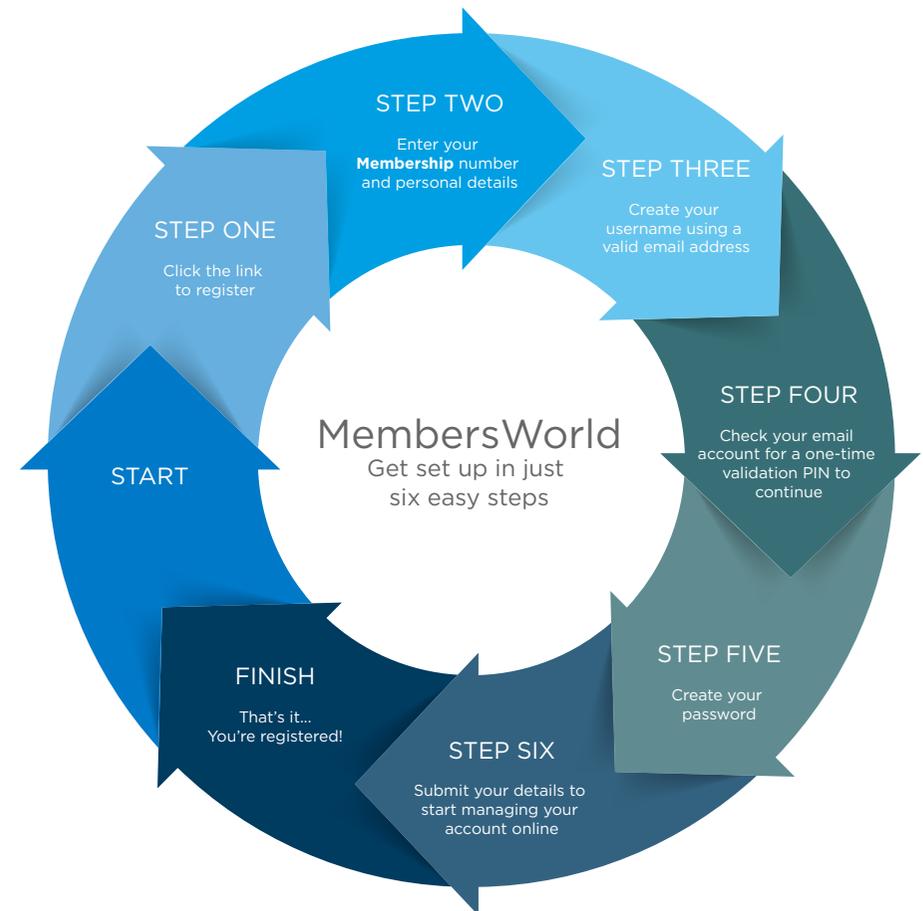
- check your benefits
- update your details and read **documents**
- pre-authorise in-patient and day-case **treatment**
- submit and track your claims*
- request a second medical opinion at no extra cost
- if you have purchased your **insurance** plan via a broker, you can allow them access to view your health **insurance** plan information (except claim related **documents**)
- 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 +44 (0) 1273 333 911
- Email preauth@bupaglobal.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 bupaglobal.com/membersworld and web chat with us
- Call us on **+44 (0) 1273 323 563**
- Email info@bupaglobal.com

Whether you choose direct payment or 'pay and claim' **we** provide a quick and easy claims process. **We** aim to 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

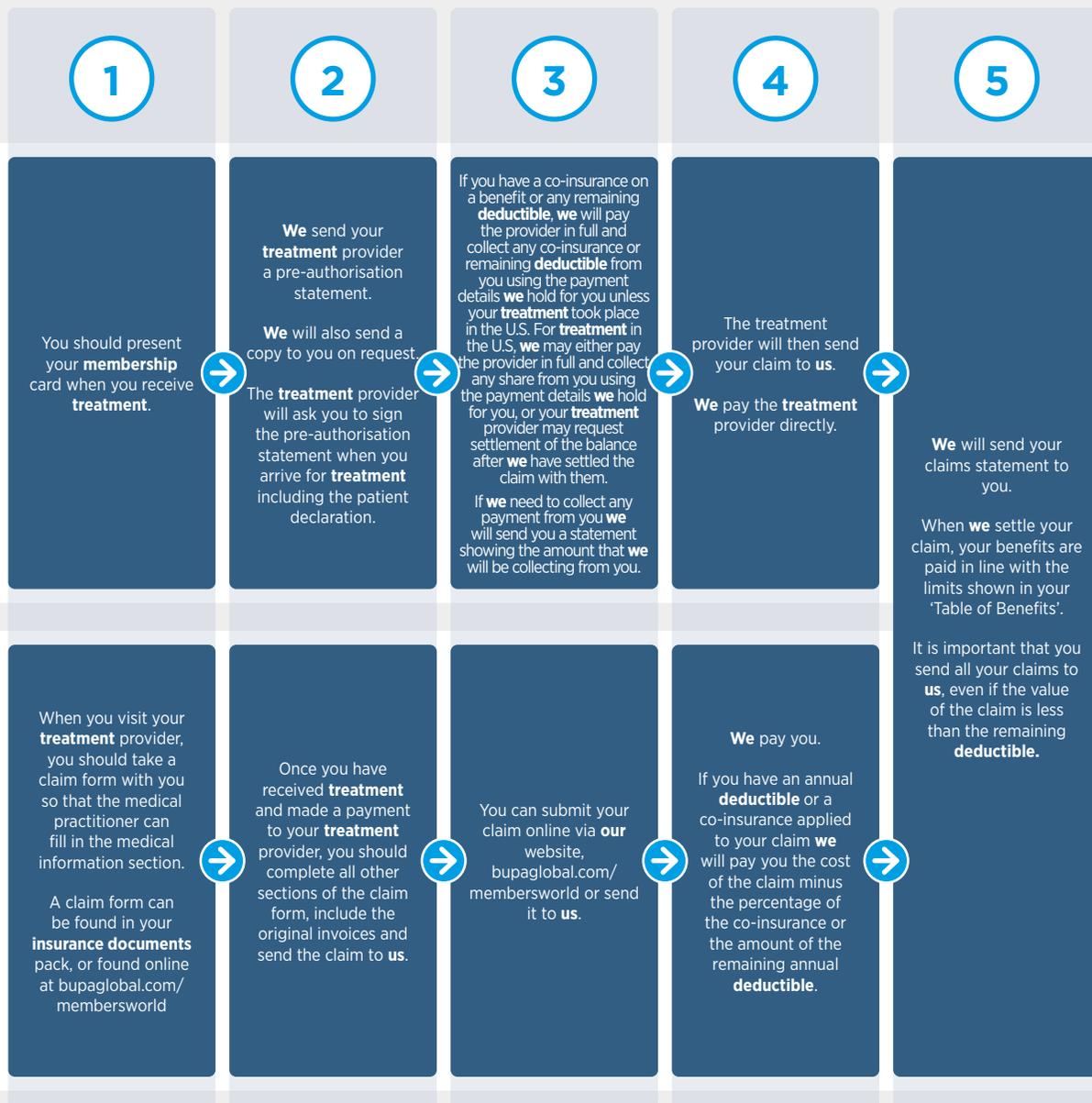
- The quickest way to submit your claim is to log on to your MembersWorld account and submit your claim electronically. You have the choice of submitting an on-line claim or uploading any completed claims form.
- Make sure **we've** got all the information as the biggest delay to paying a claim is normally 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**.



Contents

- 8 Deductible Choices
- 9 Table of Benefits
- 15 Terms and Conditions
- 19 Privacy Notice
- 24 Glossary

Deductible Choices

There is only one **deductible** per person per policy year, and this applies to all services, except for the Medical Evacuation & Repatriation and Dental & Optical covers. The premium level is determined by the **deductible** chosen, and the higher the **deductible**, the lower the premium will be.

The following deductibles are available:

USD: Nil / 150* / 200 / 400 / 1,350 / 2,700 / 3,350
EUR: Nil / 150* / 200 / 400 / 1,350 / 2,700 / 3,350
CHF: Nil / 230* / 300 / 600 / 2,000 / 4,000 / 5,000

*Only applicable for existing clients before 1 Jan 2004

Under the Hospital Plan, you are free to choose between deductibles of:

USD: Nil, 400, 1,350 / 2,700 / 3,350
EUR: Nil / 400 / 1,350 / 2,700 / 3,350
CHF: Nil / 600 / 2,000 / 4,000 / 5,000

Table of Benefits

The Table of Benefits forms part of the **Terms and Conditions**. It is therefore necessary to read both the Table of Benefits and the **Terms and Conditions** (including Glossary) carefully. 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.

All amounts are in USD/EUR/CHF.

The currency chosen for the **insurance** at point of **application** is the currency all your payments will be based on. This means that eg. when your contract currency is EUR all your payments will be based on the EUR **benefit limits** stated in the below Table of Benefits although you might have been treated in eg. Switzerland or the U.S.

Complete Plan and Hospital Plan

Payments of in-patient benefits are 100% of the expenses, unless otherwise stated.

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**, up to the maximum cover.

Maximum Cover	Hospital Plan	Complete Plan
Overall annual maximum per person per policy year	USD 2 mill / EUR 2 mill / CHF 3 mill	USD 2 mill / EUR 2 mill / CHF 3 mill

Hospitalisation	Hospital Plan	Complete Plan
Private room (cf Glossary: ' Hospital accommodation ')	100%	100%
Intensive care room	100%	100%
Room and board for a parent or legal guardian accompanying a child dependant (cf Glossary: ' Hospital accommodation ')	100%	100%
Surgery	100%	100%
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%	100%
Endoscopic examination	100%	100%
Pacemaker, maximum	USD 25,000 / EUR 25,000 / CHF 37,000	USD 25,000 / EUR 25,000 / CHF 37,000
Medical treatment , laboratory tests, X-rays	100%	100%
Medicine for use during hospitalisation and relevant only for the insured condition being treated	100%	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%	100%
Dialysis (including home dialysis), intravenous drug infusion which is only available as an infusion (must be pre-authorised by the Company)	100%	100%
Emergency room treatment in connection with acute illness or accident	100%	100%
Out-patient surgery at hospital or clinic*	100%	100%

Complete Plan and Hospital Plan (continued)

Hospitalisation	Hospital Plan	Complete Plan
Mental health treatment provided by recognised mental health providers	100%	100%
Out-patient treatment in connection with hospitalisation Pre-examinations that are medically necessary in order to perform the surgery or treatment which is to take place during hospitalisation are covered up to 30 days prior to hospitalisation . 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 . Physiotherapy following surgery is covered with up to 10 sessions.	100%	100%
Acute emergency dental treatment due to serious accident requiring hospitalisation In case of doubt, the decision will be left with the Company's dental consultant	100%	100%

*Pre-examinations that are medically necessary in order to perform the **treatment/surgery** are covered up to 30 days prior to **treatment/surgery**. Check-ups that are medically necessary in order to verify that the **customer** is recovering successfully from the **treatment/surgery** are covered up to 90 days after **treatment/surgery**. Physiotherapy following **treatment/surgery** is covered with up to 10 sessions.

Organ Transplant	Hospital Plan	Complete Plan
Organ Transplant	100%	100%
Per diagnosis and course of treatment per lifetime, to include all related costs up to the financial maximum	USD 500,000 / EUR 500,000 / CHF 750,000	USD 500,000 / EUR 500,000 / CHF 750,000
The insurance policy must be valid throughout the course of treatment		
Only human organs		
The procurement of the organ must be pre-authorized by the Company		

In-patient Rehabilitation	Hospital Plan	Complete Plan
Medically prescribed in-patient rehabilitation in connection with treatment at an authorised medical facility following hospitalisation for treatment covered by this insurance (must be pre-authorized by the Company). 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.	Covered 100% Maximum per day USD 600 / EUR 600 / CHF 900	Covered 100% Maximum per day USD 600 / EUR 600 / CHF 900
Maximum 90 days per per policy year.		

Local medical transport	Hospital Plan	Complete Plan
Ground transport to and from hospital when it is medically necessary that special medical services and/or medical equipment are provided	100%	100%

Complete Plan and Hospital Plan (continued)

Home Nursing	Hospital Plan	Complete Plan
Expenses incurred for medically prescribed assistance in your private home, by a certified nurse (must be pre-authorized by the Company)	Covered up to USD 65 / EUR 65 / CHF 100 per day	Covered up to USD 65 / EUR 65 / CHF 100 per day
Per day, maximum per policy year, maximum	Covered up to USD 2,000 / EUR 2,000 / CHF 3,000 per policy year	Covered up to USD 2,000 / EUR 2,000 / CHF 3,000 per policy year

Hospice and Palliative Care	Hospital Plan	Complete Plan
Hospice and Palliative Care, maximum per lifetime	CHF 45,750 / EUR 30,500 / USD 30,500	CHF 45,750 / EUR 30,500 / USD 30,500

Childbirth (subject to a 12 month waiting period)	Hospital Plan	Complete Plan
Normal delivery or medically essential caesarean section at a hospital or clinic	100%	100%

Non-medically essential caesarean section will be reimbursed up to a maximum of the customary charges for normal delivery of one child at a hospital or clinic

Pre- and postnatal examinations are reimbursed under the Complete Plan as consultations (cf however Art. 8.2 f), see Complete Plan

Delivery (whether (1) by normal delivery at a hospital or clinic or (2) by medically essential or non-medically essential caesarean section) following infertility **treatment** will be reimbursed up to a maximum of the customary charges for normal delivery of one child at a hospital or clinic

Complete Plan

Under the Complete Plan **out-patient** benefits are reimbursed 90%, unless otherwise stated. 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**, up to a maximum of USD 40,000/EUR 40,000/CHF 60,000 per policy year.

General Practitioners	
Office consultation	90%
Telephone/prescription consultation	90%
Visit to a patient's domicile	90%
Maximum 15 consultations within a 30-day period	

Specialists*	
Eye and ear specialists , psychiatrists, other specialists	90%

Complete Plan (continued)

Psychologist and psychotherapist*	
Psychologist and psychotherapist , per consultation	90%

*A combined maximum of 15 consultations within a 30-day period for **Specialists** and **Psychologist/Psychotherapist**

Therapists / Other Medical Assistance	
Physiotherapy, occupational therapy	90%
Speech therapy Maximum 12 consultations per policy year	90%
Acupuncture, homeopathic treatment , kinesiology, neuraltherapy, phytotherapy and antroposopic treatment if performed by a physician Per policy year maximum	Covered 90% up to USD 1,500 / EUR 1,500 / CHF 2,200
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	90%
Laboratory test, X-ray, analysis, scan, injection	90%
Hearing aids, when prescribed by a physician	50%
Full health screening, per policy year maximum	Covered 90% up to USD 600 / EUR 600 / CHF 910

Chiropractor / Osteopath	
Examination, treatment , X-ray	50%

Medicine	
Prescribed medicine	90%
Dressings, appliances , vaccinations and injections	
Homeopathic and naturopathic medicine when prescribed by a licensed physician or a member of NVS (Naturheilpraktikerverband Schweiz) with the exception of the treatment listed in art 8.2 i	90%

Optional Covers

Medical Evacuation & Repatriation

Medical Evacuation & Repatriation covers transportation to the nearest appropriate place of **treatment** if you have a serious illness or injury.

Medical Evacuation & Repatriation	
Transportation expenses by aeroplane or helicopter	100%
Accompanying person	100%
Return journey to residential address abroad/home country within three months after completion of treatment	100%
Statutory arrangements in case of death, such as embalming and zinc coffin Transportation of the urn/coffin	100%
Expenses are covered up to the overall maximum of your policy	
In all circumstances, we must be notified before transport takes place, either directly or through the attending physician	
Medical Evacuation & Repatriation must be pre-authorised by the Company	

Dental & Optical

Expenses for dental care are reimbursed 75%, whereas expenses for glasses and contact lenses are reimbursed 50% up to maximum USD 270/EUR 270/CHF 400 per person per policy year. Eye checks performed by an optician/optometrist are reimbursed with 75% with a maximum of two visits per person per policy year.

A collective annual maximum of USD 3,000/EUR 3,000/CHF 4,500 per person per policy year applies to the Dental & Optical supplement.

Dental Treatment	Subject to a 6 month waiting period
<ul style="list-style-type: none"> <input type="radio"/> Examination <input type="radio"/> Tooth-cleaning <input type="radio"/> Individual preventive treatment <input type="radio"/> Filling: not compound, compound, double compound, enamel cement, plastic, single surfaced, plastic, multi surfaced <input type="radio"/> Root treatment: coronal amputation, apical amputation, root filling, acute opening of root canal and following canals <input type="radio"/> Tooth extraction <input type="radio"/> Surgery <input type="radio"/> X-ray, simple and panoramic <input type="radio"/> Emergency treatment <input type="radio"/> Local anaesthesia <input type="radio"/> Occlusion bar <input type="radio"/> Retaining pivots, root screws and pivots <input type="radio"/> Prescription 	75%
Crowns and Gold Inlay	Subject to a 12 month waiting period
<ul style="list-style-type: none"> <input type="radio"/> Gold, jacket, porcelain crowns, etc. <input type="radio"/> Gold inlay, pivot teeth, plastic crowns <input type="radio"/> Build-up and recementation <input type="radio"/> Temporary crowns and implants 	75%

Dental & Optical (continued)

Bridgework	Subject to a 12 month waiting period
Bridgework and repairs	75%
Treatment of Periodontitis	Subject to a 12 month waiting period
<ul style="list-style-type: none"><input type="radio"/> Treatment of gingivitis and periodontitis, preventive treatment included<input type="radio"/> Rootscaling<input type="radio"/> Periodontal surgery and membrane treatment	75%
Tooth adjustments and Dentures	Subject to a 12 month waiting period
Tooth adjustments	75%
Dentures and repairs	75%
Glasses / Contact Lens	No waiting period applies
Normal or bifocal lenses and contact lenses, maximum	Covered 50% up to USD 270 / EUR 270 / CHF 400
Lenses for sunglasses and frames will not be reimbursed	
Eye check	No waiting period applies
Eye check performed by an optician/optometrist (maximum two visits per policy year)	75%

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.

Index

- Art. 1** Acceptance of the **insurance**
- Art. 2** **Original date of joining**
- Art. 3** **Waiting periods** in connection with new **insurance** contracts and extension of cover
- Art. 4** Who is covered by the **insurance**?
- Art. 5** Where is cover provided?
- Art. 6** What is covered by the **insurance**?
- Art. 7** Medical Evacuation & Repatriation
- Art. 8** Exceptions to cover
- Art. 9** How to report a claim
- Art. 10** Cover by third parties
- Art. 11** Payment of premium
- Art. 12** Information necessary to the **Company**
- Art. 13** Assignment, cancellation, termination and expiry
- Art. 14** Complaints
- Art. 15** Confidentiality
- Art. 16** The Financial Services Compensation Scheme (FSCS)
- Art. 17** Applicable law

Glossary

Art. 1

Acceptance of the insurance

1.1: Bupa Insurance Limited, hereinafter called the **Company**, shall decide whether the **insurance** can be accepted. In order for the **insurance** to be accepted and the **Company** to become the insurer, the **application** must be approved by the **Company** and the necessary premium paid to the **Company**.

1.2: In order for the **insurance** to be accepted by the **Company** on **standard terms**, the **applicant** must be of sound health at the time of acceptance and must not suffer nor have suffered from any recurring disease, illness, injury, bodily infirmity or physical disability (cf also glossary term 'pre-existing conditions'), and the **applicant** must not have attained 60 years of age at the time of acceptance.

If the conditions in Art. 1.2 are not met and the **applicant** has not attained 80 years of age at the time of acceptance, the **Company** may offer the **insurance** on **special terms**. If the **Company** decides to offer the **insurance** on **special terms**, the **policyholder** will receive an **insurance certificate** in which these terms are stated.

1.3: 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** shall be under the obligation to notify the **Company** of such change immediately.

1.4: The currency chosen for the **insurance** cannot be changed after the **Company's** acceptance of the **application**.

Art. 2 Original date of joining

2.1: The **insurance** shall be valid as of the date on which the **application** is approved by the **Company**. The **Company** may agree on another date with the **policyholder**.

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 insurance with another international health insurance company.

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

3.1.2: In addition, the **waiting periods** listed below shall apply for the **insurance** contract:

a) For expenses incurred in connection with pregnancy and childbirth and consequences thereof, the right to payment shall only take effect 12 months after the **original date of joining** of the **insurance**.

b) For expenses incurred in connection with dental care (supplementary dental **treatment**), the right to payment shall only take effect six months after the **original date of joining** of the **insurance**. For expenses incurred for crowns, gold inlay, bridgework, **treatment** for periodontitis and orthodontics, the right to payment shall only take effect 12 months after the **original date of joining** of the **insurance**.

3.2: The **policyholder** may change his/her **insurance** cover to another type of cover (eg change of **deductible**, adding/ removing additional cover) as from a **policy anniversary** by giving one month's notice by email, letter or phone to the **Company** and subject to proof of insurability according to Art. 1.

3.3: The **Company** will process the extension of cover as a new **application** in accordance with Art. 1.

3.4: If extended cover is taken out under the **insurance** contract, the right to payment under such extension shall only become effective four weeks after the **original date of joining** of the extension. However, Art. 3.1.2 a) and b) shall still apply. During the **waiting period**, the previous cover shall apply.

3.4.1: In the event of **acute serious illness** and **serious injury**, the right to payment under the extended cover shall, however, take effect concurrently with the **original date of joining** of the extension.

Art. 4 Who is covered by the insurance?

4.1: The **insurance** shall cover the **customers** 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.

4.2.1: If the **insurance** of one of the parents has been valid for a minimum of 12 months, newborn children of the parent can be insured irrespective of Art. 1.2 without submitting an **application**, cf however Art. 8.2 f). A copy of the birth certificate must, however, be submitted within three months after the birth:

- if one of the **customers** has legal custody of the child, and
- if the child is registered at the same address as the **customer** having legal custody of the child.

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 according to Art. 1.2. Registration of the child will take place from the date the Medical Questionnaire has been signed.

4.2.2: 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 the adopted child.

Art. 5 Where is cover provided?

5.1: The **insurance** shall provide worldwide cover unless otherwise stated in the **insurance certificate**.

Art. 6 What is covered by the insurance?

6.1: The **insurance** shall cover the medical expenses incurred by the **customer** 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 **our** approval of the expenses as being covered by the **insurance** after the receipted and itemised invoices, provided with the **membership** number and claim form, have been received by **us** (cf also 'Quick Reference 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. 8.2 n).

6.5: In no event shall the amount of payment exceed the amount shown on the invoice. If the **customer** receives payment from the **Company** in excess of the amount to which he/she is entitled, the **customer** shall be under the obligation to repay the **Company** the excess amount immediately, otherwise the **Company** will set off the excess amount in any other account between the **customer** and the **Company**.

6.6: Payment shall be limited to the usual, **reasonable and customary** charges in the area or country in which **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 Medical Evacuation & Repatriation

7.1: If the **insurance** has been extended to include Medical Evacuation & Repatriation cover, the following terms listed shall also apply:

7.1.1: Medical Evacuation & Repatriation cover can only be taken out as a supplement to the Complete Plan/the Hospital Plan.

The sum insured for the Medical Evacuation & Repatriation cover is stated in the Table of Benefits.

7.1.2: Payment shall be paid for reasonable expenses incurred for the **customer's** medical evacuation/repatriation in the event of **acute serious illness, serious injury** or death. Transportation shall be to the nearest appropriate place of **treatment** and only if no appropriate **treatment** can be obtained locally.

7.1.3: Cover shall be provided subject to the attending physician and the **Company's** medical consultant agreeing on the necessity of transferring the **customer** and agreeing on whether the **customer** should be transferred to his/her **country of residence**, home country or to the nearest appropriate place of **treatment**. 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**.

7.1.4: 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.

7.1.5: The **insurance** shall cover reasonable and necessary transportation expenses for one person accompanying the **customer**.

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

7.1.7: The Medical Evacuation & Repatriation cover shall only apply if the illness is covered under the **insurance**.

7.1.8: 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/home country. 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.

7.1.9: 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.

7.1.10: 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.

7.1.11: 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.

Art. 8 Exceptions to cover

8.1: The **insurance** shall not cover 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**.

8.2: 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, included 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, pre- and postnatal **treatments** of the mother and the newborn child/children. An **application** must therefore be submitted for children born as a result of infertility **treatment** and/or born by a surrogate mother. The **application** will undergo the standard underwriting procedure, according to Art. 1.

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 or homoeopaths and naturopathic or homoeopathic medications and other alternative methods of **treatment**, unless **treatment** is performed and/or medication is prescribed by a licensed physician or member of NVS (Naturheilpraktikerverband Schweiz),

j) health certificates,

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**,

o) **treatment** or **surgery** to correct refractive errors in the eyesight (due to e.g., myopia, hyperopia/hypermotropia, 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) 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 an **original date of joining** on or after 1 January 2017.

s) 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 an **original date of joining** on or after 1 January 2017.

t) 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. 9

How to report a claim

9.1: Any claim for payment of expenses incurred for **treatment** by a physician or **specialist** as well as hospital **treatment** and medicine shall be reported by submitting receipted and itemised invoices provided with the **membership** number and claim form to **us**. (cf also 'Quick Reference Guide'). **We** scan 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.

9.2: Any claim shall be reported to the **Company** immediately and no later than three months after the circumstances underlying the claim have become known to the **customer**.

9.3: 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** will defray all expenses incurred in this connection.

Art. 10

Cover by third parties

10.1: 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.

10.1.1: 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 **customer's Bupa Global health insurance** plan(s) if the reimbursed benefits would have been covered by **Bupa Global**.

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.

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

10.3: If the claim is 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.

10.4: The **policyholder** and 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.

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

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

Art. 11

Payment of premium

11.1: Premiums are determined by the **Company** and shall be payable in advance. The **Company** adjusts the premiums once a year as from the **policy anniversary** on the basis of changes in the cover and/or the loss experience in the **insurance** class during the previous calendar year.

11.2: The premium is age-related and will therefore also be adjusted on the first **policy anniversary** after the **customer's** birthday.

11.3: The initial premium shall fall due on the **original date of joining**. The **policyholder** may choose between semi-annual and annual payment.

11.4: Changes in the terms of payment can only be made at 30 days' notice by email, letter or phone prior to the **policy anniversary**.

11.5: The premium is due on the **due date** stated in the premium notice.

11.6: The **policyholder** shall be responsible for punctual payment of the premium to the **Company**. If the premium has not been received by the **Company** on the **due date**, the **Company's** liability shall cease.

11.7: The **policyholder's** attention is drawn to Art. 6.5 regarding payment of outstanding amounts.

11.8: Other charges, such as Insurance Premium Tax (IPT), or other taxes, levies or charges, depending on the laws of the **policyholder's country of residence** may apply. If they apply to the **policyholder's insurance** premium, they will be included within the total that has to be paid on the premium notice. The charges may apply from the **original date of joining** or the anniversary of the **original date of joining**. The **policyholder** must pay these charges to **us** when paying the premiums, unless otherwise required by law.

11.9: Subscriptions are collected by Bupa Insurance Services Limited who act as the **Company's** agent for the purpose of receiving and holding premiums, making claims and refunds. **Policyholder** subscriptions are protected by an agreement between the **Company** and Bupa Insurance Services Limited.

Art. 12 **Information necessary to the Company**

12.1: The **policyholder** and/or the dependant shall be under the obligation to notify the **Company** by email, letter or phone of any changes of name or address, change in residency and changes in health insurance cover with another company, including a consolidated company. The **policyholder** is

required to immediately notify the **Company** if any of the **customers** become a permanent resident of the U.S, as described under Article 13.7. The **Company** must also be notified in the event of death of the **policyholder** or an dependant. The **Company** shall not be liable for the consequences if the **policyholder** and/or the dependant fails to notify the **Company** in such events.

12.2: The **policyholder** and/or the dependant shall also be under the obligation to provide the **Company** with all information reasonably required for the **Company's** handling of the **policyholder's** and/or the dependant's claims against the **Company**, including provision of original invoices upon request from the **Company**.

12.3: In addition, the **Company** shall be 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** shall be entitled to obtain any medical records or other written reports and statements concerning the **customer's** state of health.

12.4: The **Company** fully complies with applicable data protection legislation (see also art. 15.1). 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. 13 **Assignment, cancellation, termination and expiry**

13.1: 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**.

13.2: The **insurance** is automatically renewed on each **policy anniversary**.

13.2.1: The **insurance** may be terminated by the **policyholder** with effect from the end of a calendar month with one month's prior notice by email, letter or phone.

13.2.2: The policyholder has the right to withdraw from the purchase of the insurance. The period during which the insurance can be withdrawn lasts 28 days and begins on the date on which the policyholder has entered into the insurance agreement. This will normally be on the date on which the policyholder has purchased the insurance and/or received the insurance documents. Under the Danish Insurance Contracts Act the policyholder has a right to receive certain information about the right to cancel the insurance and about the insurance. The notice period for cancellation does not commence until the policyholder has received this information in writing (e.g. on paper or by email). If, for example, the policyholder receives the insurance documents, and also has received the above information, eg on Monday the 1st, he/she can cancel the insurance until and including Monday the 29th. If the period expires on a public holiday, Saturday or Sunday, the policyholder can wait until the following day. If the policyholder wants to withdraw the insurance the Company must be notified by letter, email or phone. The Company's contact details are listed at the end of this document. It is sufficient that the Company is contacted before the expiry of the notice period.

13.3: 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**.

13.4: 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.

13.4.1: In the event that the **insurance** contract is considered void, according to Art. 13.3 or Art. 13.4, the **Company** shall be entitled to a service charge which is set as a specified percentage of the premium paid.

13.5: 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.

13.6: The **Company** can stop or suspend an **insurance** product at three months' notice prior to the **policy anniversary**, and offer the **customer** an equivalent **insurance** cover.

13.7 The **policyholder** is required to immediately notify the **Company** by email, letter or phone if any of the **customers** become a permanent resident of the U.S., failing which the **Company** may terminate the **insurance** with immediate effect or (where permitted to continue the **insurance** until such date) with effect from the **policy anniversary**. The **Company** may terminate the **insurance** with immediate effect or (where permitted to continue the **insurance** until such date) with effect from the **policy anniversary**, if the law of the country in which the **customer** is located, or the **customer's country of residence** or nationality, or any other law which applies to the **Company** or this **insurance**, prohibits the provision of healthcare cover by the **Company** to local nationals, residents or citizens.

Without limitation to the foregoing, the **insurance** shall not be renewed at the next **policy anniversary** if the **policyholder** becomes a permanent resident of the U.S., and, if a **customer** who is not the **policyholder** becomes a resident of the U.S., their cover under the **insurance** shall not be renewed at the next **policy anniversary**. '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.

This Art. 13.7 only applies to **insurances** with an **original date of joining** after 31 December 2015.

13.8: 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. This Art. 13.8 only applies to **insurances** with an **original date of joining** on or after 1 January 2016.

13.9: 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. 14 Complaints

14.1: 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 +44 (0) 1273 323563, by email at info@bupaglobal.com, or by writing to **us** at:

Bupa Global

Victory House
Trafalgar Place
Brighton BN1 4FY
United Kingdom

14.2: External appeal

If **we** can't settle your complaint you may be able to refer your complaint to an independent organisation for review. Which organisation it will be depends on the nature of the complaint and the location of the **Bupa Global** office where the cause of complaint occurred. **We** will advise the complainant at the time. In most cases this will be either the Danish Insurance Complaints Board or the UK Financial Ombudsman Service.

Further information about the Danish Insurance Complaints Board can be requested by:

- writing to them at Østergade 18, 2., DK-1100 Copenhagen K, Denmark
- calling them on +45 33 15 89 00

More details can be found on their website ankeforsikring.dk

Further information about the UK Financial Ombudsman Service can be requested by:

- writing to them at Exchange Tower, London E14 9SR UK
- calling them on 0800 023 4 567 from a UK landline, or 0300 123 9 123 from a UK mobile telephone, or for calls from outside of the UK

+44 20 7964 0500

More details can be found on their website financial-ombudsman.org.uk

A full copy of **our** complaints procedure can be requested by contacting **Bupa Global**. (None of these procedures affect the complainant's legal rights.)

Art. 15 Confidentiality

15.1: 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.

Art. 16 The Financial Services Compensation Scheme (FSCS)

16.1: The **Company** is covered by the FSCS. In the unlikely event that the **Company** cannot meet the **Company's** financial obligations, the **customer** may be entitled to compensation from the FSCS, if the **customer** is usually a resident of the EEA (European Economic Area). More information is available from the FSCS by calling +44 (0) 20 7741 4100 or on its website fscs.org.uk

Art 17 Applicable Law

17.1: The policy is governed by Danish law. Any dispute that cannot otherwise be resolved will be dealt with by courts in Denmark. 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**. A copy can be obtained at any time by contacting **our** Customer Service on +44 (0) 1273 323563 or write an email to info@bupaglobal.com.

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' below).

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

Last updated: August 2020

1. Information about **us**
2. Scope of **our** privacy notice
3. How **we** collect personal information
4. Categories of personal information
5. What **we** use your personal information for and **our** legal reasons for doing so
6. Legitimate interests
7. Marketing and preferences
8. Profiling and automated decision-making
9. Sharing your information
10. Anonymised and combined information
11. Transferring information outside of the UK and the European Economic Area (EEA)
12. How long **we** keep your personal information
13. Your rights
14. Data protection contacts

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

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

More information:

Standard personal information includes:

- contact information, such as your name, username, address, email address and phone numbers;
- the country you live in, your age, your date of birth and national identifiers (such as your National Insurance number or passport number);
- information about your employment;
- details of any contact **we** have had with you, such as any complaints or incidents;

- financial details, such as details about your payments and your bank details;
- the results of any credit or any 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; or
- **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, fraud and 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 anti-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: 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** to ask about these rights. For more information on all your rights, please read the 'Your rights' section below.

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, other information you have given **us** about yourself and other information **we** have received 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 a 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 of the UK and 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 of the UK and 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

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

Defined term	Description
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.
Active treatment for cancer	Active treatment for cancer is chemotherapy, radiotherapy and immunotherapy.
Acute serious illness:	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.
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.
Bupa Global (incl. we/us/our):	Bupa Insurance Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.
Company, the	Bupa Insurance Limited, a company registered in England No. 3956433 – the sole insurer of this plan. Our address is: Bupa, 1 Angel Court, London EC2R 7HJ, UK

Defined term	Description
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 .
Customer:	The policyholder and/or all other insured persons as listed in the valid policy insurance certificate .
Deductible:	The total amount of money noted in the insurance certificate which each customer agrees to pay each policy year before being reimbursed by the Company .
Documents:	Any written information related to the insurance including invoices, insurance certificates and the like.
Due date:	Date on which a premium is due to be paid.
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:	<p>Clinical tests, treatments, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy.</p> <p>This includes:</p> <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. <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 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 members:	<p>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</p> <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. <p>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.</p> <p>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.</p>
Hospital accommodation:	<p>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).</p>

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 and insurance certificate representing the insurance contract with the Company and setting out the scope of the insurance terms, the premium payable, deductible and benefit limits .
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 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	<p>Persistent vegetative state:</p> <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. <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>
Policy anniversary	Each anniversary of the date the policyholder joined the insurance .

Defined term	Description
Policyholder:	The person identified as the policyholder on the Application Form .
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 .
Renewal:	The automatic renewal of the insurance as per the policy anniversary .
Serious injury:	A " serious injury " shall be determined to exist only after review and agreement by both the attending physician and the Company's medical consultant.
Special terms:	Restrictions, limitations or conditions applied to the Company's standard terms as detailed in the insurance certificate .

Defined term	Description
Specialist:	<p>A surgeon, anaesthetist or physician who:</p> <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.
Standard terms:	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.
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 purchased.
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:	<p>An unrecognised medical practitioner, provider or facility includes:</p> <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.

