International Swiss Medical Hong Kong

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Valid from November 2022 • USD/EUR/CHF

Contents

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

You can contact your insurer by writing to:

Bupa (Asia) Limited
6/F, Tower 2, The Quayside,
77 Hoi Bun Road, Kwun Tong,
Kowloon,
Hong Kong

Remember we can offer a second medical opinion service

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

Welcome

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

This includes:

- guidance on what to do when you need **treatment**
- simple steps to understanding the claims process
- a 'Table of Benefits' and '**Terms and Conditions**' which outline what is and isn't covered along with any **benefit limits** that might apply
- **our** Privacy Notice
- 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 **https://membersworld.bupaglobal.com**

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

Contact us

Open 24 hours a day, 365 days a year

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

Healthline* +852 2531 8503

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

- general medical information
- finding local medical facilities
- 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

Web:
https://membersworld.bupaglobal.com

Alternatively:

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

Post: Bupa (Asia) Limited,
6/F, Tower 2, The Quayside,
77 Hoi Bun Road, Kwun Tong,
Kowloon, Hong Kong

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

Your calls may be recorded or monitored.

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

Easier to read information

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

Contact details changed?

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

Making a complaint

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

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

If you have any comments or complaints, contact us:

Phone: +852 2531 8503

Email: service.hk@bupaglobal.com

Post:
Bupa (Asia) Limited,
6/F, Tower 2, The Quayside,
77 Hoi Bun Road, Kwun Tong,
Kowloon,
Hong Kong

Wellbeing Services

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

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.

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.

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

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 telephone consultations
- Doctor's notes
- Selfcare
- Referrals
- Prescriptions

Access virtual consultations with a doctor 24/7 by signing-in to the MembersWorld app. If you haven't registered yet, go to the MembersWorld page to get started.

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

Virtual Care

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:

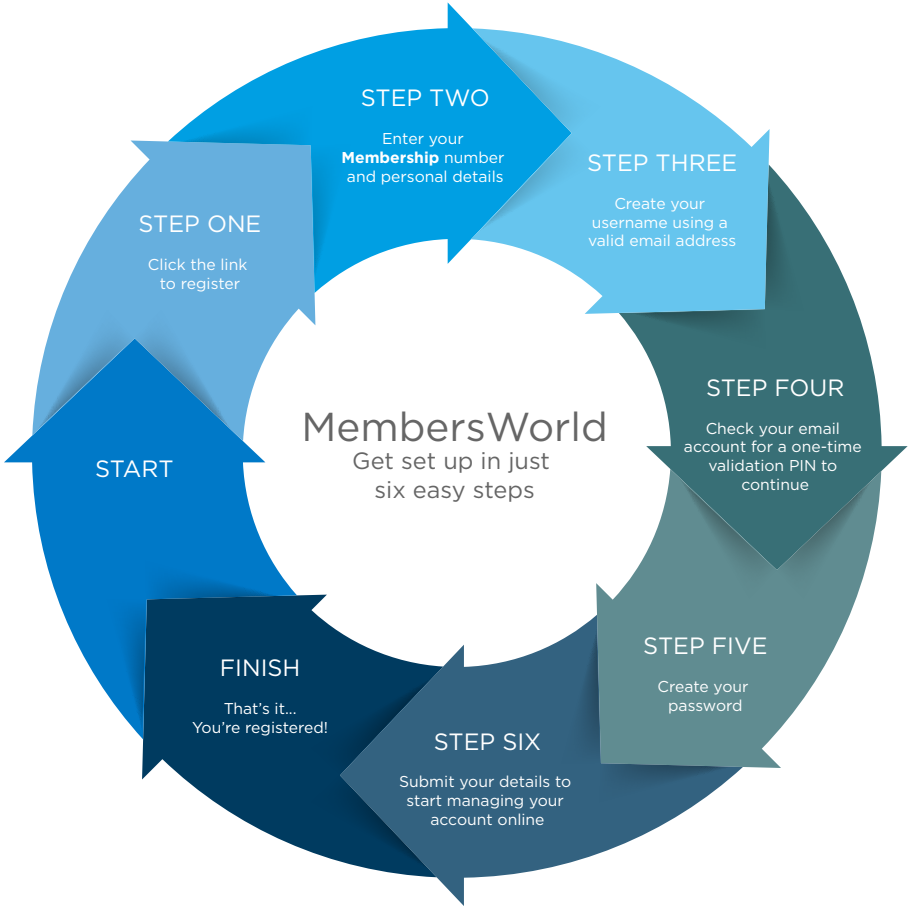
- check your benefits
- update your details and read **documents**
- pre-authorise in-patient and day-case **treatment**
- submit and track your claims*
- request a second medical opinion at no extra cost
- if you have purchased your **insurance** plan via a broker, you can allow them access to view 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.

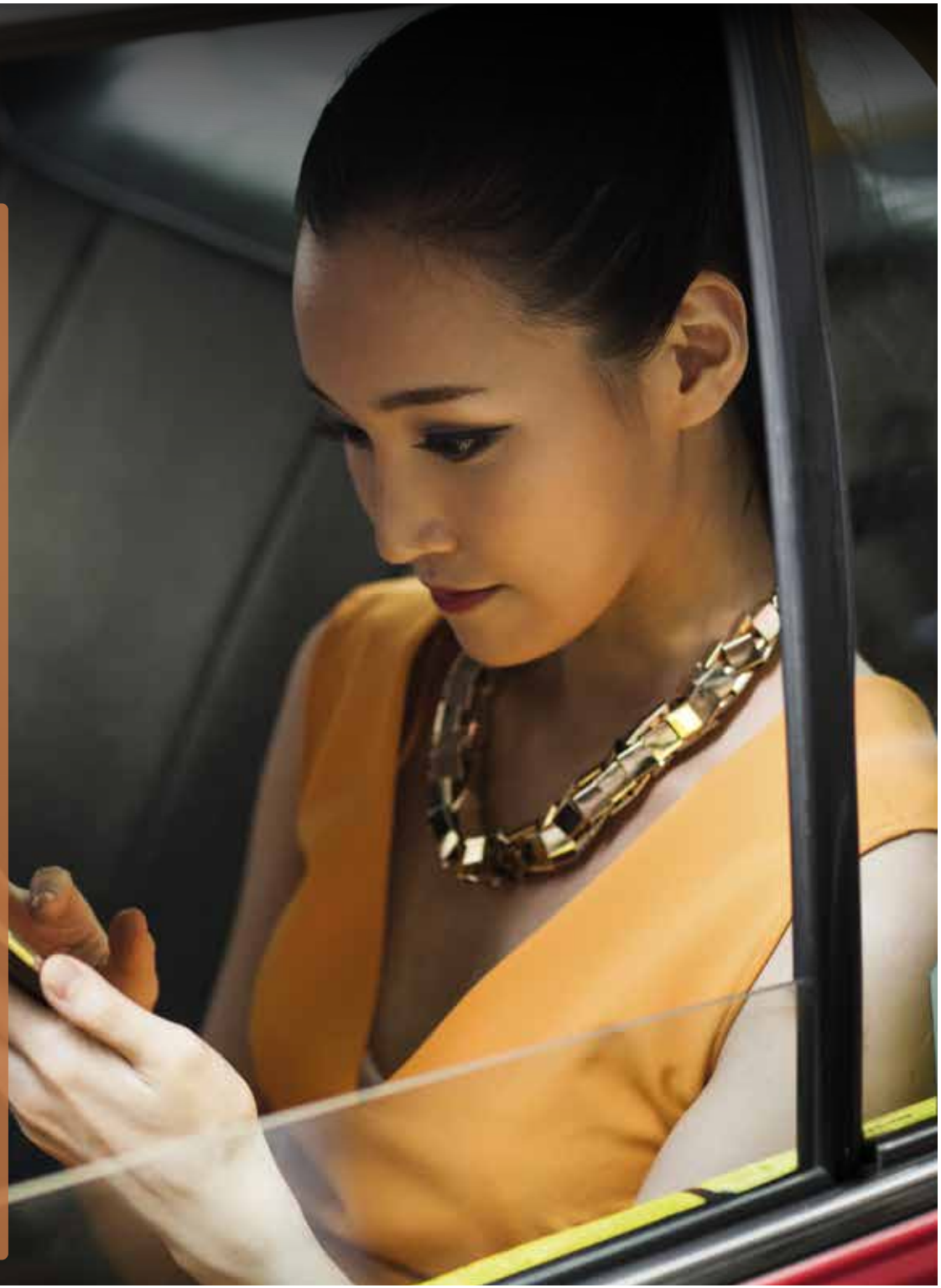
* MembersWorld may not be able to track claims in the U.S. as a third party is used here.

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

Go to **https://membersworld.bupaglobal.com** 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?

Contact Customer Services by:

- Completing the form in MembersWorld
- Calling +852 2531 8503

How long does it take?

Often, when requested by telephone, pre-authorisation approval can be given right away. 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 **https://membersworld.bupaglobal.com**
- Call us on **+852 2531 8503**
- Email **service.hk@bupaglobal.com**

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

How to make a claim

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

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Direct Settlement Direct settlement is where the provider of your **treatment** claims directly from **us**, making things easier for you.	You should present your **membership** card when you receive **treatment**.	**We** send your **treatment** provider a pre-authorisation statement. **We** will also send a copy to you on request. The **treatment** provider will ask you to sign the pre-authorisation statement when you arrive for **treatment** including the patient declaration.	If you have a co-insurance on a benefit or any remaining **deductible**, **we** will pay the provider in full and collect any co-insurance or remaining **deductible** from you using the payment details **we** hold for you unless your **treatment** took place in the U.S. For **treatment** in the U.S, **we** may either pay the provider in full and collect any share from you using the payment details **we** hold for you, or your **treatment** provider may request settlement of the balance after **we** have settled the claim with them. If **we** need to collect any payment from you **we** will send you a statement showing the amount that **we** will be collecting from you.	The treatment provider will then send your claim to **us**. **We** pay the **treatment** provider directly.	**We** will send your claims statement to you. When **we** settle your claim, your benefits are paid in line with the limits shown in your 'Table of Benefits'. It is important that you send all your claims to **us**, even if the value of the claim is less than the remaining **deductible.**
Pay and Claim The alternative is for you to pay and then claim back the costs from **us**.	When you visit your **treatment** provider, you should take a claim form with you so that the medical practitioner can fill in the medical information section. A claim form can be found in your **insurance documents** pack, or found online at bupaglobal.com/membersworld	Once you have received **treatment** and made a payment to your **treatment** provider, you should complete all other sections of the claim form, include the original invoices and send the claim to **us**.	You can submit your claim online via **our** website, bupaglobal.com/membersworld or send it to **us**.	**We** pay you. If you have an annual **deductible** or a co-insurance applied to your claim **we** will pay you the cost of the claim minus the percentage of the co-insurance or the amount of the remaining annual **deductible**.	

Contents

Choice of Deductible

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**
Annual maximum cover 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%
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%
Endoscopic examination	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 The **insurance** policy must be valid throughout the course of **treatment** Only human organs The procurement of the organ must be pre-authorised by the **Company**	USD 500,000 / EUR 500,000 / CHF 750,000	USD 500,000 / EUR 500,000 / CHF 750,000

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-authorised 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. Maximum 90 days per policy year	Covered 100% Maximum per day USD 600 / EUR 600 / CHF 900	Covered 100% Maximum per day USD 600 / EUR 600 / CHF 900

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-authorised by the **Company**)	Covered up to USD 65 / EUR 65 / CHF 100 per day Covered up to USD 2,000 / EUR 2,000 / CHF 3,000 per policy year	Covered up to USD 65 / EUR 65 / CHF 100 per day 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	USD 30,500 / EUR 30,500 / CHF 45,750	USD 30,500 / EUR 30,500 / CHF 45,750

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 antroposophic **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 Dressings, **appliances**, vaccinations and injections	90%
Homeopathic and naturopathic medicine when prescribed by a licensed physician or a member of NVS (Naturheilpraktikerverband Schweiz) (cf. also 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 annual 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**
○ Examination ○ Tooth-cleaning ○ Individual preventive **treatment** ○ Filling: not compound, compound, double compound, enamel cement, plastic, single surfaced, plastic, multi surfaced ○ Root **treatment**: coronal amputation, apical amputation, root filling, acute opening of root canal and following canals ○ Tooth extraction ○ **Surgery** ○ X-ray, simple and panoramic ○ Emergency **treatment** ○ Local anaesthesia ○ Occlusion bar ○ Retaining pivots, root screws and pivots ○ Prescription	75%

Crowns and Gold Inlay	**Subject to a 12 month waiting period**
○ Gold, jacket, porcelain crowns, etc. ○ Gold inlay, pivot teeth, plastic crowns ○ Build-up and recementation ○ 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**
○ **Treatment** of gingivitis and periodontitis, preventive **treatment** included ○ Rootscaling ○ 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 Lense	**No waiting period applies**
Normal or bifocal lenses and contact lenses, maximum Lenses for sunglasses and frames will not be reimbursed	Covered 50% up to USD 270 / EUR 270 / CHF 400

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.

Art. 1
Acceptance of the insurance

1.1: The **insurance** policy is insured and underwritten by Bupa (Asia) Limited., hererinafter called the **Company** and administered by the **Company** and **Bupa Global**. 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.

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

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 such children.

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 eg myopia, hyperopia/hypermetropia, 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 a **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 a **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 health **insurance** plan(s) which the **customer** has with the **Company** if the reimbursed benefits would have been covered by the **Company**.

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

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 **customer** 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 **customer** 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 each time when the premium payment is due, from the **original date of joining**, the anniversary of the **original date of joining** or the date of registration of a new **customer** on the policy. The **policyholder** must pay these charges to **us** when paying the premiums or when adding a new **customer** to the policy, unless otherwise required by law.

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. 17.1). 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 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** can cancel the **insurance**, and that of any additional **customer** covered under the **insurance**, within 28 days of receiving the first policy **documents**. Should the **policyholder** wish to cancel the **insurance** upon receipt of the first policy **documents**, the **policyholder** needs to do that in writing (by letter, fax or email) or by phone. The address and contact information can be found on the back page of this **membership** guide. If the **policyholder** or any additional **customer** have not made any claims, the **Company** will refund any premium payment already paid.

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 +852 2531 8503 by email at service.hk@bupaglobal.com, or by writing to **us** at:

Bupa (Asia) Ltd
6/F, Tower 2, The Quayside,
77 Hoi Bun Road, Kwun Tong, Kowloon,
Hong Kong

14.2: Taking it further

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

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

Art 15
Applicable Law

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

Art. 16
No Third Parties Rights

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

Art 17
Confidentiality

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

Privacy notice

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a) the **Company's** group companies ("Group **Company**");

b) any **insurance** adjusters, agents and brokers;

c) any re-**insurance** companies authorised by the **Company**;

d) employers (for members of corporate policy only);

e) healthcare professionals and hospitals;

f) any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the **Company** in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other

insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the **insurance** industry; the police and databases or registers (and their operators) used by the **insurance** industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);

g) any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the **Company's** rights or business; and

h) any person to whom the **Company** is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the **Company** including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.

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

a) **Insurance**, medical, healthcare, wellness, personal development, beauty, lifestyle, entertainment, financial, and related services and products;

b) rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products; and

c) donations and contributions for charitable and/or non-profit making purposes.

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

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

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

a) to check whether the **Company** holds personal information relating to you or the Member and to access such personal information;

b) to require the **Company** to correct any personal information relating to you or the Member which is inaccurate;

c) to ascertain **our** policies and practices in relation to personal data and to be informed of the kind of personal data held by the **Company**, and

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

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

Data Protection Officer
6/F, Tower 2, The Quayside,
77 Hoi Bun Road, Kwun Tong, Kowloon,
Hong Kong

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

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

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

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

Glossary

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

Defined term	Description
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: ○ 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:	Bupa (Asia) Limited (a limited liability company incorporated in Hong Kong, company number 103048, registered office at 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong) – the sole insurer of this **insurance** plan.
Company, the (incl. **we**/**us**/**our**):	Bupa (Asia) Limited
Country of residence:	The country where the **customer** is living/spending most of his/her time. This should be the country in which the relevant authorities (such as tax authorities) will consider the **customer** to be resident for the duration of the **insurance**.
Customer:	The **policyholder** and/or all other insured persons as listed in the valid **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:	Clinical tests, **treatments**, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy. This includes: ○ any test, **treatment**, equipment, medicine, device or procedure that is not considered to be in standard clinical use but is (or should, in Bupa's reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy. ○ any tests, **treatment**, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by **Bupa Global** in line with its criteria for standard clinical use. Standard clinical use includes: ○ **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 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 ○ tests, **treatments**, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which **treatment** is requested. Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not considered appropriate evidence to demonstrate a test, **treatment**, equipment, medicine, device or procedure should be used in standard clinical use. Where licensing authority approval to market tests, **treatment**, equipment, medicines, devices or procedures does not, in Bupa's reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.
Family members:	Persons of a family relationship (related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
Hospital accommodation:	Coverage of a room that is no more expensive than the hospital's standard single room with a private bathroom. Charges for the **customer's** standard meals and refreshments are also covered. The charges will be paid for the length of stay that is medically appropriate for the procedure the **customer** is admitted for and any accompanying relative (if covered under the **insurance** plan).
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:	**Persistent vegetative state**: • state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and • the person does not respond to stimuli such as calling their name, or touching. The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.
Policy anniversary:	Each anniversary of the date the **policyholder** joined the **insurance**.
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:	A surgeon, anaesthetist or physician who: ○ 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. 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.
Standard terms:	The **Company's** standard **insurance** terms with no special restrictions, limitations or conditions.
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.

Defined term	Description
Treatment:	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.
Unrecognised medical practitioner, **provider or facility**:	An **unrecognised medical practitioner**, **provider or facility** includes: ○ **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. An updated list of unrecognised medical providers can be downloaded as a pdf file here: www.bupaglobal.com/en/facilities/finder
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.

Bupa (Asia) Limited
6/F, Tower 2, The Quayside,
77 Hoi Bun Road, Kwun Tong, Kowloon,
Hong Kong

Call our Customer Service for questions on your policy, payment, coverage etc.

Open 7am - 7pm (HKT) Mon-Fri
7am - 4pm (HKT) Weekend and public holiday
Tel: +852 2531 8503
Email: service.hk@bupaglobal.com

Call Bupa Global Assistance for 24-hour emergency service and medical help

Tel: +852 2531 8573
Email: emergency.hk@bupaglobal.com

Calls are recorded for training and quality purposes and may be shared when legally required to.

The **insurance** plans are insured by Bupa (Asia) Limited and administered by **Bupa Global**. **Bupa Global** is a trading name adopted by Bupa (Asia) Limited in relation to its portfolio of International Private Medical Insurance products and services. Bupa (Asia) Limited is authorised and regulated by the Hong Kong Insurance Authority.

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