

# A GUIDE TO YOUR BUSINESS HEALTH PLAN

A COLLABORATION BETWEEN TWO OF THE MOST RESPECTED NAMES IN GLOBAL HEALTHCARE



# WELCOME TO YOUR HEALTH PLAN

Two of the most respected names in healthcare, **Bupa Global** and **Blue Cross Blue Shield Global**, are teaming up to deliver high-quality healthcare products and services. This partnership was born out of a shared ambition to champion and deliver access to world-class healthcare and meet the healthcare needs of globally minded and globally mobile customers.

Customers with U.S. cover will have access to one of the largest **networks** of healthcare providers and facilities worldwide, utilising both **Blue Cross Blue Shield networks** in the U.S. and **Bupa's networks** outside the U.S.

This combined strength, scale and expertise means customers can be confident in knowing that they have access to quality healthcare when and where they need it.

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

This includes:

- o advice on what to do when **you** need **treatment**
- o simple steps to understanding the claims process
- o a 'Table of Benefits' and list of 'General Exclusions' which outline what is and isn't covered along with any benefit limits that might apply
- o a 'Glossary' to help **you** 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** membership and form **your health plan** documents. To make the most of **your health plan**, please read the 'Table of Benefits', 'General Exclusions' and '**Your** Membership' sections carefully to get a full understanding of **your** cover.

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

Remember **we** can offer a second medical opinion service. The solution to health problems isn't always black and white. That's why **we** offer **you** the opportunity to get another opinion from leading international **specialists**.

**Bupa Global is the sole insurer of this plan.**

**Bupa Global** is a trade name of **Bupa**, the international health and care company. **Bupa** is an independent licensee of **Blue Cross and Blue Shield Association**. **Bupa Global** is not licensed by **Blue Cross and Blue Shield Association** to sell **Bupa Global/Blue Cross Blue Shield Global** co-branded products in Argentina, Canada, Costa Rica, Panama, Uruguay and US Virgin Islands. In Hong Kong, **Bupa Global** is only licensed to use the **Blue Shield** marks. Please consult your policy terms and conditions for coverage availability. **Blue Cross and Blue Shield Association** is a national federation of 36 independent, community-based and locally operated **Blue Cross and Blue Shield** companies. **Blue Cross Blue Shield Global** is a brand owned by **Blue Cross and Blue Shield Association**. For more information about **Bupa Global**, visit [bupaglobalaccess.com](http://bupaglobalaccess.com), and for more information about **Blue Cross** and **Blue Shield Association**, visit [BCBS.com](http://BCBS.com).

# BEFORE WE GET STARTED, THERE ARE A FEW THINGS WE WOULD LIKE TO BRING TO YOUR ATTENTION...

## YOUR INSURER

**Bupa Global** is the sole insurer of this plan

## YOUR GEOGRAPHICAL AREA FOR COVERAGE IS DEPENDENT ON YOUR LEVEL OF COVER

As long as it is covered by **your health plan**, you can have **your treatment** at any recognised **medical practitioner, provider** or **facility**. To confirm **your** level of cover please see **your** insurance certificate.

To view a summary of **hospitals** visit Facilities Finder at [www.bupaglobal.com/facilitiesfinder](http://www.bupaglobal.com/facilitiesfinder)

## BOLD WORDS

Any words written in bold are defined terms that are relevant to **your** cover. **You** can check their meaning in the 'Glossary'.

## TREATMENT THAT WE COVER

**Your health plan** covers the **treatment** cost for a disease, illness or injury that leads to the conservation of **your** condition, **your** recovery or **you** getting back to **your** previous state of health.

**Your treatment** is covered if it is:

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

**Your health plan** also provides preventive benefits to help keep **you** healthy. **You** can find these in the 'Table of Benefits'.

## ACCESSING CARE IN THE U.S.

If **you** have U.S. cover as part of **your health plan**, **you** have access to the broadest coverage in the U.S. via **Blue Cross Blue Shield networks**.

To find out more please visit [www.bupaglobalaccess.com](http://www.bupaglobalaccess.com)

Please call **our** dedicated team on +1 844 369 3797 (from inside or outside the U.S.) to arrange any **treatment** in the U.S.

## ANY QUESTIONS?

**We'll** be happy to help. Get in touch using the details printed on **your** membership cards.



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# CONTACT US

## Open 24 hours a day, 365 days a year

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

### Healthline\* +44 (0) 1273 333 911

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

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

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

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

**We** believe that every person and situation is different and focus on finding answers and solutions that work specifically for **you**.

**Our** assistance team will handle **your** case from start to finish, so **you** always talk to someone who knows what is happening.

### General enquiries

MembersWorld is the first place to go for information about:

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

It's often the quickest way to contact **us** too:  
<https://membersworld.bupaglobal.com>

Alternatively:

**Phone:** +44 (0) 1273 323 563

**Fax:** +44 (0) 1273 820517

**Email:** [info@bupaglobal.com](mailto:info@bupaglobal.com)

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

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

**Your** calls may be recorded or monitored.

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

### Contact details changed?

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

### Easier to read information

#### Braille, large print or audio

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

### Making a complaint

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

If something does go wrong, this membership guide outlines a simple procedure to make sure **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, often the quickest way to contact **us** is via MembersWorld.

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

**Phone:** +44 (0) 1273 323 563

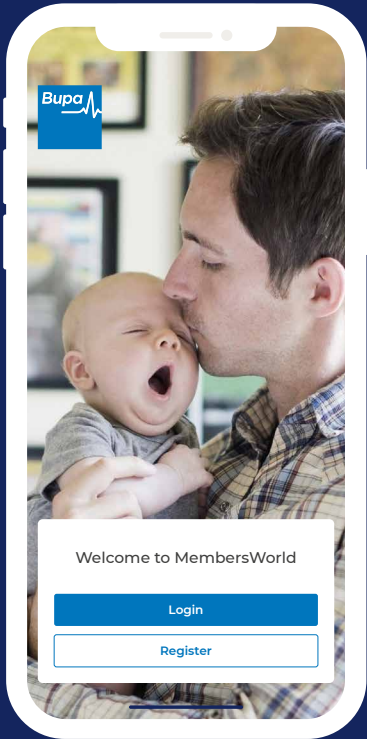
**Fax:** +44 (0) 1273 820 517

**Email:** [info@bupaglobal.com](mailto:info@bupaglobal.com)

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

# WELCOME TO MEMBERSWORLD

Your MembersWorld account gives you access to **Bupa Global** whenever **you** need it.



You can register for MembersWorld at: <https://membersworld.bupaglobal.com> and download the **Bupa Global** MembersWorld App from **your** app store.

**MembersWorld is for everyone on the policy aged 16 and over.**

All **dependants** over 16 can access these services, so it's important they register too.

If **you** are the **principal member** and would like to access information about **your dependants** in MembersWorld, they will need to register for an account and give permission. They can do this by simply going to their account settings and updating their consent options.

If **you** are not the **principal member**, **you** will not be able to access information about other **dependants** in MembersWorld.



## How to access MembersWorld

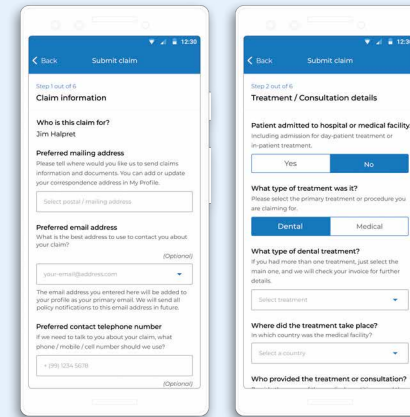
You can access and register online at <https://membersworld.bupaglobal.com> with **your** favourite web browser or via **our** app.

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



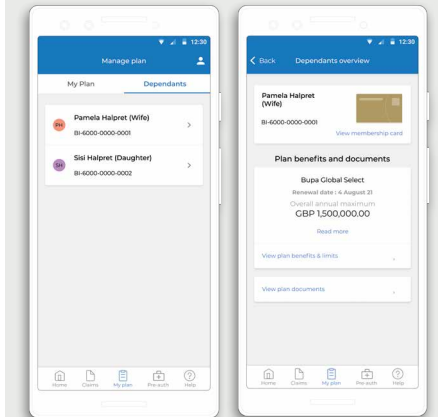
## Claims and pre-authorisations

- o Submit claims\*
- o Request pre-authorisation
- o View and track progress\*
- o Review and send more or missing information



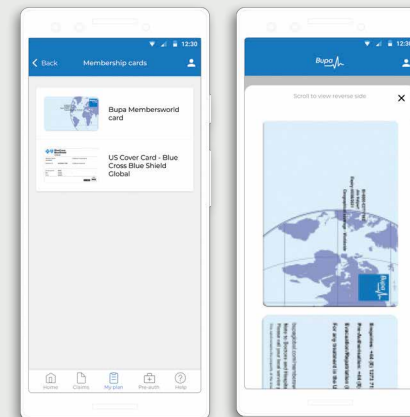
## Dependants

- o View **dependants'** plans, documents and membership cards
- o Submit and view claims\*
- o Allow the **principal member** to manage a **dependants'** account



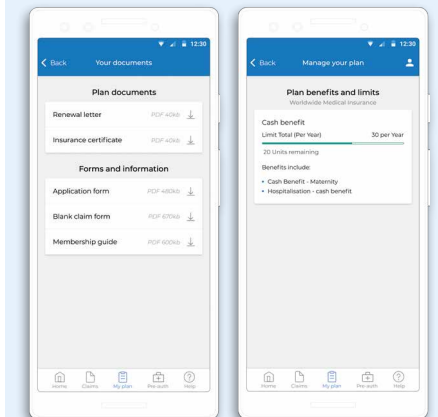
## Membership cards

- o Access to **your** membership cards whenever **you** need them



## Policy documents

- o View and download documents for your plan



\*MembersWorld may not track claims in the U.S. as we use a **service partner** here.

# WELLBEING SERVICES

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

## Your Wellbeing

Explore **Bupa Global's** ever-growing health and lifestyle webpages at [www.bupaglobal.com/en/your-wellbeing](http://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 leading international **specialists**.

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

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** or email [info@bupaglobal.com](mailto:info@bupaglobal.com)

**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 depend on third-party availability. **Bupa Global** assumes no liability and accepts no responsibility for information provided by the services detailed above

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

## 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 (depending on local regulations):

- Video and telephone consultations
- **Doctor's** notes
- Selfcare
- Referrals
- Prescriptions



Access virtual consultations with a doctor any time of the day or night 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.

## Bupa LifeWorks\*

Designed to help **you** with all of life's questions, issues and concerns, Bupa LifeWorks is **your** global Employee Assistance Programme and gives **you** and **your** family instant access to advice from professionals in **your** language. Get confidential support for **your** mental, financial, physical and emotional wellbeing including short-term counselling. Help is available 24 hours a day, 7 days a week and 365 days a year online, by phone or mobile app. **You** also have access to a range of services, including expert tips and toolkits, as well as a wealth of online articles, podcasts, videos, and more.

Getting started is simple, visit [lifeworks.com](http://lifeworks.com) or search "LifeWorks" on the App Store or on Google Play, and look out for the LifeWorks logo.

'Log in' for the first time using the company code 'Bupa', then enter **your** MembersWorld email address and password to sign in.

# PRE-AUTHORISATION

## The importance of pre-authorisation

**We** want everything to run smoothly when **you** need **treatment**. That way **you** can focus on getting better.

### Why should I pre-authorise treatment?

So that **you** can tell **us** about **treatment** that **you** need to have. **You** should contact **us** before **you** have **your treatment** to give **us** the details. **We** can then:

- check if the policy covers **your treatment**
- check if the provider is part of **our network**
- help **you** find a provider within **our network**
- explain any limits that apply
- tell the provider that **you** are a **Bupa Global** member. **We** have agreements with **our network** providers for **treatment** charges
- case-manage complex **treatment**. The table of benefits clearly shows the complex **treatments we** want **you** to tell **us** about. Please contact **us** if **you** need any of these. **We** may ask for more information (for example to check if any policy exclusion applies)
- see if **we** can pay any bills directly to the provider. This will mean **you** don't have to pay and claim the costs from **us**.

If **you** have **treatment** with a provider who is not part of the **network**, **we** may only pay costs that are **reasonable and customary**. This could leave **you** with a shortfall to pay.

Before **we** can authorise **treatment** or pay a claim **we** may ask for more information, for example a medical report. If **we** don't receive this promptly, there may be a delay to pre-authorisation and to paying **your** claim. If **we** do not receive this at all, **we** may not be able to pay **your** claim.

**We** may appoint an independent medical professional and ask **you** to have a medical examination with them (at **our** cost). They will then give **us** a medical report.

When **you** have pre-authorised **treatment** with one of **our network** providers, **we** will cover the costs if, at the time **you** have that **treatment**:

- the policy is in force
  - **you** are covered by the policy
  - premiums are paid up to date
  - the pre-authorisation is still valid.
- When **we** authorise treatment, **we** will tell **you** how long it is valid for.

### How do I pre-authorise my treatment?

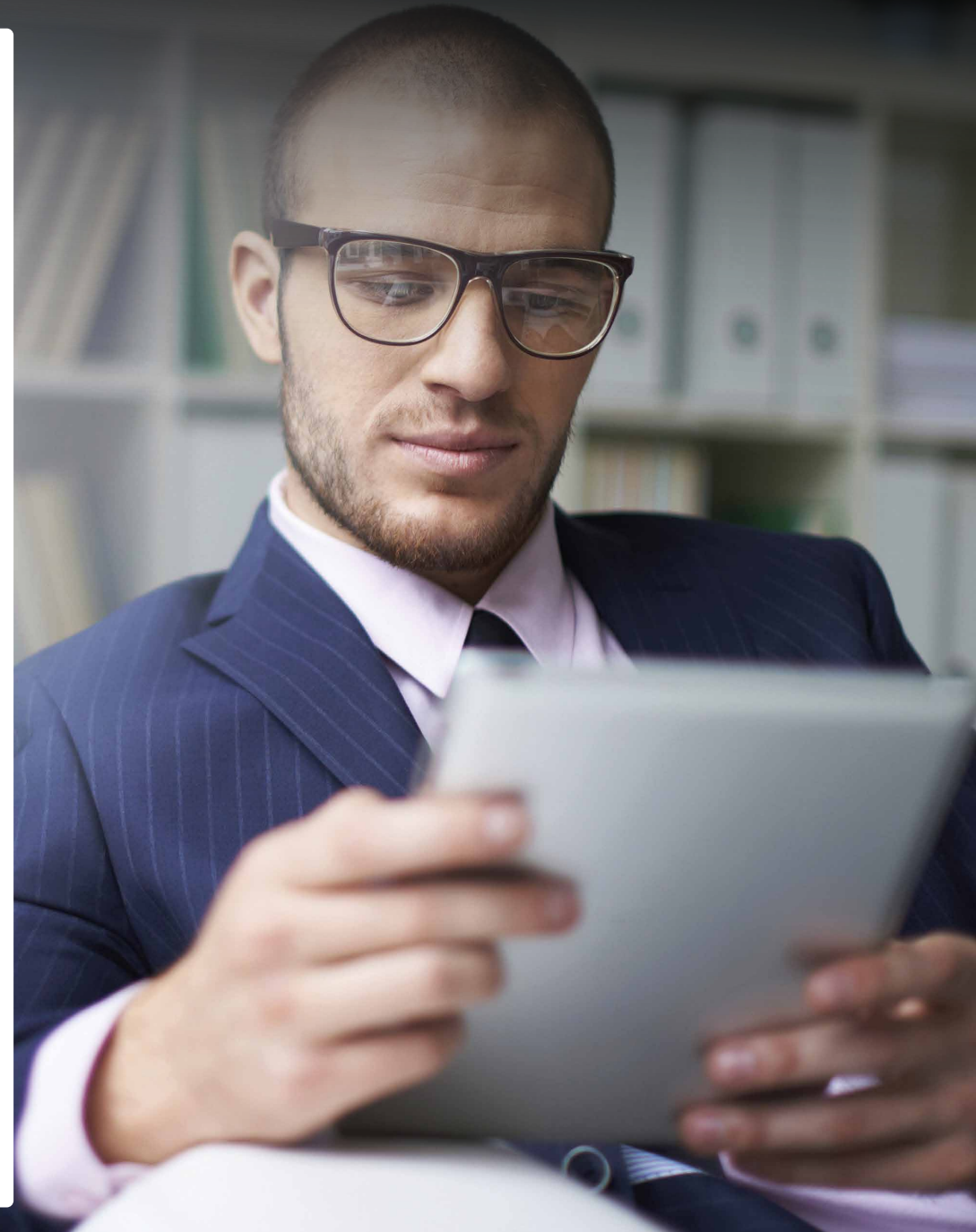
Login to the MembersWorld app, go to <https://membersworld.bupaglobal.com> or contact **us** by phone or email. When **we** have the details, **we** will send **you** and the provider a pre-authorisation statement.

### What if my pre-authorisation is no longer valid? Can I get a new one?

Yes. Just follow the process again.

### What if I need to go to hospital in an emergency?

In an emergency there might not be time to contact **us**. If this happens, it is important that the hospital contacts **us** within 48 hours.



# THE CLAIMING PROCESS

If **you** need assistance with a claim **you** can

- o Go online at <https://membersworld.bupaglobal.com>
- o Call **us** on **+44 (0) 1273 323 563**
- o Email [info@bupaglobal.com](mailto:info@bupaglobal.com)

Whether **you** choose direct settlement 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 claim form.

Make sure **we've** got all the information as the biggest delay to paying a claim is normally incomplete, missing or ineligible information.

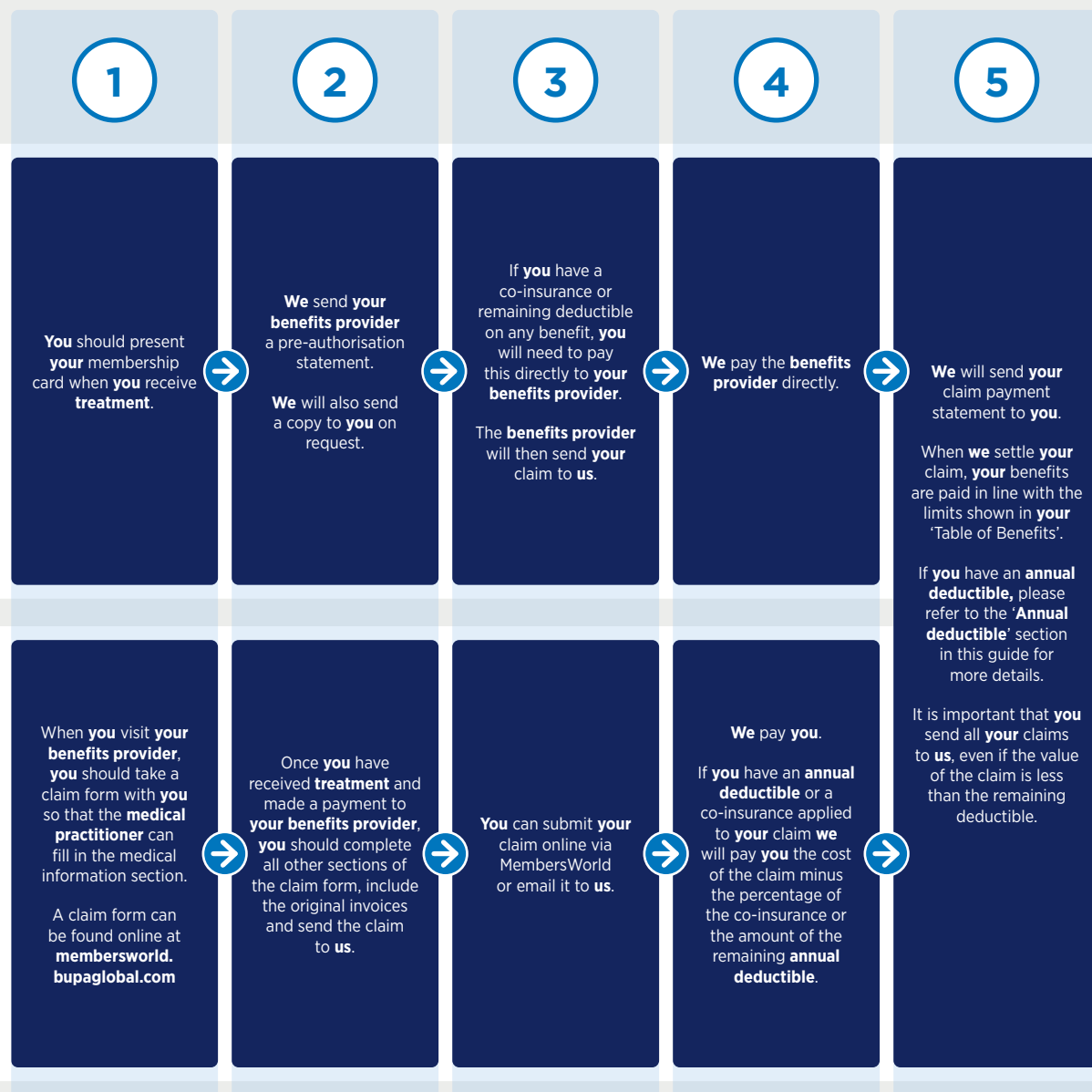
Make sure **you** have given **your** correct bank details. Reimbursement by bank transfer is by far the quickest way to receive **your** payment.

## Direct Settlement

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

## Pay and Claim

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





# Things you need to know about your health plan

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## About your Membership

The Business **Health Plan** is a group insurance plan. **You** are therefore one of a group of **members**, which has a **sponsor** (normally the company that **you**, the **principal member** work for).

This **health plan** is governed by an agreement between **your sponsor** and **Bupa Global**, which covers the terms and conditions of **your** membership.

As a **member** of the **health plan**, **you** have access to **our** complaints process. This includes the use of any dispute resolution scheme **we** have for **our members**. More details of **our** complaints process can be found in this **membership guide**.

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

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

If the content of this plan or **your** insurance certificate do not conform with **your** application for cover, **you** must request the revision of the insurance certificate within four weeks of its receipt; otherwise its content shall be considered as accepted by **you**.

### When your cover starts

The start date of **your** membership is the 'effective from' date shown on **your** membership certificate.

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

**You**, the **principal member**, must tell **your sponsor** straight away if **your specified country of residence** or **your specified country of nationality** changes.

**Your** new country may have different regulations about health insurance. **You**, the **principal member** need to tell **your sponsor** of any change so that they can make sure that **you** have the right cover.

### If you leave your Business Health Plan membership

**You**, the **principal member** can apply to transfer to a personal **Bupa Global** plan if **your** membership of **your** group plan ends. **You** can also apply for **your dependants** (if applicable) to transfer with **you**. Please contact the customer service helpline for more information.

## Want to add more people to your health plan?

If **your sponsor** agrees, **you**, the **principal member** may apply to include any of **your dependants** under **your** membership. To apply **you**, the **principal member** will need to complete a Business **Health Plan** Employee Application form (later referred to as 'application form') which can be downloaded easily from [membersworld.bupaglobal.com](http://membersworld.bupaglobal.com).

When **you** apply, the **dependant's** medical history will be reviewed by **our** medical team which may result in cover for **pre-existing conditions**, special restrictions or exclusions, or **we** may decline to offer cover. Any special restrictions or exclusions are personal to the person **you** add and will be shown on **your** membership certificate. This does not apply if **your sponsor** has purchased cover with medical history disregarded. Please contact the customer services helpline if **you** are not sure if this applies to **you**.

### Adding your newborn child?

Congratulations on **your** new arrival!

This does not apply if **your sponsor** has purchased cover with medical history disregarded. Please contact the customer services helpline if **you** are not sure if this applies to **you**.

### If you have a Business Select Health Plan

To apply to add **your** newborn, **you**, the **principal member** will need to complete a newborn application form. **We** must have received the form before cover can commence.

### If you have a Business Premier Health Plan or Business Elite Health Plan

**Your** newborn can be included on this **health plan** from birth without completing an application form and will be covered regardless of any health conditions when:

- **you** include **your** baby under **your** membership within 30 days of the baby's birth.

In this instance **your** baby will not need any medical underwriting.

If the above criteria is not met **we** will require a completed newborn application form and medical underwriting will apply as described when adding a **dependant**. The cover start will be the date **our** medical team accept **your** application to join.

Where full U.S. cover has not been purchased prior to the mother falling pregnant, new born care/**treatment** will not be covered by the 28 day **emergency** U.S. cover or other, unless the baby is prematurely born in unexpected circumstances.

If there are any changes to the information **you** provided on the application form after **you** sign it and before **we** accept the application, please let **us** know straight away.

### When cover starts for others on your membership

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

If **you**, the **principal member's** membership ceases, **your dependants** can then, of course, apply for membership in their own right under an individual **Bupa Global** insurance plan.

## Your health plan benefits

The 'Table of Benefits' provides an explanation of what is covered on **your health plan** and the associated limits.

### Treatment that we cover

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

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

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

### Active treatment

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

**We** also cover certain wellness and preventative **treatment**. Please see the 'Table of Benefits' for information.

### Our approach to costs

When **you** are in need of a **benefit provider**, **our** dedicated team can help **you** find a **recognised medical practitioner, hospital or healthcare facility** within **network**. Alternatively, **you** can view a summary of **benefit providers** on Facilities Finder at [bupaglobal.com/en/facilities/finder](http://bupaglobal.com/en/facilities/finder).

Where **you** choose to have **your treatment** and services with a **benefit provider** in **network**, **we** will pay all covered costs of **treatment**, once any applicable **co-insurance** or deductible amount which **you** are responsible to pay has been taken from the total claimed amount.

Should **you** choose to have **covered benefits** with a **benefit provider** who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. This means that the costs charged by the **benefit provider** must be no more than they would normally charge, and be similar to other **benefit providers** providing comparable health outcomes in the same geographical region. These may be determined by **our** experience of usual, and most common, charges in that region. Government or official medical bodies will sometimes publish guidelines for fees and medical practice (including established **treatment** plans, which outline the most appropriate course of care for a specific condition, operation or procedure). In such cases, or where published insurance industry standards exist, **we** may refer to these global guidelines when assessing and paying claims. Charges in excess of published guidelines or **Reasonable and Customary** made by an 'out-of-network' **benefit provider** will not be paid.

This means that, should **you** choose to receive **covered benefits** from an 'out-of-network' **benefit provider**:

- **you** will be responsible for paying any amount over and above the amount which **we** reasonably determine to be **Reasonable and Customary** – this will be payable by **you** directly to **your** chosen 'out-of-network' **benefit provider**;
- **we** cannot control what amount **your** chosen 'out-of-network' **benefit provider** will seek to charge **you** directly.

There may be times when it is not possible for **you** to be treated at a **benefit provider** in **network**, for example, if **you** are taken to an 'out-of-network' **benefit provider** in an **emergency**. If this happens, **we** will pay all covered costs of **treatment** (after any applicable **co-insurance** or deductible has been taken).

If **you** are taken to an 'out-of-network' **benefit provider** in an **emergency**, it is important that **you**, or the **benefit provider**, contact **us** within 48 hours of **your** admission, or as soon as reasonably possible in the circumstances. If it is the best thing for **you**, **we** may arrange for **you** to be moved to a **benefit provider** in **network** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a **benefit provider** in **network** only the **Reasonable and Customary** costs of any **covered benefits** received following the date of the transfer being offered will be paid (after any applicable **co-insurance** or deductible has been taken).

Other rules may apply in respect of **covered benefits** received from an 'out-of-network' **benefit provider** in certain countries.

### Table of Benefits

The 'Table of Benefits' shows the benefits, limits and the detailed rules that apply to **your health plan**. **You** also need to read the 'General Exclusions' section so that **you** understand the exclusions on **your health plan**.

### Variations to your benefits

**Your sponsor** may have agreed variations to this benefit table with **us**. If so, **your sponsor** will let **you** know these variations.

### How to read the Table of Benefits

There are three levels of cover: Business Select, Business Premier and Business Elite. **You** need to read the column in the 'Table of Benefits' that applies to **your** level of cover, as shown on **your** membership certificate.

For example if **your** membership certificate states Business Elite **Health Plan**, the columns showing Select and Premier do not apply to **you**.

### Benefit limits

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

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

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

### Currencies

All the benefit limits in this 'Table of Benefits' and notes are set out in three currencies: GBP, USD and EUR. The currency in which **your sponsor** pays **us** premiums is the currency that applies to **your** membership for the purpose of the benefit limits. The currency applicable for **your** contract is as shown on **your** membership certificate.

For example, if **your sponsor** pays **us** premiums in GBP then the benefit limits given in GBP apply to **your** membership and USD and EUR limits do not apply to **you**.

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

### Waiting periods

**You** will notice that waiting periods apply to some of the benefits. This means that **you** cannot make a claim for that particular benefit until **you** have been covered for the full duration of the waiting period stated. **We** may have agreed to waive waiting periods on **your health plan**. Please call **us** to find out whether the waiting periods on **your health plan** have been waived.

### How does the co-insurance work?

If **your sponsor** has chosen a **co-insurance** this will be shown on **your** membership card. The **co-insurance** on this **health plan** is the percentage of all out-patient day to day care expenses that **you** share with **us** - please refer to **your** 'Table of Benefits'.

### Example

1. With 15% **co-insurance**, **you** always pay 15% of **your** out-patient day to day care
2. **You** have a consultation with **your doctor** which costs GBP 80
3. 15% out-patient day to day care **co-insurance** applied is GBP 12 which **you** pay directly to **your doctor**
4. Amount paid by **us** is GBP 68
5. Later in the year **you** stay in **hospital** for 5 days which costs GBP 8,000
6. As this is in-patient care the **co-insurance** applied is GBP 0
7. Amount paid by **us** is GBP 8,000

Please note that the benefit limits shown in the 'Table of Benefits' is the maximum paid by **us**.

# Summary of Benefits

Select

Premier

Elite

## Table of Benefits

Overall annual maximum	●	●	●
Geographical cover	●	●	●

## Out-patient treatment

Out-patient <b>surgical operations</b>	●	●	●
Full Health Screen/Wellness checks	●	●	●
<b>Consultants'</b> fees for consultations/Pathology, x-ray and <b>diagnostic tests</b>	●	●	●
Costs for <b>treatment</b> by <b>therapists, complementary medicine practitioners</b> and <b>qualified nurses</b>	●	●	●
<b>Consultants'</b> fees, <b>psychologists</b> and <b>psychotherapists'</b> fees for <b>mental health treatment</b>	●	●	●
Vaccinations	●	●	●
Costs for <b>treatment</b> by a family <b>doctor</b>	●	●	●
Prescribed drugs and dressings	●	●	●
Physiotherapy	●	●	●
Accident-related dental <b>treatment</b>	●	●	●

## In-patient and day-case treatment

<b>Hospital</b> accommodation	●	●	●
<b>Surgical operations</b> , including pre- and post-operative care	●	●	●
Nursing care, drugs and surgical dressings	●	●	●
<b>Specialists'</b> fees	●	●	●
Theatre charges	●	●	●
<b>Intensive Care</b> , intensive therapy, coronary care and high dependency unit	●	●	●
Pathology, X-rays, <b>diagnostic tests</b> and therapies	●	●	●
Newborn care	●	●	●
Prosthetic implants and appliances	●	●	●
Parent accommodation	●	●	●
<b>Mental health treatment</b>	●	●	●
<b>Prophylactic surgery</b>	●	●	●
Reconstructive surgery	●	●	●
Obesity surgery (after two years' membership)	●	●	●

## Further benefits

Advanced imaging	●	●	●
<b>Advanced therapy medicinal products (ATMPs)</b>	●	●	●
Cancer <b>treatment</b>	●	●	●
Congenital and hereditary conditions	●	●	●
Genetic Cancer Screening	●	●	●
Bupa LifeWorks, <b>your</b> Global Employee Support Programme	●	●	●
Healthline services	●	●	●
HIV / AIDS drug therapy including ART	●	●	●
Home nursing after <b>in-patient treatment</b>	●	●	●
Hospice and palliative care	●	●	●
In-patient cash benefit	●	●	●

# Summary of Benefits (continued)

	Select	Premier	Elite
<b>Further benefits (continued)</b>			
Kidney dialysis	●	●	●
Prosthetic devices	●	●	●
<b>Rehabilitation</b>	●	●	●
<b>Rehabilitation</b> in a health resort			
Transplant services	●	●	●
<b>Treatment</b> for or related to gender dysphoria. Please refer to the 'General Exclusions' section.	●	●	●
<b>Maternity and childbirth cover</b>			
Maternity and childbirth cover	●	●	●
Infertility <b>Treatment</b>		●	●
<b>Transportation / Travel</b>			
Medical evacuation	●	●	●
Medical repatriation	●	●	●
Non-medical evacuation in case of conflicts and natural disasters			
Local air ambulance	●	●	●
Local road ambulance	●	●	●
Travel cost for an accompanying person	●	●	●
Travel cost for the transfer of children	●	●	●
Compassionate visit transport costs and compassionate visit living allowance		●	●
Compassionate <b>emergency</b> repatriation			
Living allowance			●
Repatriation of mortal remains	●	●	●
<b>Dental / Optical treatment*</b>			
Dental	●	●	●
Optical	●	●	●
<b>U.S. cover</b>			
U.S. cover	●	●	●

# Summary of Exclusions

	Select	Premier	Elite
Administration / registration fees	●	●	●
<b>Artificial life maintenance</b>	●	●	●
Advance payments / deposits	●	●	●
Birth control	●	●	●
Chinese medicine	●	●	●
Conflict and disaster	●	●	●
Convalescence, nursing home and admission for general care, or staying in <b>hospital</b> or other establishment	●		
Cosmetic <b>treatment</b>	●	●	●
Deafness	●	●	●
Dental <b>treatment</b> /gum disease	●	●	●
Desensitisation and neutralisation	●	●	●
Developmental problems	●	●	●
Donor organs	●	●	●
Experimental or unproven <b>treatment</b>	●	●	●
Eyesight	●	●	●
Footcare	●	●	●
Genetic testing	●	●	●
Harmful or hazardous use of alcohol, drugs and/or medicines	●	●	●
Health hydros, nature cure clinics or any establishment that is not a <b>hospital</b> .	●	●	●
Infertility <b>treatment</b>	●		
Illegal activity	●	●	●
Maternity and childbirth			
Mechanical or animal donor organs	●	●	●
Obesity	●	●	●
<b>Persistent vegetative state</b> (PVS) and neurological damage	●	●	●
Physical aids and devices	●	●	●
<b>Pre-existing conditions</b>	●	●	●
Reconstructive or remedial surgery	●	●	●
Sleep disorders	●	●	●
Speech disorders	●	●	●
Stem cells	●	●	●
Surrogacy	●	●	●
Temporomandibular joint (TMJ) disorders	●	●	●
Travel costs for <b>treatment</b>	●	●	●
<b>Treatment</b> for or related to gender dysphoria			
U.S. <b>treatment</b> (unless purchased)	●	●	●
<b>Unrecognised medical practitioner, hospital or healthcare facility</b>	●	●	●

# Table of Benefits

The table of benefits shows the benefits, limits and the detailed rules that apply to **your** plan. **You** also need to read the 'General Exclusions' section so that **you** understand the exclusions on **your** plan.

## Table of Benefits

Benefits	Select	Premier	Elite	Explanation of benefits
Overall annual maximum	GBP 2,000,000 USD 3,100,000 EUR 2,600,000 each <b>membership year</b>	GBP 3,000,000 USD 4,700,000 EUR 3,900,000 each <b>membership year</b>	GBP 6,000,000 USD 9,300,000 EUR 7,800,000 each <b>membership year</b>	<p>All benefits below, even those paid in full will contribute to the overall annual policy maximum limit.</p> <p>The currency applicable for <b>your</b> contract is as shown on <b>your</b> membership certificate.</p> <p><b>Co-insurance</b> options: No <b>co-insurance</b> available on Business Select. Optional 15% or 25% available on Business Premier and Business Elite.</p> <p>Please see <b>your</b> membership certificate for details of any <b>co-insurance</b> that applies to <b>your</b> out-patient benefits.</p>
Geographical cover	Worldwide excluding U.S.	Worldwide excluding U.S.	Worldwide excluding U.S.	If <b>you</b> have Business Select, Business Premier or Business Elite cover, please see <b>your</b> membership certificate to see if <b>your sponsor</b> has purchased optional U.S. cover.

## Out-patient treatment

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

Benefits	Select	Premier	Elite	Explanation of benefits
Out-patient <b>surgical operations</b>	Paid in full	Paid in full	Paid in full	<b>We</b> pay for out-patient <b>surgical operations</b> when carried out by a <b>specialist</b> or a family <b>doctor</b> .
Full Health Screen/ Wellness checks	<b>We</b> pay up to GBP 100 USD 150 EUR 125 each <b>membership year</b>	<b>We</b> pay up to GBP 800 USD 1,400 EUR 1,000 each <b>membership year</b>	GBP 1,000 USD 1,600 EUR 1,300 each <b>membership year</b>	A full health screening generally includes various routine tests performed to assess <b>your</b> state of health and could include tests such as high cholesterol, high blood pressure, diabetes, anaemia and lung function, liver and kidney function and cardiac risk assessment. In addition, <b>you</b> may also have the specific screenings as part of a full health screening. The actual tests <b>you</b> have will depend on those supplied by the <b>benefit provider</b> where <b>you</b> have <b>your</b> screening.  The wellness checks <b>you</b> may have are specific screenings for breast, cervical, prostate and colorectal cancer.
<b>Consultants'</b> fees for consultations/ Pathology, x-ray and <b>diagnostic tests</b>	<b>We</b> pay up to GBP 500 USD 775 EUR 650 each <b>membership year</b>	<b>We</b> pay up to GBP 6,400 USD 9,900 EUR 8,300 each <b>membership year</b>	Paid in full	This normally means a meeting with a <b>consultant</b> to assess <b>your</b> condition. Such meetings may take place in the <b>specialist's</b> or <b>doctor's</b> office, by telephone or using the internet.  <b>We</b> pay for: <ul style="list-style-type: none"><li>○ pathology, such as checking blood and urine samples for specific abnormalities,</li><li>○ radiology, such as X-rays, and</li><li>○ <b>diagnostic tests</b>, such as electro-cardiograms (ECGs)</li></ul> when recommended by <b>your consultant</b> to help determine or assess <b>your</b> condition when carried out in a <b>hospital</b> .  <b>We</b> also pay for <b>treatment</b> provided by <b>therapists</b> (such as physiotherapy) and <b>complementary medicine practitioners</b> (such as acupuncturists) if it is needed as part of <b>your treatment</b> in <b>hospital</b> .
Costs for <b>treatment</b> by <b>therapists, complementary medicine practitioners</b> and <b>qualified nurses</b>	Paid in full up to 5 visits each <b>membership year</b>	Paid in full up to 35 visits each <b>membership year</b>	Paid in full up to 70 visits each <b>membership year</b>	<b>We</b> pay for nursing charges for general nursing care, for example injections or wound dressings by a <b>qualified nurse</b> and consultations and <b>treatment</b> with <b>therapists</b> and <b>complementary medicine practitioners</b> when they are appropriately qualified and registered to practice in the country where <b>treatment</b> is received.  This includes the cost of both the consultation and <b>treatment</b> , including any complementary medicine prescribed or administered as part of <b>your treatment</b> .  Should any complementary medicines or <b>treatments</b> be supplied or carried out on a separate date to a consultation, these costs will be treated as a separate visit.  Note: for dieticians, <b>we</b> pay the initial consultation plus two follow-up visits when needed as a result of a covered condition.  Please note that obesity is not covered.
<b>Consultants'</b> fees, <b>psychologists</b> and <b>psychotherapists'</b> fees for <b>mental health treatment</b>	Paid in full	Paid in full	Paid in full	<b>We</b> will pay for <b>consultants'</b> fees, <b>psychologists</b> and <b>psychotherapists'</b> fees for <b>mental health treatment</b> .
Vaccinations	<b>We</b> pay up to GBP 239 USD 372 EUR 310 each <b>membership year</b>	<b>We</b> pay up to GBP 250 USD 390 EUR 325 each <b>membership year</b>	Paid in full	<b>We</b> pay for vaccinations including vaccinations to aid the prevention of cancer, such as the human papilloma virus (HPV) vaccination, as and when such vaccines have completed medical trials and are approved for use in the country of <b>treatment</b> .



## Out-patient treatment (continued)

Benefits	Select	Premier	Elite	Explanation of benefits
Costs for <b>treatment</b> by a family <b>doctor</b>	Paid in full up to 6 visits each <b>membership year</b>	Paid in full up to 12 visits each <b>membership year</b>	Paid in full	<b>We pay for family doctor treatment.</b>  Such meetings may take place in the <b>specialist's</b> or <b>doctor's</b> office, by telephone or using the internet.
Prescribed drugs and dressings	<b>We pay up to</b> GBP 500 USD 875 EUR 625 each <b>membership year</b>	<b>We pay up to</b> GBP 3,000 USD 5,400 EUR 4,600 each <b>membership year</b>	Paid in full	<b>We pay for the cost of drugs and dressings prescribed for you by your medical practitioner to treat a disease, illness or injury, for covered treatment.</b>  <b>If optional U.S. cover has been purchased:</b> <b>We pay for the cost of drugs and dressings prescribed for you by your medical practitioner for covered treatment when using our U.S. Provider network. You must present your Bupa Global U.S. insurance card.</b>  Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit described in the costs for <b>treatment by therapists</b> and <b>complementary medicine practitioners</b> benefit.
Physiotherapy	Paid in full	Paid in full	Paid in full	<b>We pay for Physiotherapy.</b>  This includes the cost of both the consultation and <b>treatment</b>
Accident-related dental <b>treatment</b>	Paid in full	Paid in full	Paid in full	<b>We pay for accident-related dental treatment that you receive from a dental practitioner for treatment during an emergency visit following accidental damage to any tooth.</b>  <b>We only pay any accident-related dental treatment which takes place up to 30 days after the accident.</b>

## In-patient and day-case treatment

### For all in-patient and day-case treatment costs:

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

### Long in-patient stays: 5 nights or longer

In order for **us** to cover an in-patient stay lasting 5 nights or more, **you** or **your consultant** must send **us** a medical report from **your consultant** before the fifth night, confirming:

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

Benefits	Select	Premier	Elite	Explanation of benefits
<b>Hospital</b> accommodation	Paid in full – standard private room	Paid in full – standard private room	Paid in full – standard private room	<p><b>We</b> pay charges for <b>your hospital</b> accommodation, including all <b>your</b> own meals and refreshments, when:</p> <ul style="list-style-type: none"> <li>○ there is a medical need to stay in <b>hospital</b></li> <li>○ the <b>treatment</b> is given or managed by a <b>specialist</b>, and</li> <li>○ the length of <b>your</b> stay is medically appropriate</li> </ul> <p><b>We</b> do not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics.</p> <p>For Business Select, Business Premier and Business Elite, <b>we</b> pay for accommodation in a room that is no more expensive than the <b>hospital's</b> standard single room with a private bathroom.</p> <p><b>We</b> pay for the length of stay that is medically appropriate for the procedure that <b>you</b> are admitted for. For example, unless medically essential, <b>we</b> do not pay for day-case accommodation for <b>out-patient treatment</b>, and <b>we</b> do not pay for in-patient accommodation for <b>day-case treatment</b>. Please also read convalescence and admission for general care in the 'General Exclusions' section.</p>
<b>Surgical operations</b> , including pre- and post-operative care	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay surgeons' and anaesthetists' fees for a <b>surgical operation</b>, including all pre- and post-operative care.</p>
Nursing care, drugs and surgical dressings	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay for nursing services, drugs and surgical dressings <b>you</b> need as part of <b>your treatment</b> in <b>hospital</b>.</p> <p>Note: <b>we</b> do not pay for nurses hired as well as the <b>hospital's</b> own staff. In the rare case where a <b>hospital</b> does not provide nursing staff <b>we</b> will pay for the reasonable cost of hiring a <b>qualified nurse</b> for <b>your treatment</b>.</p>
<b>Specialists' fees</b>	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay <b>specialists'</b> fees for <b>treatment you</b> receive in <b>hospital</b> if this does not include a <b>surgical operation</b>, for example if <b>you</b> are in <b>hospital</b> for <b>treatment</b> of a medical condition such as pneumonia.</p> <p>If <b>your treatment</b> includes a <b>surgical operation</b> <b>we</b> will only pay <b>specialists'</b> fees if the attendance of a <b>specialist</b> is <b>medically necessary</b>, for example, in the rare event of a heart attack following a <b>surgical operation</b>.</p>

## In-patient and day-case treatment (continued)

Benefits	Select	Premier	Elite	Explanation of benefits
Theatre charges	Paid in full	Paid in full	Paid in full	<b>We</b> pay for use of an operating theatre.
<b>Intensive Care</b> , intensive therapy, coronary care and high dependency unit	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay for <b>intensive care</b> in an <b>intensive care</b> unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when:</p> <ul style="list-style-type: none"> <li>○ it is an essential part of <b>your treatment</b> and is usually needed by patients undergoing the same type of <b>treatment</b> as <b>yours</b>, or</li> <li>○ it is <b>medically necessary</b> in the event of unexpected circumstances, for example if <b>you</b> have an allergic reaction during surgery</li> </ul>
Pathology, X-rays, <b>diagnostic tests</b> and therapies	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay for:</p> <ul style="list-style-type: none"> <li>○ pathology, such as checking blood and urine samples</li> <li>○ radiology (such as X-rays), and</li> <li>○ <b>diagnostic tests</b> such as electrocardiograms (ECGs)</li> </ul> <p>when recommended by <b>your consultant</b> to help determine or assess <b>your</b> condition when carried out in a <b>hospital</b>.</p> <p><b>We</b> also pay for <b>treatment</b> provided by <b>therapists</b> (such as physiotherapy) and <b>complementary medicine practitioners</b> (such as acupuncturists) if it is needed as part of <b>your treatment</b> in <b>hospital</b>.</p>
Newborn care	Paid in full for all <b>treatment</b> received within the first 90 days following birth	Paid in full for all <b>treatment</b> received within the first 90 days following birth	Paid in full for all <b>treatment</b> received within the first 90 days following birth	<p>All <b>treatment</b> (including routine preventive care, check-ups and immunisations) required for a newborn during the first 90 days following birth shall be covered by this newborn care benefit.</p> <p>The newborn care benefit is paid instead of any other benefit.</p> <p>Newborn children must have their own membership and must be registered on a <b>Bupa Global</b> plan before this benefit can be claimed.</p>
Prosthetic implants and appliances	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay for a prosthetic implant needed as part of <b>your treatment</b>. By this, <b>we</b> mean an artificial body part or appliance which is designed to form a permanent part of <b>your</b> body and is surgically implanted for one or more of the following reasons:</p> <ul style="list-style-type: none"> <li>○ to replace a joint or ligament</li> <li>○ to replace one or more heart valves</li> <li>○ to replace the aorta or an arterial blood vessel</li> <li>○ to replace a sphincter muscle</li> <li>○ to replace the lens or cornea of the eye</li> <li>○ to act as a heart pacemaker</li> <li>○ to remove excess fluid from the brain</li> <li>○ to control urinary incontinence (bladder control)</li> <li>○ to reconstruct a breast following surgery for cancer when the reconstruction is carried out as part of the original <b>treatment</b> for the cancer and <b>you</b> have obtained <b>our</b> written consent before receiving the <b>treatment</b></li> <li>○ to restore vocal function following surgery for cancer</li> </ul> <p><b>We</b> also pay for the following appliances:</p> <ul style="list-style-type: none"> <li>○ a knee brace which is an essential part of a <b>surgical operation</b> for the repair to a cruciate (knee) ligament, or</li> <li>○ a spinal support which is an essential part of a <b>surgical operation</b> to the spine</li> </ul>

## In-patient and day-case treatment (continued)

Benefits	Select	Premier	Elite	Explanation of benefits
Parent accommodation	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay room and board costs for the parent staying in <b>hospital</b> with their child when:</p> <ul style="list-style-type: none"> <li>○ the costs are for one parent or legal guardian only</li> <li>○ the parent or guardian is staying in the same <b>hospital</b> as the child,</li> <li>○ the child is under the age of 18 years old, and the child is receiving <b>treatment</b> that is covered</li> </ul>
<b>Mental health treatment</b>	Paid in full	Paid in full	Paid in full	<p><b>We</b> cover <b>mental health treatment</b> in <b>hospital</b> during each policy year, in full. This benefit applies to all <b>treatment</b> related to the mental health condition.</p>
<b>Prophylactic surgery</b>	Paid in full	Paid in full	Paid in full	<p><b>We</b> may pay if <b>Bupa Global's</b> medical policy criteria is met, for example, a mastectomy and reconstruction when there is a significant family history and/or <b>you</b> have a positive result from genetic testing.</p> <p>Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b>. Benefit will not be paid unless pre-authorisation has been provided.</p>
Reconstructive surgery	Paid in full	Paid in full	Paid in full	<p><b>Treatment</b> to restore <b>your</b> appearance after an illness, injury or surgery. <b>We</b> may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during <b>your</b> continuous membership.</p> <p>Please contact <b>us</b> for pre-authorisation before proceeding with any reconstructive surgery.</p> <p>Benefit will not be paid unless pre-authorisation has been provided.</p>
Obesity surgery (after two years' membership)	Paid in full	Paid in full	Paid in full	<p>Once <b>you</b> have been covered on this <b>health plan</b> for two years, <b>we</b> may pay, depending on <b>Bupa Global's</b> medical policy criteria, for bariatric surgery, if <b>you</b>:</p> <ul style="list-style-type: none"> <li>○ have a body mass index (BMI) of 40 or over and have been diagnosed as being morbidly obese</li> <li>○ can provide documented evidence of other methods of weight loss which have been tried over the past two years and</li> <li>○ have been through a psychological assessment which has confirmed that it is appropriate for <b>you</b> to undergo the procedure.</li> </ul> <p>The bariatric surgery technique needs to be evaluated by <b>our</b> medical teams and depends on <b>Bupa Global's</b> medical policy criteria.</p> <p>In some cases, <b>you</b> may qualify for weight-loss surgery if <b>your</b> BMI is between 35 and 40 and <b>you</b> have a serious weight-related health problem, such as type 2 diabetes. The decision for <b>Bupa Global</b> to cover this will be entirely made by <b>our</b> medical teams.</p> <p>Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b>. Benefit will not be paid unless pre-authorisation has been provided.</p>

## Further benefits

### Important

These are the other benefits provided by **your** membership of the **health plan**.

These benefits may be in-patient, out-patient or day-case.

Benefits	Select	Premier	Elite	Explanation of benefits
Advanced imaging	Paid in full	Paid in full	Paid in full	<b>We</b> pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by <b>your consultant</b> or family <b>doctor</b> to help diagnose or assess <b>your</b> condition.
<b>Advanced therapy medicinal products (ATMPs)</b>	Paid in full, one course of <b>treatment</b> for each condition per lifetime	Paid in full, one course of <b>treatment</b> for each condition per lifetime	Paid in full, one course of <b>treatment</b> for each condition per lifetime	<p><b>We</b> pay for <b>ATMP treatment</b> if it is:</p> <ul style="list-style-type: none"> <li>○ administered by a <b>specialist</b> in the country where <b>you</b> receive it, and;</li> <li>○ approved by the licensing authority in the country where <b>you</b> receive it, for <b>your</b> condition, stage of disease and stage of <b>treatment</b> that <b>you</b> have, and;</li> <li>○ endorsed by an independent <b>specialist</b> appointed by <b>Bupa Global</b> who confirms it: <ul style="list-style-type: none"> <li>○ as medically appropriate, based on established medical practice, or</li> <li>○ is provided under a registered and ethically approved study (in this case <b>we</b> will not apply the 'experimental or unproven <b>treatment</b>' exclusion).</li> </ul> </li> </ul> <p>Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b>.</p>
Cancer <b>treatment</b>	Paid in full	Paid in full	Paid in full	<p>Once cancer is diagnosed, <b>we</b> pay fees that are related to <b>treatment</b> for cancer. This includes tests, scans, consultations, wigs and prescribed medicines (such as cytotoxic drugs or chemotherapy).</p> <p>If <b>your treatment</b> involves <b>advanced therapy medicinal products (ATMP)</b>, this will be paid from the <b>ATMP</b> benefit.</p>
Congenital and hereditary conditions	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay for <b>treatment</b> of congenital and hereditary conditions:</p> <ul style="list-style-type: none"> <li>○ by congenital conditions <b>we</b> mean any abnormalities, deformities, diseases, illnesses or injuries present at birth</li> <li>○ by hereditary conditions <b>we</b> mean any abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of <b>your</b> family</li> </ul> <p>If <b>you</b> are unsure whether <b>your</b> condition may be classed as congenital or hereditary, please contact <b>us</b> for more information.</p> <p>The amount shown here is the total amount <b>we</b> shall pay for these expenses during the whole of <b>your</b> lifetime of Bupa, whether continuous or not.</p>
Genetic Cancer Screening	Paid in full	Paid in full	Paid in full	<p>Cover for costs of genetic cancer testing and one pre and one post consultation, only if:</p> <ul style="list-style-type: none"> <li>○ referred by a <b>doctor</b></li> <li>○ there is an immediate family (bloodline) history, and</li> <li>○ the tests and consultations are carried out at a <b>hospital</b></li> </ul> <p>Please contact <b>us</b> for pre-authorisation before proceeding with testing. Benefit will not be paid unless pre-authorisation has been provided.</p>

## Further benefits (continued)

Benefits	Select	Premier	Elite	Explanation of benefits
Bupa LifeWorks, <b>your</b> Global Employee Support Programme	Included	Included	Included	<p><b>We</b> pay in full for up to 5 counselling sessions, per issue, each <b>membership year</b>.</p> <p>No limit applies to the number of issues per year.</p> <p>Bupa LifeWorks, <b>your</b> global Employee Assistance Programme, provides 24/7 confidential support from a <b>specialist</b>, plus a wealth of expert tips and toolkits to support <b>your</b> wellbeing, at work and at home.</p> <p>Note: The overall annual maximum benefit limit does not apply.</p> <p>Important: support and advice provided through this service does not confirm that any related <b>treatment</b> or other support which may be discussed would be covered under <b>your health plan</b>.</p> <p>For full details of how to use this service and how it works, please see the Bupa LifeWorks section of this <b>membership guide</b>.</p>
Healthline services	Included	Included	Included	<p>This is a telephone advice line which offers help 24 hours a day, 365 days a year. Please call +44 (0) 1273 333 911 at any time when <b>you</b> need to.</p> <p>The following are some of the services that may be offered by telephone:</p> <ul style="list-style-type: none"> <li><input type="radio"/> general medical information from a health professional</li> <li><input type="radio"/> medical referrals to a <b>specialist</b> or <b>hospital</b></li> <li><input type="radio"/> medical service referral (ie locating a <b>specialist</b>) and assistance arranging appointments</li> <li><input type="radio"/> inoculation and visa requirements information</li> <li><input type="radio"/> <b>emergency</b> message transmission</li> <li><input type="radio"/> interpreter and embassy referral</li> </ul> <p>Note: <b>treatment</b> arranged through this service may not be covered under <b>your health plan</b>. Please check <b>your</b> cover before proceeding.</p>
HIV / AIDS drug therapy including ART	Paid in full	Paid in full	Paid in full	
Home nursing after <b>in-patient treatment</b>	<b>We</b> pay up to a maximum of 30 days each <b>membership year</b>	<b>We</b> pay up to a maximum of 196 days each <b>membership year</b>	<b>We</b> pay up to a maximum of 196 days each <b>membership year</b>	<p>Following <b>treatment</b> in <b>hospital</b> which is covered under this <b>health plan</b>, when it:</p> <ul style="list-style-type: none"> <li><input type="radio"/> is prescribed by <b>your specialist</b></li> <li><input type="radio"/> starts immediately after <b>you</b> leave <b>hospital</b></li> <li><input type="radio"/> reduces the length of <b>your</b> stay in <b>hospital</b></li> <li><input type="radio"/> is provided by a <b>qualified nurse</b> in <b>your</b> home and</li> <li><input type="radio"/> is needed to provide medical care, not personal assistance</li> </ul>
Hospice and palliative care	<b>We</b> pay up to GBP 24,000 USD 37,200 EUR 31,200 maximum benefit for the whole of <b>your</b> lifetime	<b>We</b> pay up to GBP 24,000 USD 37,200 EUR 31,200 maximum benefit for the whole of <b>your</b> lifetime	<b>We</b> pay up to GBP 24,000 USD 37,200 EUR 31,200 maximum benefit for the whole of <b>your</b> lifetime	<p>Hospice and palliative care services if <b>you</b> have received a terminal diagnosis and can no longer have <b>treatment</b> which will lead to <b>your</b> recovery:</p> <ul style="list-style-type: none"> <li><input type="radio"/> <b>hospital</b> or hospice accommodation</li> <li><input type="radio"/> nursing care</li> <li><input type="radio"/> prescribed medicines</li> <li><input type="radio"/> physical, psychological, social and spiritual care</li> </ul> <p>The amount shown here is the total amount <b>we</b> shall pay for these expenses during the whole of <b>your</b> lifetime of Bupa, whether continuous or not.</p>

## Further benefits (continued)

Benefits	Select	Premier	Elite	Explanation of benefits
In-patient cash benefit	<b>We</b> pay up to GBP 90 USD 150 EUR 100 per night up to 20 nights each <b>membership year</b>	<b>We</b> pay up to GBP 90 USD 150 EUR 100 per night up to 20 nights each <b>membership year</b>	<b>We</b> pay up to GBP 90 USD 150 EUR 100 per night up to 20 nights each <b>membership year</b>	This benefit is paid instead of any other benefit for each night <b>you</b> receive covered <b>in-patient treatment</b> without charge.  To claim this benefit, please ask the <b>hospital</b> to sign and stamp <b>your</b> claim form. Then send the completed form to <b>us</b> with a covering letter stating that <b>you</b> were treated with no charge. Please note that <b>you</b> need to make sure that the medical section of <b>your</b> claim form is completed by <b>your consultant</b> .
Kidney dialysis	Paid in full	Paid in full	Paid in full	<b>We</b> pay for kidney dialysis - provided as In-patient, day-case or as on out-patient
Prosthetic devices	<b>We</b> pay a maximum benefit of GBP 2,400 USD 3,700 EUR 3,100 for each device	<b>We</b> pay a maximum benefit of GBP 3,000 USD 4,700 EUR 3,900 for each device	<b>We</b> pay a maximum benefit of GBP 4,000 USD 6,200 EUR 5,200 for each device	<b>We</b> pay for the initial prosthetic device needed as part of <b>your treatment</b> . By this <b>we</b> mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of <b>your</b> surgical procedure. <b>We</b> do not pay for any replacement prosthetic devices for adults including any replacement devices for a <b>pre-existing condition</b> .  <b>We</b> will pay for the initial and up to two replacements per device for children under the age of 16 years.
<b>Rehabilitation</b>	<b>We</b> pay in full for up to 120 days of <b>treatment</b> (which may be <b>in-patient treatment</b> or <b>day-case treatment</b> ) each <b>membership year</b>	<b>We</b> pay in full for up to 120 days of <b>treatment</b> (which may be <b>in-patient treatment</b> or <b>day-case treatment</b> ) each <b>membership year</b>	<b>We</b> pay in full for up to 120 days of <b>treatment</b> (which may be <b>in-patient treatment</b> or <b>day-case treatment</b> ) each <b>membership year</b>	<b>We</b> pay for <b>rehabilitation</b> , including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. <b>We</b> do not pay for room and board for <b>rehabilitation</b> when the <b>treatment</b> being given is solely physiotherapy.  <b>We</b> pay for <b>rehabilitation</b> , only when <b>you</b> have received <b>our</b> pre-authorization before the <b>treatment</b> starts. For <b>in-patient treatment</b> one day is each overnight stay and for <b>day-case treatment</b> and <b>out-patient treatment</b> , one day is counted as any day on which <b>you</b> have one or more appointments for <b>rehabilitation treatment</b> .  <b>We</b> only pay for <b>rehabilitation</b> where it: <ul style="list-style-type: none"><li>○ starts within 6 weeks of <b>in-patient treatment</b> which is covered by <b>your</b> membership (such as trauma or stroke), and</li><li>○ arises as a result of the condition which needed the <b>in-patient treatment</b> or is needed as a result of such <b>treatment</b> given for that condition.</li></ul> Note: in order to give pre-authorization, <b>we</b> must receive full clinical details from <b>your consultant</b> ; including <b>your</b> diagnosis, <b>treatment</b> given and planned, and proposed discharge date if <b>you</b> receive <b>rehabilitation</b> .
<b>Rehabilitation</b> in a health resort	Not covered	Not covered	Not covered	<b>We</b> pay <b>rehabilitation</b> costs for medically prescribed stays at recognised health resorts following serious illness.  Please contact <b>us</b> for pre-authorization before proceeding. Benefit will not be paid unless pre-authorization has been provided. To claim this benefit, <b>you</b> must meet all the criteria for the <b>Rehabilitation</b> benefit above.

## Further benefits (continued)

Benefits	Select	Premier	Elite	Explanation of benefits
Transplant services	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay for transplant services that <b>you</b> need as a result of a covered condition. <b>We</b> pay medical expenses if <b>you</b> need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant. <b>We</b> also pay for bone marrow transplants (either using <b>your</b> own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy.</p> <p>For Business Select and Business Premier <b>we</b> do not pay for costs associated with the donor or the donor organ.</p> <p>For Business Select, Business Premier and Business Elite <b>members</b>, any drugs prescribed for use as an out-patient, including anti-rejection drugs are paid from <b>your</b> prescribed drugs and dressings benefit.</p> <p>Please see donor organs in the 'General Exclusions' section.</p>
<p><b>Treatment</b> for or related to gender dysphoria.</p> <p>Please refer to the 'General Exclusions' section.</p>	<p>Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people</p> <p>Paid in full</p> <p>Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people</p> <p>Paid in full</p>	<p>Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people</p> <p>Paid in full</p> <p>Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people</p> <p>Paid in full</p>	<p>Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people</p> <p>Paid in full</p> <p>Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people</p> <p>Paid in full</p>	<p>This benefit is paid instead of any other benefit for all hormonal and surgical <b>treatment</b> for or related to gender dysphoria.</p> <p>Any <b>mental health treatment</b> for or related to gender dysphoria is paid from the mental health benefit and is covered to the limits that apply to the mental health benefit.</p> <p>All <b>treatment</b> under this benefit must be pre-authorized.</p> <p>Please refer to the 'General Exclusions' section.</p>



## Maternity and childbirth cover

Benefits	Select	Premier	Elite	Explanation of benefits
Maternity and childbirth cover	<p><b>We</b> pay up to GBP 6,200 USD 9,750 EUR 8,200 each <b>membership year</b></p> <p>Childbirth at home or <b>birthing centre</b>: <b>We</b> pay up to GBP 390 USD 600 EUR 500 each <b>membership year</b></p> <p>Medically essential Caesarean section: <b>We</b> pay up to GBP 6,200 USD 9,750 EUR 8,200 each <b>membership year</b></p> <p>Complications of maternity and childbirth: Paid in full</p>	<p><b>We</b> pay up to GBP 12,600 USD 19,500 EUR 16,400 each <b>membership year</b></p> <p>Childbirth at home or <b>birthing centre</b>: <b>We</b> pay up to GBP 780 USD 1,200 EUR 1,000 each <b>membership year</b></p> <p>Medically essential Caesarean section: <b>We</b> pay up to GBP 12,600 USD 19,500 EUR 16,400 each <b>membership year</b></p> <p>Complications of maternity and childbirth: Paid in full</p>	Paid in full	<p><b>We</b> pay maternity and childbirth benefits.</p> <p><b>Maternity and childbirth cover</b></p> <p>These benefits include for example:</p> <ul style="list-style-type: none"> <li>○ antenatal care such as ultrasound scans</li> <li>○ <b>hospital</b> charges, obstetricians' and midwives' fees for pregnancy and childbirth</li> <li>○ post natal care needed by the mother immediately following normal childbirth, such as stitches</li> </ul> <p><b>Treatment</b> for</p> <ul style="list-style-type: none"> <li>○ abnormal cell growth in the womb (hydatidiform mole)</li> <li>○ foetus growing outside the womb (ectopic pregnancy)</li> </ul> <p>are not covered from this benefit but may be covered by <b>your</b> other benefits.</p> <p>(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by <b>your</b> other benefits.)</p> <p>Note: routine care for <b>your</b> baby</p> <p><b>We</b> pay for routine care for the baby, for up to seven days following birth, from the mother's maternity benefit. Any non-routine care, if covered, is paid from the baby's newborn care benefit, not from the mother's maternity benefit.</p> <p><b>Your</b> baby is also covered for up to seven days routine care following birth if <b>your</b> baby was born to a surrogate mother and <b>you</b>, as the intended parent, have been covered on the plan for 10 months when the baby is born.</p> <p><b>Childbirth at home or birthing centre</b></p> <p>This benefit includes obstetricians' and midwives' fees for delivering <b>your</b> baby at home or a <b>birthing centre</b>.</p> <p><b>Medically Essential Caesarean Section</b></p> <p>This benefit includes <b>hospitals</b>, obstetricians and other medical fees for the cost of the delivery of <b>your</b> baby by Caesarean section when medically essential for example, non progression during labour leading to <b>emergency</b> Caesarean section (eg dystocia, foetal distress, haemorrhage).</p> <p>Note: if <b>we</b> are unable to determine that <b>your</b> Caesarean section was medically essential, it will be paid from <b>your</b> maternity and childbirth benefit limit.</p> <p><b>Complications of maternity and childbirth</b></p> <p><b>Treatment</b> which is <b>medically necessary</b> as a direct result of pregnancy and childbirth complications.</p> <p>By complications <b>we</b> mean those conditions which only ever arise as a direct result of pregnancy or childbirth for example pre-eclampsia, threatened miscarriage, gestational diabetes, still birth.</p> <p>Please contact <b>us</b> for pre-authorization where possible. If <b>you</b> require an <b>emergency</b> admission as a direct result of pregnancy and childbirth complications, please contact <b>us</b> within 48 hours of <b>your</b> admission.</p> <p>Please see maternity and childbirth, and surrogate parenting in the 'General Exclusions' section.</p>

## Maternity and childbirth cover (continued)

Benefits	Select	Premier	Elite	Explanation of benefits
Infertility <b>Treatment</b>	Not covered	50% up to GBP 8,000 EUR 10,000 or USD 13,400 each policy year	50% up to GBP 8,000 EUR 10,000 or USD 13,400 each policy year	<p><b>We</b> pay for reasonable investigations into the causes of infertility and, provided <b>you</b> are under the age of 40, up to 4 cycles for <b>treatment</b> per lifetime to assist reproduction, such as:</p> <ul style="list-style-type: none"> <li>○ in-vitro fertilisation (IVF)</li> <li>○ gamete intrafallopian transfer (GIFT)</li> <li>○ zygote intrafallopian transfer (ZIFT)</li> <li>○ artificial insemination (AI)</li> <li>○ prescribed drug <b>treatment</b></li> <li>○ embryo transport (from one physical location to another), or</li> <li>○ donor ovum and/or semen and related costs</li> </ul> <p>Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b>. Benefit will not be paid unless pre-authorisation has been provided.</p>

## Transportation / Travel

Evacuation covers **you** for reasonable transport costs to the nearest appropriate place of **treatment**, when the **treatment you** need is not available nearby. Repatriation gives **you** the added option of returning to **your specified country of residence** or **specified country of nationality**, to be treated in familiar surroundings, when the **treatment you** need is not available locally.

For all medical transfers, either evacuation or repatriation:

- **you** must contact **us** for pre-authorisation before **you** travel
- the **treatment** must be recommended by **your specialist** or **doctor**
- the **treatment** is not available locally
- the **treatment** must be covered under **your health plan**
- **we** must agree the arrangements with **you**, and
- benefit is applicable for **hospital treatment**, either overnight or as a day-patient

Evacuation may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy.

**We** will only pay if all arrangements are agreed and approved in advance by **Bupa Global**. Please see the 'Pre-authorisation' section for more details. Should **you** arrange transportation covered under the **health plan** yourself **we** shall only compensate **your** expenses to the equivalent cost if **we** had arranged **your** transportation.

Note:

- **We** do not pay for extra nights in **hospital** when **you** are no longer receiving **active treatment** which requires **you** to be hospitalised, for example when **you** are awaiting **your** return flight.
- **We** will not approve a transfer which in **our** reasonable opinion is inappropriate, based on established clinical and medical practice, and **we** are entitled to conduct a review of **your** case, when it is reasonable for **us** to do so. Evacuation or repatriation will not be authorised if it is against the advice of the **Bupa Global** medical team.
- **We** will not arrange evacuation or repatriation in cases where the local situation, including geography, makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. Such intervention depends upon local and/or international resource availability and must remain within the scope of national and international law and regulations. Interventions may depend on the attainment of necessary authorisations issued by the various authorities concerned, which may be outside of the reasonable control or influence of **Bupa Global** or **our service partners**.
- **We** cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond **our** control.
- **Bupa Global** is not the provider of the transportation and other services set out in the transportation/travel section, but will arrange those services on **your** behalf. In some countries **we** may use **service partners** to arrange these services locally, but **Bupa Global** will always be here to support **you**.

## Transportation / Travel (continued)

Benefits	Select	Premier	Elite	Explanation of benefits
Medical evacuation	Paid in full	Paid in full	Paid in full	<p>Transport costs for a medical evacuation:</p> <ul style="list-style-type: none"> <li>○ to the nearest place when the <b>treatment</b> needed is not available locally (this could be to another part of the country that <b>you</b> are in or to another country), and</li> <li>○ for the return journey to the place <b>you</b> were transferred from</li> </ul> <p>when this is pre-authorised by <b>us</b>.</p> <p>Please see the 'Pre-authorisation' section for more details.</p> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"> <li>○ the reasonable cost of the return journey by land or sea, or</li> <li>○ the cost of an economy class air ticket on Business Select, Business Premier or Business Elite</li> </ul> <p>whichever is the lesser amount.</p> <p><b>We</b> do not pay any other costs related to the evacuation such as travel costs or hotel accommodation. In some cases, it may be more appropriate for <b>you</b> to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, <b>we</b> will pay for taxi fares.</p>
Medical repatriation	Paid in full	Paid in full	Paid in full	<p>Transport costs for a medical repatriation:</p> <ul style="list-style-type: none"> <li>○ to <b>your specified country of nationality</b> as given on <b>your</b> application form, or <b>your specified country of residence</b>, when the <b>treatment</b> needed is not available locally, and</li> <li>○ the return journey to the place <b>you</b> were transferred from</li> </ul> <p>when this is pre-authorised by <b>Bupa Global</b>.</p> <p>Please see the 'Pre-authorisation' section for more details.</p> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"> <li>○ the reasonable cost of the return journey by land or sea, or</li> <li>○ the cost of an economy class air ticket on Business Select, Business Premier or Business Elite</li> </ul> <p>whichever is the lesser amount.</p> <p><b>We</b> do not pay any other costs related to the repatriation such as travel costs or hotel accommodation.</p> <p>In some cases, it may be more appropriate for <b>you</b> to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, <b>we</b> will pay for taxi fares.</p> <p>In some cases <b>you</b> may request a medical repatriation when contacting <b>Bupa Global</b> for authorisation, but this may not be medically appropriate. In these cases, <b>we</b> will first evacuate <b>you</b> to the nearest appropriate place where <b>treatment</b> is available. Once <b>you</b> have been stabilised, <b>we</b> may then repatriate <b>you</b> to <b>your specified country of nationality</b> or <b>your specified country of residence</b>.</p>

## Transportation / Travel (continued)

Benefits	Select	Premier	Elite	Explanation of benefits
Non-medical evacuation in case of conflicts and natural disasters	Not covered	Not covered	Not covered	<p>Costs for evacuation if <b>you</b> return ticket cannot be used due to:</p> <ul style="list-style-type: none"> <li>○ war, civil commotion, civil war, terrorist incidents, martial law, revolution or other similar situations in the region where <b>you</b> are staying, if such a situation was declared and documented by the Ministry of Foreign Affairs, embassy, or similar institution of the country <b>you</b> are in and arose after <b>you</b> left for the region</li> <li>○ destructive natural disasters, including but not limited to tsunamis, hurricanes, earthquakes, volcanic eruptions, where the solution overwhelms the local capacity, necessitating a request of a national or international level for external assistance, and only if <b>you</b> are travelling outside <b>your</b> specified country of residency and the situation arose after <b>you</b> left for the region.</li> </ul> <p>If <b>you</b> are detained by the authorities in a country due to war or impending war or <b>you</b> cannot be evacuated due to a natural disaster, <b>we</b> will provide coverage for up to 3 months for essential and documented extra expenses for accommodation and meals, plus the costs of necessary domestic transport due to enforced relocation in country or to meet the cost of higher security travel, if the situation requires so.</p> <p>Cover depends on the condition that <b>you</b> have not previously neglected to follow an evacuation recommendation from the Ministry of Foreign Affairs, embassy, or similar institution of the country <b>you</b> are in.</p> <p><b>We</b> cannot be held responsible for the extent to which transportation may be carried out, but will co-operate with the Ministry of Foreign Affairs, embassy, or similar institution of the country <b>you</b> are in, in such cases where assistance is necessary.</p> <p>Please contact <b>us</b> as soon as possible after the event.</p>
Local air ambulance	<p><b>We</b> pay up to GBP 5,900 USD 9,100 EUR 7,700 each <b>membership year</b></p>	<p><b>We</b> pay up to GBP 5,900 USD 9,100 EUR 7,700 each <b>membership year</b></p>	<p><b>We</b> pay up to GBP 5,900 USD 9,100 EUR 7,700 each <b>membership year</b></p>	<p><b>We</b> pay for <b>medically necessary</b> travel for <b>you</b> to be transported by local air ambulance such as a helicopter, when related to covered <b>in-patient treatment</b> or <b>day-case treatment</b>, either:</p> <ul style="list-style-type: none"> <li>○ from the location of an accident to <b>hospital</b>, or</li> <li>○ for a transfer from one <b>hospital</b> to another</li> </ul> <p>when it is appropriate for this method of transfer to be used to transport <b>you</b> over short journeys of up to 100 miles/160 kilometres. A local air ambulance may not always be available in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. This benefit does not include mountain rescue.</p> <p>Note: <b>you</b> would be covered under the medical evacuation benefit if the <b>treatment you</b> need is not available locally.</p>
Local road ambulance	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay for a local road ambulance</p> <ul style="list-style-type: none"> <li>○ from the location of an accident to a <b>hospital</b></li> <li>○ for a transfer from one <b>hospital</b> to another, or</li> <li>○ from <b>your</b> home to the <b>hospital</b></li> </ul> <p>When a local road ambulance is:</p> <ul style="list-style-type: none"> <li>○ <b>medically necessary</b>, and</li> <li>○ related to <b>treatment</b> that is covered that <b>you</b> need to receive in <b>hospital</b></li> </ul>

## Transportation / Travel (continued)

Benefits	Select	Premier	Elite	Explanation of benefits
Travel cost for an accompanying person	Paid in full	Paid in full	Paid in full	<p>Reasonable travel costs for a close relative (spouse/partner, parent, child, brother or sister) to accompany <b>you</b> if there is a reasonable need for <b>you</b> to be accompanied. By 'reasonable need' <b>we</b> mean that <b>you</b> need someone to accompany <b>you</b> for one of the following reasons:</p> <ul style="list-style-type: none"> <li><input type="radio"/> <b>you</b> need assistance to board or disembark from transport</li> <li><input type="radio"/> <b>you</b> need to be transferred over a long distance (over at least 1000 miles or 1600 KM)</li> <li><input type="radio"/> there is no medical escort</li> <li><input type="radio"/> in the case of <b>serious acute illness</b></li> </ul> <p>The accompanying person may travel in a different class from <b>you</b>, depending on medical requirements.</p> <p>Reasonable travel costs for the return journey to the place <b>you</b> were transferred from when:</p> <ul style="list-style-type: none"> <li><input type="radio"/> this is pre-authorised by <b>Bupa Global</b>, and</li> <li><input type="radio"/> the return journey is within 14 days of the end of the <b>treatment</b></li> </ul> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"> <li><input type="radio"/> the reasonable cost of the return journey by land or sea, or</li> <li><input type="radio"/> the cost of an economy air ticket</li> </ul> <p>whichever is the lesser amount.</p> <p><b>We</b> do not pay for someone to travel with <b>you</b> when the evacuation is for <b>you</b> to receive <b>out-patient treatment</b> such as advanced imaging or cancer <b>treatment</b> such as radiotherapy or chemotherapy.</p>
Travel cost for the transfer of children	Paid in full	Paid in full	Paid in full	<p>Reasonable travel costs for children to be transferred with <b>you</b> in the event of an evacuation or repatriation, provided they are under the age of 18 when:</p> <ul style="list-style-type: none"> <li><input type="radio"/> it is <b>medically necessary</b> for <b>you</b> as their parent or guardian to be evacuated or repatriated</li> <li><input type="radio"/> <b>your</b> spouse, partner, or other joint guardian is accompanying <b>you</b>, and</li> <li><input type="radio"/> they would otherwise be left without a parent or guardian</li> </ul>
Compassionate visit transport costs and compassionate visit living allowance	Not covered	<p>Visit and return: <b>We</b> pay up to 5 trips maximum benefit for the whole of <b>your</b> lifetime, up to            GBP 1,000            USD 1,600            EUR 1,300            per trip</p> <p>Visit living allowance: <b>We</b> pay up to            GBP 100            USD 160            EUR 130            per day for a maximum of 10 days each trip</p>	<p>Visit and return: <b>We</b> pay up to 5 trips maximum benefit for the whole of <b>your</b> lifetime, up to            GBP 1,000            USD 1,600            EUR 1,300            per trip</p> <p>Visit living allowance: <b>We</b> pay up to            GBP 100            USD 160            EUR 130            per day for a maximum of 10 days each trip</p>	<p>The cost of economy class travel costs for a close relative (spouse/partner, parent, child, brother or sister) who is in another country to visit when <b>you</b> have a sudden accident or illness and are going to be hospitalised for at least five days or <b>you</b> have received a short-term terminal prognosis. This includes economy class costs of <b>your</b> relative's return journey to their home country. This benefit is only paid when pre-authorised by <b>Bupa Global</b>.</p> <p>For Business Elite <b>members</b>, costs towards living expenses for <b>your</b> relative:</p> <ul style="list-style-type: none"> <li><input type="radio"/> following a covered compassionate visit only, and</li> <li><input type="radio"/> for up to 10 days while away from their usual <b>specified country of residence</b></li> </ul> <p>This benefit is not paid when either an evacuation or repatriation has taken place. In the event of an evacuation or repatriation taking place during a compassionate visit, no other benefits as described in notes 'Travel cost for an accompanying person', 'Travel cost for the transfer of children' or 'Living allowance' will be payable.</p>

## Transportation / Travel (continued)

Benefits	Select	Premier	Elite	Explanation of benefits
Compassionate <b>emergency</b> repatriation	Not covered	Not covered	Not covered	<p>If <b>you</b> are outside of <b>your</b> country of residence and have to terminate <b>your</b> journey prematurely due to death, <b>serious acute illness</b> or injury resulting in hospitalisation of a relative <b>we</b> pay for reasonable travel expenses.</p> <p>Relative for this benefit means spouse/partner, parent, child, brother, sister, brother in-law, sister in-law, son in-law, daughter in-law, grandchild, parent in-law, step-parent, step-child, step-sibling or guardian.</p> <p>The costs <b>we</b> pay will be either:</p> <ul style="list-style-type: none"> <li><input type="radio"/> the reasonable cost of the return journey by land or sea, or</li> <li><input type="radio"/> the cost of a business class air ticket</li> </ul> <p>whichever is the lesser amount.</p> <p>Only:</p> <ul style="list-style-type: none"> <li><input type="radio"/> one transportation in connection with one course of an illness</li> <li><input type="radio"/> if the relative in question is not a fellow insured traveller who has already been repatriated</li> <li><input type="radio"/> if the compassionate <b>emergency</b> repatriation would cause <b>you</b> to arrive at least 12 hours earlier than was originally planned</li> </ul>
Living allowance	Not covered	Not covered	<b>We</b> pay up to GBP 25 USD 40 EUR 30 per day for up to 10 days per <b>membership year</b>	<p>Costs towards living expenses for a relative (spouse/partner, parent, child, brother or sister) who is authorised to travel with <b>you</b>:</p> <ul style="list-style-type: none"> <li><input type="radio"/> following an evacuation, and</li> <li><input type="radio"/> for up to 10 days, or <b>your</b> date of discharge whichever is the earlier, while away from their usual <b>specified country of residence</b></li> </ul> <p><b>We</b> do not pay for someone to travel with <b>you</b> when evacuation is for <b>out-patient treatment</b> only such as advanced imaging or cancer <b>treatment</b> such as radiotherapy or chemotherapy.</p>
Repatriation of mortal remains	Paid in full	Paid in full	Paid in full	<p>Reasonable costs for the transportation of <b>your</b> body or cremated mortal remains to <b>your specified country of nationality</b> or to <b>your specified country of residence</b>:</p> <ul style="list-style-type: none"> <li><input type="radio"/> in the event of <b>your</b> death while <b>you</b> are away from home, and</li> <li><input type="radio"/> depending on airline requirements and restrictions</li> </ul> <p><b>We</b> will only pay statutory arrangements, such as cremation and an urn or embalming and a zinc coffin, if this is needed by the airline authorities to carry out the transportation.</p> <p><b>We</b> do not pay for any other costs related to the burial or cremation, the cost of burial caskets or the transport costs for someone to collect or accompany <b>your</b> mortal remains.</p>

## Dental / Optical treatment\*

\* On Business Select, Business Premier and Business Elite, the dental and optical benefits can only be purchased together as a single module.

Benefits	Select	Premier	Elite	Explanation of benefits
Dental	Optional cover, if purchased. <b>We</b> pay up to GBP 1,200 USD 1,900 EUR 1,600 each <b>membership year</b>	Optional cover, if purchased. <b>We</b> pay up to GBP 2,500 USD 3,900 EUR 3,300 each <b>membership year</b>	Optional cover, if purchased. <b>We</b> pay up to GBP 5,775 USD 9,000 EUR 7,500 each <b>membership year</b>	<ul style="list-style-type: none"> <li>○ 100 percent of preventive <b>treatment</b> (such as check-ups, X-rays, scale and polishing)</li> <li>○ 80 percent of routine <b>treatment</b> (such as fillings, extractions and root canal therapy)</li> <li>○ 50 percent of major restorative (such as crowns, bridges or implants)</li> <li>○ 50 percent of orthodontic <b>treatment</b> of overbite or under bite up to the age of 19.</li> </ul> <p>Note: <b>Treatment</b> must be provided by a <b>dental practitioner</b>.</p>
Optical	Optional cover, if purchased.  <b>We</b> pay up to GBP 250 USD 400 EUR 350 maximum benefit each <b>membership year</b>	Optional cover, if purchased.  <b>We</b> pay up to GBP 250 USD 400 EUR 350 maximum benefit each <b>membership year</b>	Optional cover, if purchased.  <b>We</b> pay up to GBP 385 USD 600 EUR 500 maximum benefit each <b>membership year</b>	<p><b>We</b> pay:</p> <ul style="list-style-type: none"> <li>○ maximum of one eye test each <b>membership year</b>, which includes the cost of <b>your</b> consultation and sight/vision testing</li> <li>○ 75 percent of covered costs for spectacle and contact lenses which are prescribed to correct a sight/vision problem, such as short or long sight</li> <li>○ 75 percent of covered costs of spectacle frames only if <b>you</b> have been prescribed spectacle lenses, <b>your</b> spectacle lens prescription or invoice will be needed to support <b>your</b> claim for spectacle frames</li> </ul>



## U.S. cover

Benefits	Select	Premier	Elite	Explanation of benefits
U.S. cover	<p>Optional cover, if purchased</p> <p>100 percent of covered costs in <b>network</b>.</p> <p><b>Reasonable and Customary</b> costs out of <b>network</b>.</p> <p><b>Treatment</b> must be pre-authorized.</p>	<p>Optional cover, if purchased</p> <p>100 percent of covered costs in <b>network</b>.</p> <p><b>Reasonable and Customary</b> costs out of <b>network</b>.</p> <p><b>Treatment</b> must be pre-authorized.</p>	<p>Optional cover, if purchased</p> <p>100 percent of covered costs in <b>network</b>.</p> <p><b>Reasonable and Customary</b> costs out of <b>network</b>.</p> <p><b>Treatment</b> must be pre-authorized.</p>	<p><b>Pre-authorization and the U.S. provider network</b></p> <p>If <b>you</b> have U.S. cover, then before any <b>in-patient treatment</b> or <b>day-case treatment</b> in the U.S., <b>you</b> must contact <b>our</b> dedicated team for pre-authorization.</p> <p>Please contact them by calling 844 369 3797 (from inside the U.S.), or +1 844 369 3797 (from outside the U.S.).</p> <p><b>In-patient treatment</b> or <b>day-case treatment</b> received in the U.S. without pre-authorization may not be covered. Any pre-authorized <b>treatment</b> costs are covered according to this 'Table of Benefits'.</p> <p><b>Our U.S. Service Partner</b> uses a national <b>network</b> of <b>hospitals</b>, clinics and <b>medical practitioners</b>. This is the U.S. provider <b>network</b>. <b>Our</b> dedicated team can help <b>you</b> to find a <b>hospital</b> or clinic in the U.S. provider <b>network</b>, when <b>you</b> contact them for pre-authorization. When covered <b>treatment</b> takes place in the U.S. using the U.S. provider <b>network</b>, benefit is paid at 100 percent, once any <b>co-insurance</b> or deductible amount which may apply, and which <b>you</b> are responsible to pay, has been taken from the claimed amount.</p> <p>When covered <b>treatment</b> takes place in the U.S. but outside the U.S. provider <b>network</b>, benefit is paid at <b>Reasonable and Customary</b> costs. Please see the "<b>Our</b> approach to costs" section of this <b>membership guide</b>.</p> <p><b>Emergency admissions</b></p> <p>If <b>you</b> are admitted for <b>emergency treatment</b> <b>you</b> must contact <b>our</b> dedicated team within 48 hours of admission, or as soon as reasonably possible.</p> <p>If <b>your</b> admission for <b>emergency treatment</b> is to a non-<b>network hospital</b>, <b>our</b> dedicated team may arrange to transfer <b>you</b> to a <b>network hospital</b> as soon as it is medically appropriate to do so.</p> <p>If the transfer to a <b>network hospital</b> is carried out, benefit for all covered <b>treatment</b> received at both facilities will be payable at 100 percent.</p> <p>If <b>you</b> choose to stay in a non-<b>network hospital</b> after the date <b>our</b> dedicated team decides a transfer is medically appropriate, benefit for all covered <b>treatment</b> received both before and after that date will be payable at <b>Reasonable and Customary</b> costs.</p>

# General Exclusions

In the 'General Exclusions' section below, **we** list specific **treatments**, conditions and situations that **we** do not cover as part of **your health plan**. As well as these, **you** may have personal exclusions or restrictions that apply to **your health plan**, as shown on **your** membership certificate. No personal exclusions or restrictions shall apply where **we** have agreed with **your sponsor** that medical history has been disregarded.

## Do you have cover for pre-existing conditions?

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

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

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

## General Exclusions

The exclusions in this section apply as well as and alongside any personal exclusions and restrictions explained above.

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

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

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

Please note that, should **you** choose to have **treatment** or services with a **benefit provider** who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. Other rules may apply in respect of **covered benefits** received from an 'out-of-network' **benefit provider** in certain specific countries.

Exclusion	Notes	Rules
Administration / registration fees		Administration and/or registration fees (unless <b>we</b> , at <b>our</b> reasonable discretion, believe that such fees are proper and usual, accepted practice in the relevant country).
<b>Artificial life maintenance</b>		<b>We</b> will not pay for <b>artificial life maintenance</b> for more than 90 days – including mechanical ventilation, where such <b>treatment</b> will not or is not expected to result in <b>your</b> recovery or restore <b>you</b> to <b>your</b> previous state of health. Example: <b>We</b> will not pay for <b>artificial life maintenance</b> when <b>you</b> are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 days.
Advance payments / deposits		Advance payments and/or deposits towards the costs of any <b>covered benefits</b> .
Birth control		Contraception, sterilisation, vasectomy, termination of pregnancy (unless there is a threat to the mother's health), family planning, such as meeting <b>your doctor</b> to discuss becoming pregnant or contraception.

Exclusion	Notes	Rules
Chinese medicine		Any of the following traditional Chinese medicines: cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American Ginseng; Radix Ginseng Silvestris; antelope horn powder; placenta hominis; Agaricus blazei murill; musk; and pearl powder, rhinoceros horn and substances from Asian Elephant, Sun Bear, and Tiger or other endangered species.
Conflict and disaster		<p><b>We</b> shall not be liable for any claims which concern, are due to or are incurred as a result of <b>treatment</b> for sickness or injuries directly or indirectly caused by <b>you</b> putting yourself in danger by entering a known area of conflict (as listed below) and/or if <b>you</b> were an active participant or <b>you</b> have displayed a blatant disregard for <b>your</b> personal safety in a known area of conflict:</p> <ul style="list-style-type: none"> <li>○ nuclear or chemical contamination</li> <li>○ war, invasion, acts of a foreign enemy</li> <li>○ civil war, rebellion, revolution, insurrection</li> <li>○ terrorist acts</li> <li>○ military or usurped power</li> <li>○ martial law</li> <li>○ civil commotion, riots, or the acts of any lawfully constituted authority</li> <li>○ hostilities, army, naval or air services operations whether war has been declared or not</li> </ul>
Convalescence, nursing home and admission for general care, or staying in <b>hospital</b> or other establishment		Convalescence, pain management, supervision, general nursing care, <b>therapist</b> or complementary <b>therapist</b> services, domestic/living assistance such as bathing and dressing, and <b>treatment</b> that could take place as a day-patient or out-patient, receiving services which would not normally require trained medical professionals.
Cosmetic <b>treatment</b>		<p>Non-medically essential surgery and <b>treatment</b> to alter <b>your</b> appearance including abdominoplasty or <b>treatment</b> related to arising from the removal or addition of non-diseased or surplus or fat tissue is not covered.</p> <p><b>We</b> do not pay for <b>treatment</b> of keloid scars. <b>We</b> also do not pay for scar revision, even if the scar is causing a functional problem.</p>
Deafness		<b>Treatment</b> for or arising from deafness or partial hearing loss caused by a congenital abnormality or ageing.
Dental <b>treatment</b> /gum disease	This exclusion is not applicable if <b>you</b> have purchased the optional Dental / Optical module with the Business Premier or Business Elite <b>Health Plan</b> . Please see dental <b>treatment</b> and accident related dental in the 'Table of Benefits.	<p>This includes <b>surgical operations</b> for the <b>treatment</b> of bone disease when related to gum disease or damage.</p> <p>Examples: <b>we</b> do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth.</p>
Desensitisation and neutralisation		<b>Treatment</b> to de-sensitise or neutralise any allergic condition or disorder.
Developmental problems		<p><b>Treatment</b> for, or related to developmental problems, including:</p> <ul style="list-style-type: none"> <li>○ learning difficulties, such as dyslexia</li> <li>○ developmental problems treated in an educational environment or to support educational development</li> </ul>
Donor organs		<p><b>Treatment</b> costs for, or as a result of the following:</p> <ul style="list-style-type: none"> <li>○ transplants involving mechanical or animal organs</li> <li>○ the removal of a donor organ from a donor</li> <li>○ the removal of an organ from <b>you</b> for purposes of transplantation into another person</li> <li>○ the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible diseases or illness</li> <li>○ the purchase of a donor organ</li> </ul>

Exclusion	Notes	Rules
Experimental or unproven <b>treatment</b>		<p>Clinical tests, <b>treatments</b>, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy.</p> <ul style="list-style-type: none"> <li>○ <b>We</b> do not pay for any test, <b>treatment</b>, equipment, medicine, device or procedure that is not accepted 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.</li> <li>○ <b>We</b> do not pay for any tests, <b>treatment</b>, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by <b>Bupa Global</b> in line with its criteria for standard clinical use.</li> </ul> <p>Standard clinical use includes:</p> <ul style="list-style-type: none"> <li>○ <b>treatment</b> agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved through the <b>UK</b> Cancer Drugs Fund), Royal Colleges or equivalent national <b>specialist</b> bodies in the country of <b>treatment</b>;</li> <li>○ 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 <b>treatment</b> is safe and effective;</li> <li>○ where the <b>treatment</b> has received full regulatory approval by the licensing authority (e.g. <b>US</b> Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency) in the location where the <b>member</b> has requested <b>treatment</b>, 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</li> <li>○ tests, <b>treatments</b>, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which <b>treatment</b> is requested.</li> </ul> <p>Notes:</p> <ul style="list-style-type: none"> <li>○ Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not accepted appropriate evidence to demonstrate a test, <b>treatment</b>, equipment, medicine, device or procedure should be used in standard clinical use.</li> <li>○ Where licensing authority approval to market tests, <b>treatment</b>, 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.</li> </ul>
Eyesight		<p><b>Treatment</b>, equipment or surgery to correct eyesight, such as laser <b>treatment</b>, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Examples: <b>We</b> will pay for covered <b>treatment</b> or surgery of a detached retina, glaucoma, cataracts or keratoconus.</p> <p><b>We</b> will not pay for routine eye examinations, contact lenses or spectacles unless the Dental / Optical option has been purchased, as detailed in the 'Table of Benefits'.</p>
Footcare		<p><b>Treatment</b> for corns, calluses, or thickened or misshapen nails.</p>
Genetic testing		<p>Genetic tests, when such tests are solely performed to determine whether or not <b>you</b> may be genetically likely to develop a medical condition.</p> <p>Example: <b>we</b> do not pay for tests used to determine whether <b>you</b> may develop Alzheimer's disease, when that disease is not present.</p>
Harmful or hazardous use of alcohol, drugs and/or medicines		<p><b>Treatment</b> for or arising:</p> <ul style="list-style-type: none"> <li>○ directly or indirectly, from the deliberate, reckless (including where <b>you</b> have displayed a blatant disregard for <b>your</b> 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</li> <li>○ in any event, from the illegal use of any such substance</li> </ul>

Exclusion	Notes	Rules
Health hydros, nature cure clinics or any establishment that is not a <b>hospital</b> .		<b>Treatment</b> or services received in health hydros, nature cure clinics or any establishment that is not a <b>hospital</b> .
Infertility <b>treatment</b>	This exclusion applies to Business Select cover only.	<p><b>Treatment</b> to assist reproduction such as:</p> <ul style="list-style-type: none"> <li>○ in-vitro fertilisation (IVF)</li> <li>○ gamete intrafallopian transfer (GIFT)</li> <li>○ zygote intrafallopian transfer (ZIFT)</li> <li>○ artificial insemination (AI)</li> <li>○ prescribed drug <b>treatment</b></li> <li>○ embryo transport (from one physical location to another), or</li> <li>○ donor ovum and/or semen and related costs</li> </ul> <p>Note: <b>we</b> pay for reasonable investigations into the causes of infertility if:</p> <ul style="list-style-type: none"> <li>○ <b>you</b> had not been aware of any problems before joining, and</li> <li>○ <b>you</b> have been a <b>member</b> of this plan (or any Bupa administered plan which included cover for this type of investigation) for a continuous period of two years before the investigations start</li> </ul> <p>Once the cause is confirmed, <b>we</b> will not pay for any more investigations in the future.</p>
Illegal activity		<b>We</b> will not pay for <b>treatment</b> which arises, directly or indirectly, as result of <b>your</b> deliberate or reckless participation (whether actual or attempted) in any illegal act, including road traffic offenses.
Maternity and childbirth		<p><b>Treatment</b> for maternity or for any condition arising from maternity and childbirth except the following conditions and <b>treatments</b>:</p> <ul style="list-style-type: none"> <li>○ abnormal cell growth in the womb (hydatidiform mole)</li> <li>○ foetus growing outside of the womb (ectopic pregnancy)</li> <li>○ other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant.</li> </ul>
Mechanical or animal donor organs		Mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function while awaiting transplant, purchase of a donor organ from any source or harvesting or storage of stem cells when a preventive measure against possible future disease.
Obesity	<b>We</b> may cover costs associated with obesity surgery as detailed in the 'Table of Benefits'.	Obesity <b>treatment</b> for or as a result of obesity such as: slimming aids or drugs, or slimming classes.
<b>Persistent vegetative state</b> (PVS) and neurological damage		<b>We</b> will not pay for <b>treatment</b> while staying in <b>hospital</b> for more than 90 continuous days for permanent neurological damage or if <b>you</b> are in a <b>persistent vegetative state</b> .
Physical aids and devices	Please see optical <b>treatment</b> in the 'Table of Benefits'.	<p>Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an appliance.</p> <p>Examples: <b>we</b> will not pay for hearing aids, crutches or walking sticks.</p>

Exclusion	Notes	Rules
Pre-existing conditions	Please note: this exclusion does not apply if <b>your sponsor</b> has purchased cover with medical history disregarded. If <b>you</b> are unsure whether <b>you</b> have this cover, please contact the customer services helpline. For <b>pre-existing conditions</b> for newborns, please see the exclusions for congenital and hereditary conditions in this section.	Any <b>treatment</b> for a <b>pre-existing condition</b> , related symptoms, or any condition that results from or is related to a <b>pre-existing condition</b> .  Note: please contact <b>us</b> before <b>your renewal date</b> if <b>you</b> or <b>your dependants</b> have personal exclusion(s) and would like <b>us</b> to review a personal exclusion. <b>We</b> may remove <b>your</b> exclusion if, in <b>our</b> opinion, no more <b>treatment</b> will be either directly or indirectly needed for the condition, or for any related condition. There are some personal exclusions that, due to their nature, <b>we</b> will not review.  To carry out a review, <b>we</b> may ask for an up to date medical report from <b>your</b> family <b>doctor</b> or <b>consultant</b> . Any costs incurred in obtaining these details are not covered under <b>your</b> plan and are <b>your</b> responsibility.
Reconstructive or remedial surgery		<b>Treatment</b> needed to restore <b>your</b> appearance after an illness, injury or previous surgery, unless: <ul style="list-style-type: none"><li>○ the <b>treatment</b> is a <b>surgical operation</b> to restore <b>your</b> appearance after an accident, or as the result of surgery for cancer, if either of these takes place during <b>your</b> current continuous membership of the plan</li><li>○ the <b>treatment</b> is carried out as part of the original <b>treatment</b> for the accident or cancer</li><li>○ <b>you</b> have obtained <b>our</b> written consent before the <b>treatment</b> takes place</li></ul>
Sleep disorders		<b>Treatment</b> , including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.
Speech disorders		<b>Treatment</b> for speech disorders, including stammering or speech developmental delays, unless all of the following apply: <ul style="list-style-type: none"><li>○ the <b>treatment</b> is short term therapy which is <b>medically necessary</b> as part of <b>active treatment</b> for an acute condition such as a stroke,</li><li>○ the speech therapy takes place during and/or immediately following the <b>treatment</b> for the acute condition, and</li><li>○ the speech therapy is recommended by the <b>consultant</b> in charge of <b>your treatment</b>, and is provided by a <b>therapist</b></li></ul> in which case <b>we</b> may pay at <b>our</b> discretion.
Stem cells		Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.  Note: <b>we</b> pay for bone marrow transplants and peripheral stem cell transplants when carried out as part of the <b>treatment</b> for cancer. This is covered under the cancer <b>treatment</b> benefit.
Surrogacy	Please also see maternity and childbirth cover in the 'Table of Benefits'.	<b>Treatment</b> directly related to surrogacy. This applies to <b>you</b> if <b>you</b> act as a surrogate, or to anyone else acting as a surrogate for <b>you</b> .
Temporomandibular joint (TMJ) disorders		Disorders of the Temporomandibular joint (TMJ) and related complications.

Exclusion	Notes	Rules
Travel costs for <b>treatment</b>		<p>Any travel costs related to receiving <b>treatment</b>, unless otherwise covered by:</p> <ul style="list-style-type: none"> <li>○ local air ambulance benefit</li> <li>○ local road ambulance benefit</li> <li>○ medical evacuation</li> <li>○ medical repatriation</li> <li>○ non-medical evacuation</li> <li>○ travel cost for an accompanying person</li> <li>○ travel cost for the transfer of children</li> <li>○ compassionate visit transport costs and compassionate visit living allowance, or</li> <li>○ compassionate <b>emergency</b> repatriation</li> </ul> <p>Examples:</p> <ul style="list-style-type: none"> <li>○ <b>we</b> do not pay for taxis or other travel expenses for <b>you</b> to visit a <b>medical practitioner</b></li> <li>○ <b>we</b> do not pay for travel time or the cost of any transport expenses charged by a <b>medical practitioner</b> to visit <b>you</b></li> </ul>
<b>Treatment</b> for or related to gender dysphoria		<p><b>We</b> do not pay for:  any surgical <b>treatment</b> (including cosmetic <b>treatment</b>) for or related to gender dysphoria unless:  <b>you</b> have lived continuously for at least 12 months in the gender role that is congruent with <b>your</b> gender identity; and  <b>we</b> have received referral letters from two independent <b>psychologists</b> and/or psychiatrists detailing <b>your</b> personal and <b>treatment</b> history, progress and eligibility and confirming that such <b>treatment</b> is <b>medically necessary</b> for treating gender dysphoria; and, in any event any <b>treatment</b> (surgical or non-surgical) for or related to gender dysphoria where such <b>treatment</b> is unlawful and/or gender dysphoria is not a clinically recognised condition in the country of <b>treatment</b>.</p>

Exclusion	Notes	Rules
U.S. <b>treatment</b> (unless purchased)		<p>1. If U.S. cover has not been purchased and <b>you</b> are on Business Select, Business Premier or Business Elite with Worldwide excluding U.S. cover, then any <b>treatment</b> or services received in the U.S. are not covered:</p> <ul style="list-style-type: none"> <li>○ where this takes place after the 28th day of <b>your</b> visit to the U.S.; or</li> <li>○ where these relate to any condition where symptoms of the condition were apparent to <b>you</b> before <b>your</b> visit to the U.S.; or</li> <li>○ when <b>we</b> know or have reasonable grounds to conclude, that <b>you</b> travelled to the U.S. for the purpose of receiving <b>treatment</b> or services – this applies whether or not <b>your treatment</b> or services were the main or sole purpose of <b>your</b> visit; or</li> <li>○ where these relate to the delivery of a baby, other than in the case of unexpected premature delivery; or</li> <li>○ where these relate to a newborn baby born in the U.S. other than in the case of an unexpected premature delivery. (In the case of unexpected premature delivery the newborn must have been validly added to the membership) or</li> <li>○ when arrangements for <b>treatment</b> or services were not pre-authorised by <b>our</b> intermediaries in the U.S.</li> </ul> <p>Note: in order to claim for unexpected <b>treatment</b> or services received within 28 days of <b>your</b> arrival in the U.S., <b>you</b> must send a photocopy of <b>your</b> airline ticket and stamped passport as evidence of <b>your</b> arrival date with <b>your</b> claim.</p> <p>Please see terms around adding newborn babies in the "Want to add more people to <b>your health plan</b>?" section of this <b>membership guide</b>.</p> <p>2. If U.S. cover is included in <b>your</b> cover (purchased on Business Select, Business Premier or Business Elite), then any <b>treatment</b> or services received in the U.S. are not covered:</p> <ul style="list-style-type: none"> <li>○ when arrangements were not pre-authorised by <b>our</b> intermediaries in the U.S. where needed (see 'Pre-authorisation – <b>Treatment</b> in the U.S.' section of this <b>membership guide</b>); or</li> <li>○ when <b>we</b> know or have reasonable grounds to conclude, that <b>you</b> purchased cover for and travelled to the U.S. for the purpose of receiving <b>treatment</b> or services for a condition, including pregnancy, when the symptoms of the condition were apparent to <b>you</b> before buying the cover (on Business Select, Business Premier or Business Elite). This applies whether or not <b>your treatment</b> or services were the main or sole purpose of <b>your</b> visit and even if the <b>treatment</b> or services were pre-authorised.</li> </ul> <p><b>Our Service Partner</b></p> <p><b>Our Service Partner</b> in the U.S. operates a national <b>network</b> of <b>hospitals</b>, clinics and <b>medical practitioners</b>. This is the U.S. provider <b>network</b>. <b>You</b> must contact <b>our</b> dedicated team before <b>you</b> have <b>treatment</b>, and they can help to find a suitable <b>network</b> provider for <b>you</b>. If <b>you</b> choose not to have <b>your in-patient treatment</b> or <b>day-case treatment</b>, cancer <b>treatment</b>, MRI, CT and PET scans in the U.S. pre-authorised, <b>we</b> will only pay 50 percent towards the cost of covered <b>treatment</b>.</p> <p>For covered <b>treatment</b> that takes place in the U.S. using the U.S. provider <b>network</b>, benefit is paid at 100 percent once any <b>co-insurance</b> or deductible amount which may apply, and which <b>you</b> are responsible to pay, has been taken from the claimed amount.</p> <p>When covered <b>treatment</b> takes place in the U.S. but outside the provider <b>network</b>, benefit is paid at <b>Reasonable and Customary</b> costs. Please see the "<b>Our</b> approach to costs" section of this <b>membership guide</b>.</p>
<b>Unrecognised medical practitioner, hospital or healthcare facility</b>		<ul style="list-style-type: none"> <li>○ <b>Treatment</b> provided by a <b>medical practitioner, hospital or healthcare facility</b> which are not recognised by the relevant authorities in the country where the <b>treatment</b> takes place as having <b>specialist</b> knowledge, or expertise in, the <b>treatment</b> of the disease, illness or injury being treated.</li> <li>○ Self <b>treatment</b> or <b>treatment</b> provided by anyone with the same residence, <b>Family Members</b> (persons of a family, related to <b>you</b> by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request.</li> <li>○ <b>Treatment</b> provided by a <b>medical practitioner, hospital or healthcare facility</b> which are to whom <b>we</b> have sent a written notice that <b>we</b> no longer recognise them for the purposes of <b>our health plans</b>. <b>You</b> can contact <b>us</b> by telephone for details of <b>benefit providers we</b> have sent written notice to or visit Facilities Finder at <a href="http://buglobal.com/en/facilities/finder">buglobal.com/en/facilities/finder</a></li> </ul>



# Pre-authorisation

We want to make sure everything runs as smoothly as possible when **you** need **treatment** and help take care of the practicalities so **you** can focus on getting better.

If **you** contact **us** before going for **treatment**, **we** can explain **your** benefits and confirm that **your treatment** is covered by **your health plan**. If needed **we** can also help with suggesting **hospitals**, clinics and **doctors** and offer any help or advice **you** may need.

In cases where **you** need **hospital treatment (in-patient treatment or day-case treatment)**, contacting **us** also gives **us** an opportunity to contact **your hospital** or clinic and make sure they have everything they need to go ahead with **your treatment**. If possible **we** will arrange to pay them directly too.

We would like to make **you** aware that there are certain benefits which **you** must receive pre-authorisation for. These are detailed in **your** 'Table of Benefits'. Benefit may not be paid unless pre-authorisation has been provided.

## The pre-authorisation process

**You** can pre-authorise **your treatment** by phone or email. Once **we** have the necessary details, **we** send a pre-authorisation statement to **your hospital** or clinic.

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

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

We will send **you** a pre-authorisation statement at **your** request.

From time to time **we** may ask **you** for more detailed medical information, for example, to rule out any relation to a **pre-existing condition**. **We** may require that **you** have a medical examination by an independent **medical practitioner** appointed by **us** (at **our** cost) who will then provide **us** with a medical report. If this information is not provided when it is requested, this may result in a delay in pre-authorisation and to **your** claims being paid. If this information is not provided to **us** at all this may result in **your** claims not being paid.

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

- the **treatment** is covered by **your health plan**
- **you** have an active membership at the time
- that **treatment** takes place
- **your** premiums are paid up to date
- the **treatment** carried out matches the **treatment** authorised
- **you** have provided a full disclosure of the condition and **treatment** needed
- **you** have enough benefit entitlement to cover the cost of the **treatment**
- **your** condition is not a **pre-existing condition** that has been excluded from **your** cover, as detailed in **your** membership certificate
- the **treatment** is **medically necessary**
- and the **treatment** takes place within 31 days after pre-authorisation is given.

CALL: +44 (0) 1273 323 563

FAX: +44 (0) 1273 866 301

Or contact **us** via **our** secure MembersWorld website at [membersworld.bupaglobal.com](http://membersworld.bupaglobal.com)

## Length of stay (in-patient treatment)

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

## Treatment we can pre-authorise

**We** can pre-authorise **in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans.

## Treatment in the U.S.

All **in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans in the U.S. must be pre-authorised. If **you** are going to receive any of these **treatments**, ask **your** medical provider to contact **Bupa Global** for pre-authorisation. All the information they need is on **your** membership card.

**We** have made special arrangements if **you** need to have **treatment** or be hospitalised or visit a **doctor** in the U.S. These include access to a select **network** of quality medical providers and direct settlement of all covered expenses when **you** receive **treatment** in a **network hospital**.

## Treatment which has not been pre-authorised

If **you** choose not to get **your in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans in the U.S. pre-authorised, **we** will only pay 50 percent towards the cost of covered **treatment**.

Of course **we** understand that there are times when **you** cannot get **your treatment** pre-authorised, such as in an **emergency**. If **you** are taken to **hospital** in an **emergency**, it is important that **you** arrange for the **hospital** to contact **us** within 48 hours of **your** admission, or as soon as reasonably possible in the circumstances. **We** can then make sure **you** are getting the right care, and in the right place. If **you** have been taken to a **hospital** that is out-of-**network** and, if it is the best thing for **you**, **we** may arrange for **you** to be moved to an in-**network hospital** to continue

**your treatment**, once **you** are stable. Should **you** decline to transfer to a provider in **network** (should this be offered to be arranged, where medically appropriate) only the **Reasonable and Customary** costs of any covered **treatment** or services received following the date of the transfer being offered will be paid (after any applicable **co-insurance** or deductible has been taken).

If **we** have been notified within 48 hours of an **emergency** admission to an in-**network hospital**, **we** will not ask **you** to share the cost of **your treatment**.

## Out of network treatment

Even if **your treatment** in the U.S. has been pre-authorised, if **you** choose to use a **hospital**, clinic or **medical practitioner** Out of **network**, **we** will only pay **Reasonable and Customary** costs towards the cost of covered **treatment**. Please see the 'Our approach to costs' section of this **membership guide**.

There may be times when it is not possible for **you** to be treated at an in-**network hospital**. These include:

- where there is no in-**network hospital** within 30 miles of **your** address, and
- when the **treatment** **you** need is not available in at in-**network hospital**

In these cases, **we** will not ask **you** to share the cost of **your treatment**.

## Important rules:

Please note that pre-authorisation is only valid if all the details of the authorised **treatment**, including dates and locations, match those of the **treatment** received. If there is a change in the **treatment** that is needed, if **you** need to have more **treatment**, or if any other details change, then **you** or **your consultant** must contact **us** to pre-authorise this separately. **We** make **our** decision to approve **your treatment** based on the information given to **us**. **We** may change or withdraw **our** decision if more information is withheld or not given to **us** at the time the decision is being made.

**We** may change or withdraw **our** decision if information is later received that may be contradictory to the information initially given to **us** at the time the decision is being made. Failure to comply with any request for more information may be indicative of fraudulent activities. Should such a failure occur, information may be disclosed to third parties (including other insurers) with the intention of preventing and detecting fraud.

## Making a Claim

**We** want it to be simple for **you** to make a claim. **We** try to pay providers directly but sometimes this isn't possible.

### Claim forms

Before **we** can pay a claim, **we** need to make sure that it is a valid claim. The claim form gives **us** the information that **we** need to check that **your** claim is valid. Please make sure that **you** complete the form. If not, **we** may have to ask for more information. This can take time and delay any payment. An incomplete claim form is the most common reason for delayed payments.

**You** can:

- complete a claim form in MembersWorld, or
- contact **us** and **we** will send **you** one.

**You** must make a separate claim for each:

- **member**
- condition
- in-patient or day-patient stay, and
- currency of claim.

If **you** need **treatment** for more than six months, **we** can ask **you** to complete a new claim form.

### What we need for your claim

**We** need to receive the completed form, with any invoices, receipts and prescriptions related to the claim. This must be within two years of receiving the **treatment**. **We** do not pay claims that **we** receive more than two years after **treatment** unless there is a good reason why **you** couldn't make the claim earlier.

### More information

**We** may ask for more information about **your** claim. For example:

- medical reports or other information about **your treatment**
- the results of any medical examination by a **medical practitioner** who **we** appointed and that **we** paid for.

If **you** don't give **us** the information **we** ask for, **we** may not be able to pay **your** claim.

### Important

**We** only pay for **treatment**:

- **you** have while **you** are on the policy
- up to the benefit levels that apply at the time **you** have it
- costs that are **reasonable and customary**.

**We** can't return original documents to **you** - for example invoices. However, when **you** make a claim, **you** can send **us** copies. If **you** do send an original document, **we** can send **you** a copy if **you** ask **us**.

### Confirming a claim

If **you** are aged 18 or over, **we'll** explain to **you** how **we** have dealt with **your** claim. For **dependants** aged 17 and under, **we** will write to the **principal member**.

### How we pay your claim

Where possible, **we** follow the instructions in the 'Payment details' section of the claim form.

### Who we will pay

**We** only make payments to the:

- **member** who received the **treatment**
- provider of the **treatment**
- **principal member**
- executor or administrator of the **member's** estate.

**We** pay a **dependant** only if:

- they received the **treatment**
- they are aged 18 or over, and
- **we** have their bank details.

**We** do not make payments to anyone else.

### Payment method

**We** can:

- transfer payment to **your** bank account. This is quick and secure. However, **we** can send a payment only if **we** know details of where to send the payment, for example the full account number, SWIFT code, bank address and (in Europe only) IBAN number.
- pay by cheque. **You** should cash a cheque within six months. If **you** have an out-of-date cheque, please contact **us** and **we** will replace it.

If **your** bank charges **you** for a transfer **we** make, **we** will try to refund this as well. **We** do not pay any other bank charges, for example currency exchange fees.

### Payment currency and conversions

**We** will reimburse **you** in the currency:

- in which **we** receive the premium
- of the invoices **you** send **us**, or
- of **your** bank account.

Sometimes banking rules may not let **us** pay in the currency **you** would like. So, **we** will pay in the currency **we** receive the premium in.

Very rarely, paying in a certain currency may be illegal or expose **us** (or the **Bupa Group**) to United Nations sanctions. If so:

- **we** may not be able to pay **you** immediately, or
- will pay **you** in a currency which **we** are allowed to and able to.

### How we convert one currency to another

The exchange rate **we** use will be Reuters closing spot rate set at 16.00 **UK** time on the **UK** working day before the invoice date. If there is no invoice date, **we** will use **your treatment** date.

### Other claim information

#### Incorrect payment of claims

If **we** incorrectly pay **your** claim, **we** can:

- deduct the incorrectly paid amount from future claims, or
- seek repayment from **you**.

#### Discretionary payments

If **we** may make a payment for a benefit **your** policy doesn't cover, **we** don't have to pay identical or similar costs in the future. The payment will count towards the overall annual maximum that applies to this policy.

#### Claiming for treatment when others are responsible

**You** may need to claim for **treatment** that **you** need because someone else is at fault. An example would be if **you** were a victim in a car crash. **You** will need to complete the relevant section of the claim form. **You** will also need to take any reasonable steps **we** ask of **you** to help **us**:

- recover from the person at fault the cost of the **treatment we** paid for. This could be through their insurance company.
- claim interest if **you** are entitled to do so.

**We** may make a claim in **your** name. **You** must give **us** any help **we** reasonably need to make that claim. For example:

- giving **us** any documents or witness statements
- signing court documents, and
- having a medical examination.

**You** must not:

- take any action
- settle any claim or

- do anything which has a negative effect on **our** right to claim in **your** name.

### Claiming with joint or double insurance

If **you** have other insurance for costs **you** have claimed from **us**, **you** must:

- tell **us** about this when **you** make a claim from **us**
- complete the appropriate section of the claim form.

**We** will only pay **our** share of the costs.

### What do we do to detect and prevent fraud?

**We** can check **your** details with:

- fraud prevention agencies
- other insurers, and
- other relevant third parties.

If **you** give **us** false or inaccurate information and **we** suspect fraud, **we** may record this with a fraud prevention agency. **We** and other organisations may also use these records to:

- help make decisions about cover for **you** and **members** of **your** plan
- help make decisions on other insurance proposals and claims for **you** and **members** of **your** plan/group
- trace debtors, recover debt, prevent fraud and to manage **your** insurance plans
- establish **your** identity
- undertake credit searches and other fraud searches.

### Fraudulent claims

If a claim on the policy is fraudulent in any way, **we** can:

- refuse to pay it and any later claim
- recover any payments **we** have already made for it and for any later claim.

### What if the policyholder makes a fraudulent claim?

**We** can cancel the policy. This will be from the date of that claim.

### What if a dependant makes a fraudulent claim?

**We** can cancel their cover. This will be from the date of that claim.

In either case **we** don't have to refund any premium already paid to **us**.

What is an example of a fraudulent claim?

- making a false or exaggerated claim
- giving **us** false information. For example forged, falsified or manipulated documents
- not giving **us** information which **we** need to assess a claim
- refusing to give **us** information which **we** have reasonably asked for to assess a claim. For example, medical history reports, proof of payment and original invoices.

## Bupa LifeWorks

Bupa LifeWorks provides 24/7 confidential support and short-term counselling for **your** mental, financial, physical and emotional wellbeing. **You** also have access to a range of services, including expert tips and toolkits, as well as a wealth of online articles, podcasts, videos, and more.

**Bupa Global** has partnered with LifeWorks to provide **you** with access to Bupa LifeWorks provided by LifeWorks. LifeWorks is an independent provider of employee wellbeing services.

These services will be provided by LifeWorks directly to **you**.

- The service is confidential\*
- Available 24 hours a day, 7 days per week, 365 days per year
- Access available worldwide online, via phone or app\* and provides information, resources and counselling on any work, life, personal or family issue
- Services can be provided in a number of languages

- There is no cost to employees and their families to use this service.

Bupa LifeWorks provides counselling, information and resources on the following topics:

- Health and wellbeing:
  - Stress, depression and anxiety, substance abuse, or concern about someone else's, addictions, including gambling, domestic abuse, grief and loss, critical incidents, trauma.
- Financial and legal:
  - Budgeting, investments, retirement planning, managing loans and mortgages, managing debt, tax issues, financial concerns.
- Work-related issues:
  - Workplace stress, workplace conflict, job burnout, coping with change, career development, general work-related issues, bullying and harassment.
- Relationships and family matters:
  - Relationship issues, separation and divorce, childcare and parenting issues, adoption, eldercare and care giving issues, education concerns and student life, relatives with disabilities.

### How to contact Bupa LifeWorks

Bupa LifeWorks is accessible wherever and whenever **you** need it. Access online by visiting [login.lifeworks.com](http://login.lifeworks.com) or by mobile app. It's simple to install, easy to use and available in the Apple App Store or Google Play. Search "LifeWorks" and look out for the LifeWorks logo. 'Log in' for the first time using the company code 'Bupa', then enter **your** **Bupa Global** MembersWorld email address and password to sign in.

### Bupa LifeWorks general rules

The following rules apply to the Bupa LifeWorks:

- Support and advice provided through this service does not confirm that any related **treatment** or extra support which may be discussed would be covered under **your**

**health plan**. To discuss the cover under **your** **health plan**, please contact **Bupa Global** using the number on the back of **your** card.

- Access to Bupa LifeWorks, is facilitated by **Bupa Global** as an extra feature to **your** **health plan** under **your** table of benefits. **Your** access to Bupa LifeWorks, is facilitated by **Bupa Global** and **your** employer as an extra benefit to the insurance contract.
- Confidential and/or identifiable information which **you** may discuss with LifeWorks will not be shared with **Bupa Global** or **your** employer (LifeWorks will only share aggregated or de-identified information for reporting purposes). However, **Bupa Global** may ask **your** permission to review **your** personal data if **you** make a complaint to **Bupa Global** about LifeWorks. LifeWorks is a U.S. company, and will primarily be handling **your** personal data in the UAE and U.S.
- For further information on how LifeWorks processes **your** personal data please see LifeWorks privacy policy <https://lifeworks.com/en/privacy-policy>
- For further information on how **Bupa Global** will process **your** personal data in the event **you** have made a complaint to **Bupa Global** about the LifeWorks service please see **Bupa Global's** privacy policy [www.bupaglobal.com/en/legal/privacy-notice](http://www.bupaglobal.com/en/legal/privacy-notice)

Calls placed from mobile phones or internet-based lines (VOIP) are carrier dependent and not guaranteed. Please contact **us** via email, text or on the website if **you** experience issues connecting.

\* The transmission of information via the Internet is not completely secure. Any transmission is at **your** own risk.

# Your Membership

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

## Paying premiums and other charges

**Your sponsor** has to pay any and all premiums due under the agreement, together with any other charges (such as insurance premium tax) that may be payable. **You** will be directly responsible for payment of any **co-insurance** amount.

## Starting and renewing your membership

### When your cover starts

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

### Renewing your membership

**Your sponsor** will decide on the renewal of **your** membership as part of **our** agreement.

## Ending your membership

**Your sponsor** can end **your**, the **principal member's** membership, or that of any of **your dependants** (if applicable) by writing to **us**. **We** cannot backdate the cancellation of **your** membership.

**Your** membership will automatically end:

- if the agreement between **Bupa Global** and **your sponsor** is terminated
- if **your sponsor** does not renew **your** membership
- if **your sponsor** does not pay premiums or any other payment due under the agreement for **you** or for any other person
- if the membership of the **principal member** ends
- upon the death of the **principal member**.

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

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

In some countries **we** have local partners who are licensed to provide insurance cover but which are administered by **Bupa Global**. This means that customers experience the same quality **Bupa Global** service.

If **you** change **your specified country of residence** to a country where **we** have a local partner, in most cases **you** will be able to transfer to **our** partner's insurance policy without any more medical underwriting. **You** may also be entitled to continue **your Bupa Global** membership; which means that for those benefits which aren't covered until **you** have been a **member** for a certain period, the time **you** were a **member** with **us** will count towards that. Please note that if **you** request a transfer to a local partner, **we** will have to share **your** personal information and medical history with the local partner.

## Making changes to your cover

The membership terms and conditions can change if:

- the **sponsor** and **Bupa Global** agree, or
- laws or regulators say they must change.

**We** will send the **principal member** a new membership certificate if:

- they add a new **dependant** to the policy (if applicable)
- **we** need to record any other changes the **sponsor** asks for or that **we** make.

The new certificate will replace the previous one. It will take effect from the issue date (**you** can see this on the new certificate).

## General information

### Other parties

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

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

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

### Correspondence

Letters between **us** must be sent by post and with the postage paid. **We** do not return original documents, with the exception of official documents such as birth or death certificates. However, if **you** ask **us** at the time **you** send any original documents to **us**, such as invoices, **we** can provide certified copies.

### Applicable law

**Your** membership is governed by Irish law. Any dispute that cannot otherwise be resolved will be dealt with by courts in Ireland.

If any dispute arises as to interpretation of this document then the English language version of this document will be conclusive and taking precedence over any other language version of this document.

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

### Provision of accurate and complete information

**You** and any **dependant** must take reasonable care to make sure that all information provided to **us** is accurate and complete, at the time **you** take out this plan, and at each renewal and variation of this plan. **You** and any **dependant** must also tell **us** if any of the answers to the questions in the application form change prior to this plan starting.

Otherwise, the following apply with effect from the date the plan was taken out, renewed or varied (depending on when **we** were provided with inaccurate or incomplete information).

A. **We** may treat this plan as if it had not existed if **you** deliberately or recklessly give **us** inaccurate or incomplete information.

B. Where **you** negligently or carelessly give **us** inaccurate or incomplete information, or where A. applies but **we** choose not to rely on **our** rights under A, **we** may treat the plan and any claims in a way which reflects what **we** would have done if **we** had been provided with accurate and complete information, as follows:

- if **we** would have refused to cover **you** at all, **we** may treat this plan as if it had not existed;
- if **we** would have provided **you** with cover on different terms, then **we** may apply those different terms to this plan. This means a claim will only be paid if it is covered by and/or if **you** have complied with such different terms - for example **your** plan may contain new personal restrictions or exclusions; and/or
- if **we** would have charged **you** a higher premium, **we** may reduce the amount payable on any claim by comparing the higher premium to the original premium. For example, **we** will only pay half of a claim, if **we** would have charged double the premium.

Where it is a **dependant** (or **you** on their behalf) who has provided incomplete or inaccurate information, the same rules apply but only to that part of the plan which applies to the **dependant**, or to claims made by that **dependant**.

The same rules apply if someone else provides **us** with information on **your** behalf or any **dependant's** behalf.

### Liability

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

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

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

**Your** statutory rights are not affected.

### Sanction clause

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

- cause **us** to breach any United Nations resolutions or the trade or economic sanctions, laws or regulations of any jurisdiction to which **we** are subject (which may include without limitation those of the European Union, **United Kingdom** and/or United States of America).
- expose **us** to the risk of being sanctioned by any relevant authority or competent body; and/or
- expose **us** to the risk of being involved in conduct (either directly or indirectly) which any relevant authority or competent body prohibited.

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

### Contributing Individuals

This section only applies to contributing individuals.

**Your sponsor** must pay to **us** premiums and any other payment due for **your** membership, and that of **your dependants** and every other person covered under the agreement. **You** contributing to the cost of premiums for **you** and/or any of **your dependants** does not in any way affect the contractual position set out in the section 'About **your** Membership'.

Contributions paid by **you** to the premiums the **sponsor** has paid for **you** (e.g. by payroll deduction) will be deemed to have been received by **Bupa Global** once they are received by **your sponsor**.

As soon as reasonably practicable **you** will be provided with the terms and conditions that will apply to **your** membership, and the **sponsor** will notify **you** of the contribution **you** will need to make to the cost of premiums from the effective date for the next **membership year**.

If **you** do not want **your** membership (and therefore that of **your dependants**) or the individual membership for any of **your dependants** to renew at the **renewal date you** can notify **your sponsor** at any time in advance of the **renewal date**.

If **you** wish to end **your** membership (and therefore that of **your dependants**) the following terms apply:

- **You** may end **your** membership (and therefore the membership of **your dependants**) by informing the **sponsor** within 30 days of either:
- the date **you** receive **your** terms and conditions (including **your** membership certificate) confirming **your** membership, or
- the effective date of **your** membership

whichever is the later.

During this 30 day period if **you** have not made any claims **we** will refund to the **sponsor** all of the premiums the **sponsor** has paid for **you** for that year.

After this 30 day period **you** can end **your** membership (and therefore the membership of all **your dependants**) by informing the **sponsor** at any time during the year. In which case **we** will refund to the **sponsor** any premiums the **sponsor** has paid for **you** that relate to the period after **your** membership ends.

**You** may end the membership of any **dependant** by informing the **sponsor** within 30 days of either:

- the date **you** receive **your** terms and conditions (including **your** membership certificate) confirming the membership for that **dependant**, or
- the effective date of membership for that **dependant**

whichever is the later.

During this 30 day period if no claims have been made in respect of that **dependant we** will refund to the **sponsor** all of the premiums the **sponsor** has paid for **you** that relate to that **dependant** for that year. After this 30 day period **you** can cancel a **dependant's** membership by informing the **sponsor** at any time during the year. In which case **we** will refund to the **sponsor** any premiums the **sponsor** has paid for **you** in respect of that **dependant** for the period after their membership ends.

**Your** membership and that of **your dependants** will automatically end if the **sponsor** does not pay premiums or any other payment due under the agreement for **you** or any other person, however, **we** will continue to pay covered claims for **you** and/or **your dependant** for the period for which **you** can provide evidence (e.g. on payslips) that **you** paid contributions to premiums to the **sponsor**.

Where **we** have refunded to the **sponsor** premiums paid for **you** or **your dependants**, **you** should contact the **sponsor** in order to obtain a refund of the contributions **you** made to those refunded premiums.

### Changes to your membership

If any changes to the terms and conditions of **your** membership, including **your** benefits, are agreed between the **sponsor** and **us**, **you** will be informed before the change takes effect. If **you** do not accept any of the changes **you** can end **your** membership by informing the **sponsor** either:

- within 30 days of the date on which the change takes effect, or
- within 30 days of **you** being told about the change

whichever is later.

### Demands and needs statement

The cover provided under membership of **your** group plan is generally suitable for someone who is looking to cover the cost of a range of health expenses. **We** have not provided **you** with any advice about **your** cover and how it meets **your** individual needs. Please read **your** membership certificate and this **membership guide** to make sure that the cover meets **your** needs.

## Making a Complaint

### How can I make a complaint?

- call **us**: +44 (0) 1273 323 563
- email: info@bupaglobal.com
- write to: **Bupa Global**, Victory House, Trafalgar Place, Brighton, BN1 4FY, **UK**.

**You** can also ask for a copy of **our** complaints process.

If **we** can't settle **your** complaint within eight weeks or **you** don't agree with **our** final decision, **you** may be able to refer it to the Financial Services and Pensions Ombudsman:

- write to: Financial Services and Pensions Ombudsman, Lincoln House, Lincoln Place, Dublin 2, D02 VH29
- call them: +353 1 567 7000
- email: info@fspo.ie

For more details go to: [www.fspo.ie](http://www.fspo.ie)

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

### Taking it further

If **we** can't settle **your** complaint **you** may be able to refer **your** complaint to the Financial Services and Pensions Ombudsman

**You** can: write to them at Lincoln House, Lincoln Place, Dublin 2 or call them on +353 1 567 7000 find details at their website [www.fspo.ie](http://www.fspo.ie) Please let **us** know if **you** want a full copy of **our** complaints procedure. (None of these procedures affect **your** legal rights.)

### Easier to read information

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

### Confidentiality and Data Processing

The confidentiality of patient and customer information is of paramount concern to **Bupa Global**. To this end, **Bupa Global** fully comply with Data Protection Legislation and Medical Confidentiality Guidelines. Bupa sometimes uses third parties to process data on **our** behalf. Such processing, which may be undertaken outside the EEA (European Economic Area), includes all contractual restrictions with regard to confidentiality and security obligations as well as the minimum requirements imposed by data protection legislation.

Personal data collected about **you** may be used by Bupa to process **your** claims, administer **your** policy, make suggestions about clinically appropriate **treatment**, for research and analytics, in the course of undertaking audits, and to detect and prevent fraud. For more information, please

see the **Bupa Global** Privacy Policy at [www.bupaglobal.com/privacypolicy](http://www.bupaglobal.com/privacypolicy).

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

In accordance with data protection law, if **you** would like a copy of **your** personal information or **you** would like to update **your** personal information, or if **you** have any other data processing queries please call the **Bupa Global** service team on +44 (0) 1273 323 563. Alternatively **you** can email or write to the team via [info@bupa-intl.com](mailto:info@bupa-intl.com); or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, **United Kingdom**.

## Privacy Notice

**We** are committed to protecting **your** privacy when dealing with **your** personal information. This privacy notice provides an overview of the information **we** collect about **you** and how **we** use and protect it. It also provides information about **your** rights.

The information **we** process about **you**, and **our** reasons for processing it, depends on the products and services **you** use. **You** can find more details in **our** full privacy notice available at: [www.bupaglobal.com/privacypolicy](http://www.bupaglobal.com/privacypolicy). If **you** do not have access to the internet and would like a paper copy of the full privacy notice, or 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](mailto:info@bupaglobal.com) or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, **United Kingdom**.

**Last updated:** March 2022

### Information about **Bupa Global**

1. What this privacy notice covers
2. How **we** collect personal information
3. Categories of personal information
4. What **we** use personal information for and **our** legal reasons for doing so
5. Profiling and automated decision making
6. Sharing **your** information
7. International transfers
8. How long **we** keep **your** personal information
9. **Your** rights
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## Information about Bupa Global

In this privacy notice, "**we**" "**us**" and "**our**" mean the Bupa companies trading as **Bupa Global**. For details of these companies, visit [www.bupaglobal.com/legal-notice](http://www.bupaglobal.com/legal-notice)

The Bupa companies that process **your** information will depend on which of **our** products and services **you** ask **us** about, buy or use. For **our** insurance policies, **your** information will be processed by the insurer and the lead administrator of **your** policy who may share it with other Bupa companies as set out in the 'Sharing **your** information section'. Please refer to **your** policy documentation for confirmation of the insurer and lead administrator.

### 1. What this privacy notice covers

This privacy notice applies to anyone who interacts with **us** about **our** products and services ("**you**", "**your**"), in any way (for example email, website, phone, app and so on).

### 2. How we collect personal information

**We** collect personal information from **you** and from other organisations (for example those acting on **your** behalf, like brokers, healthcare providers and so on). If **you** give **us** 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.

## 3. Categories of personal information

**We** process the following categories of personal information about **you** and, if it applies, **your dependants**. This is 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, information about race, ethnic origin and religion that allows **us** to tailor **your** care), and information about any criminal convictions and offences (**we** may get this information when carrying out anti-fraud or anti-money-laundering checks or other background screening activity).

## 4. What we use personal information for and our legal reasons for doing so

**We** process **your** personal information for the purposes set out in **our** full privacy notice, including to deal with **our** relationship with **you** (including for claims and complaints handling), for research and analysis, to monitor **our** expectations of performance (including of health providers relevant to **you**) and to protect **our** rights, property, or safety, or that of **our** customers, or others. The legal reason **we** process personal information depends on what category of personal information **we** process. **We** normally process standard personal information on the basis that it is necessary so **we** can perform a contract, for **our** or others' legitimate interests or it is needed or allowed by law. **We** process special categories of information because it is necessary for an insurance purpose, because **we** have **your** permission or as described in **our** full privacy notice. **We** may process information about **your** criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

## 5. Profiling and automated decision making

Like many businesses, **we** sometimes use automation to provide **you** with a quicker, better, more consistent and fair service, as well as with marketing information **we** think will interest **you** (including discounts on **our** products and services).

This may involve evaluating information about **you** and, in limited cases, using technology to provide **you** with automatic responses or decisions. **You** can read more about this in **our** full privacy notice. **You** have the right to object to direct marketing and profiling relating to direct marketing. **You** may also have rights to object to other types of profiling and automated decision-making.

## 6. Sharing your information

**We** share **your** information within the **Bupa group** of companies, with relevant policyholders (including **your** employer if **you** are covered under a group scheme), with funders who arrange services on **your** behalf, those acting on **your** behalf (for example brokers and other intermediaries) and with others who help **us** provide services to **you** (for example healthcare providers) or who **we** need information from to handle or check claims or entitlements (for example professional associations). **We** also share **your** information in line with the law. **You** can read more about what information may be shared in what circumstances in **our** full privacy notice.

## 7. International transfers

**We** work with companies that **we** partner with, or that provide services to **us** (such as healthcare providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, **we** transfer **your** personal information to different countries including transfers from within the **UK** to outside the **UK**, and from within the EEA (the EU **member** states plus Norway, Liechtenstein and Iceland) to outside the EEA, 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 global data protection laws.

## 8. How long we keep your personal information

**We** keep **your** personal information in line with periods **we** work out using the criteria shown in the full privacy notice.

## 9. Your rights

**You** have rights to have access to **your** information and to ask **us** to correct, erase and restrict use of **your** information. **You** also have rights to object to **your** information being used, to ask **us** to transfer information **you** have made available to **us**, to withdraw **your** permission for **us** to use **your** information and to ask **us** not to make automated decisions which produce legal effects concerning **you** or significantly affect **you**. Please contact **us** if **you** would like to exercise any of **your** rights.

## 10. Data protection contacts

If **you** have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which **we** process information about **you**, please contact **us** at info@bupaglobal.com. **You** can also use this address to contact **our** Data Protection Officer.

**You** also have the right to make a complaint to **your** local privacy supervisory authority. **We** are regulated by the Data Protection Commissioner (www.dataprotection.ie) who can be contacted at, 21 Fitzwilliam Square South, Dublin 2, D02 RD28, Ireland. Tel +353 (0)761 104 800 or +353 (0)57 868 4800.

# Glossary

This explains what **we** mean by various words and phrases in **your** membership pack. Words written in bold are particularly important as they have specific meanings.

Defined term	Description
<b>Active treatment:</b>	<b>Treatment</b> from a <b>medical practitioner</b> of a disease, illness or injury that leads to <b>your</b> recovery, conservation of <b>your</b> condition or to restore <b>you</b> to <b>your</b> previous state of health as quickly as possible.
<b>Advanced therapy medicinal products (ATMPs)</b>	<b>Treatments</b> that are based on genes, tissues or cells, for example Chimeric Antigen Receptor (CAR) T-cell <b>treatment</b> .
<b>Artificial life maintenance:</b>	Any medical procedure, technique, medication or intervention delivered to a patient in order to prolong life.
<b>Assisted Reproduction Technologies:</b>	Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction.
<b>Benefit provider:</b>	The <b>recognised medical practitioner, hospital</b> or clinic, or any other service provider, which provides <b>you</b> with any <b>covered benefits</b> .
<b>Birthing centre:</b>	A medical facility often associated with a <b>hospital</b> that is designed to provide a homelike setting during childbirth.
<b>Bupa Global:</b>	<b>Bupa Global</b> Designated Activity Company or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.
<b>Bupa Group</b>	<b>Bupa Global</b> , Bupa Insurance Services Limited and all other companies in the <b>Bupa Group</b> , and those companies which provide any administration of this policy on behalf of <b>Bupa Global</b> .
<b>Blue Cross Blue Shield Association / Blue Cross Blue Shield Global</b>	<b>Blue Cross Blue Shield Association</b> is an association of 36 independent, locally operated Blue Cross and Blue Shield companies. <b>Blue Cross Blue Shield Global</b> is a brand owned by the Blue Cross and Blue Shield Association.

Defined term	Description
<b>Co-insurance:</b>	The percentage <b>you</b> have to pay towards those <b>covered benefits</b> to which <b>co-insurance</b> applies, as shown in <b>your</b> membership certificate and <b>membership guide</b> .
<b>Complementary medicine practitioner:</b>	An acupuncturist, chiropractor, homeopath, osteopath or traditional Chinese medicine practitioner who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which the <b>treatment</b> is received.
<b>Consultant:</b>	A surgeon, anaesthetist or <b>specialist</b> who: <ul style="list-style-type: none"> <li>○ is legally qualified to practise medicine or surgery following attendance at a recognised medical school, and</li> <li>○ is recognised by the relevant authorities in the country in which the <b>treatment</b> takes place as having specialised qualification in the field of, or expertise in, the <b>treatment</b> of the disease, illness or injury being treated</li> </ul> <p>By recognised medical school <b>we</b> mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.</p>
<b>Covered benefits:</b>	The <b>treatment</b> and benefits shown as covered in this <b>membership guide</b> for <b>your</b> level of cover.
<b>Day-case treatment:</b>	<b>Treatment</b> which for medical reasons requires <b>you</b> to stay in a bed in <b>hospital</b> during the day only. <b>We</b> do not require <b>you</b> to occupy a bed for day-case psychiatric <b>treatment</b> .

Defined term	Description
<b>Dental practitioner:</b>	<p>A person who:</p> <ul style="list-style-type: none"> <li>- is legally qualified to practice dentistry,</li> <li>- is recognised by the relevant authorities in the country in which the <b>treatment</b> takes place as having a specialised qualification following attendance at a recognised dental school, and</li> <li>- is permitted to practice dentistry by the relevant authorities in the country where the dental <b>treatment</b> takes place</li> </ul> <p>Examples of a specialised qualification in the field of dentistry may include (but are not limited to) periodontics or paediatric dentistry.</p>
<b>Dependants:</b>	<p>The principle <b>member's</b> partner, spouse or <b>dependant</b> children of whom <b>you</b> are the biological parent or legal guardian of, named on <b>your</b> membership certificate as being <b>members</b> of the plan and who are covered to be <b>members</b>, including newborn children.</p>
<b>Diagnostic tests:</b>	<p>Investigations, such as X-rays or blood tests, to find the cause of <b>your</b> symptoms.</p>
<b>Doctor:</b>	<p>A person who: is legally qualified in medical practice following attendance at a recognised medical school to provide medical <b>treatment</b>, does not need a <b>specialist's</b> training, and is licensed to practise medicine in the country where the <b>treatment</b> is received.</p> <p>By recognised medical school <b>we</b> mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.</p>
<b>Emergency:</b>	<p>A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgment of a reasonable person, requires immediate <b>treatment</b>, generally within 24 hours of onset, and which would otherwise put <b>your</b> health at risk.</p>

Defined term	Description
<b>Family Members:</b>	<p>Persons of a family relationship (related to <b>you</b> by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.</p>
<b>Health plan:</b>	<p>This insurance plan at the level of cover confirmed on <b>your</b> membership certificate.</p>
<b>Hospital:</b>	<p>A centre of <b>treatment</b> which is registered, or recognised under the local country's laws, as existing primarily for:</p> <ul style="list-style-type: none"> <li>○ carrying out major <b>surgical operations</b>, or</li> <li>○ providing <b>treatment</b> which only <b>consultants</b> can provide</li> </ul>
<b>In-patient treatment:</b>	<p><b>Treatment</b> which for medical reasons normally means that <b>you</b> have to stay in a <b>hospital</b> bed overnight or longer.</p>
<b>Medically necessary:</b>	<p><b>treatment</b>, medical service or prescribed drugs/medication which is:</p> <ol style="list-style-type: none"> <li>(a) consistent with the diagnosis and medical <b>treatment</b> for the condition;</li> <li>(b) consistent with generally accepted standards of medical practice;</li> <li>(c) necessary for such a diagnosis or <b>treatment</b>;</li> <li>(d) not being undertaken primarily for the convenience of the <b>member</b> or the treating <b>medical practitioner</b></li> </ol>
<b>Intensive care:</b>	<p><b>Intensive care</b> includes; High Dependency Unit (HDU): a unit that provides a higher level of medical care and monitoring, for example in single organ system failure. Intensive Therapy Unit/<b>Intensive Care</b> Unit (ITU/ICU): a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation. Coronary Care Unit (CCU): a unit that provides a higher level of cardiac monitoring. Special care baby unit: a unit that provides the highest level of care for babies.</p>

Defined term	Description
<b>Medical practitioner:</b>	<p>A <b>specialist, doctor, psychologist, psychotherapist, physiotherapist, osteopath, chiropractor, dietician, speech therapist, complementary therapist</b> or <b>therapist</b> who provides <b>active treatment</b> of a known condition.</p>
<b>Member:</b>	<p>This means each individual covered under the <b>health plan</b>.</p>
<b>Membership guide:</b>	<p>The booklet that sets out which <b>treatments</b> and benefits are included under and any exclusions that apply to this Business <b>Health Plan</b>.</p>
<b>Membership year:</b>	<p>The 12 month period for which this membership is effective, as first shown on <b>your</b> membership certificate and, if this <b>health plan</b> is renewed, each 12 month period which follows the <b>renewal date</b>.</p>
<b>Network:</b>	<p>A <b>hospital, pharmacy</b>, or similar facility, or <b>medical practitioner</b> which has an agreement in effect with <b>Bupa Global</b> or <b>service partner</b> to provide <b>you</b> with covered <b>treatment</b>.</p>
<b>Out-patient treatment:</b>	<p><b>Treatment</b> given at a <b>hospital, consulting room, doctors' office</b> or out-patient clinic where <b>you</b> do not go in for <b>in-patient treatment</b> or <b>day-case treatment</b>.</p>
<b>Ovulation Induction Treatment:</b>	<p><b>Treatment</b> including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.</p>
<b>Persistent vegetative state:</b>	<ul style="list-style-type: none"> <li>○ a state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and</li> <li>○ the person does not respond to stimuli such as calling their name, or touching</li> </ul> <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>

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



Defined term	Description
<b>Reasonable and Customary</b>	The 'usual', or 'accepted standard' amount payable for a specific healthcare <b>treatment</b> , procedure or service in a particular geographical region, and provided by <b>benefit providers</b> 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 <b>our</b> experience of usual, and most common, charges in that region.
<b>Recognised medical practitioner, hospital or healthcare facility:</b>	Any provider who is not an <b>unrecognised medical practitioner, hospital or healthcare facility</b> .
<b>Rehabilitation:</b>	<b>Treatment</b> in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.
<b>Renewal date:</b>	Each anniversary of the date <b>you</b> , the <b>principal member</b> joined the plan. (If however <b>you</b> are a <b>member</b> of a <b>Bupa Global</b> group plan with a common <b>renewal date</b> for all <b>members</b> , <b>your renewal date</b> will be the common <b>renewal date</b> for the group. <b>We</b> tell <b>you</b> the group <b>renewal date</b> when <b>you</b> join.)
<b>Serious acute illness:</b>	A medical condition, or symptoms resulting from a disease, illness or injury which arises suddenly and in the reasonable opinion of the attending <b>specialist</b> and <b>our</b> medical <b>consultants</b> , requires immediate <b>treatment</b> , generally within 24 hours of onset, and which would otherwise put <b>your</b> health at serious risk.
<b>Service partner:</b>	A company or organisation that provides services on behalf of <b>Bupa Global</b> . These services may include approval of cover and location of local medical facilities.
<b>Sound natural tooth / Sound natural teeth:</b>	A natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally in chewing and speech.

Defined term	Description
<b>Specialist:</b>	A surgeon, anaesthetist or <b>specialist</b> who: is legally qualified to practise medicine or surgery following attendance at a recognised medical school, is recognised by the relevant authorities in the country in which the <b>treatment</b> is received as having specialised qualification in the field of, or expertise in, the <b>treatment</b> of the disease, illness or injury being treated. By 'recognised medical school' <b>we</b> 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.
<b>Speech therapist:</b>	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the <b>treatment</b> is received.
<b>Specified country of nationality:</b>	The country of nationality specified by <b>you</b> in <b>your</b> application form or as advised to <b>us</b> in writing, which ever is the later.
<b>Specified country of residence:</b>	The country of residence specified by <b>you</b> in <b>your</b> application and shown in <b>your</b> membership certificate, or as advised to <b>us</b> in writing, which ever is the later. The country <b>you</b> specify must be the country in which the relevant authorities (such as tax authorities) consider <b>you</b> to be resident for the duration of the membership.
<b>Sponsor:</b>	The company, firm or individual with whom <b>we</b> have entered into an agreement to provide <b>you</b> with cover under the <b>health plan</b> .
<b>Surgical operation:</b>	A medical procedure that involves the use of instruments or equipment.
<b>Therapists:</b>	A physiotherapist, occupational <b>therapist</b> , orthoptist, dietician or <b>speech therapist</b> who is legally qualified and is permitted to practice as such in the country where the <b>treatment</b> is received.
<b>Treatment:</b>	Surgical or medical services (including <b>diagnostic tests</b> ) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.

Defined term	Description
<b>UK:</b>	Great Britain and Northern Ireland.
<b>Unrecognised medical practitioner, hospital or healthcare facility</b>	<ul style="list-style-type: none"> <li>○ <b>Treatment</b> provided by a <b>medical practitioner, provider or facility</b> who is not recognised by the relevant authorities in the country where the <b>treatment</b> takes place as having <b>specialist</b> knowledge, or expertise in, the <b>treatment</b> of the disease, illness or injury being treated.</li> <li>○ Self <b>treatment</b> or <b>treatment</b> provided by anyone with the same residence, or <b>family members</b> (persons of a family, related to <b>you</b> by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request.</li> <li>○ <b>Treatment</b> provided by a <b>medical practitioner, provider or facility</b> to whom <b>we</b> have sent a written notice that <b>we</b> no longer recognise them for the purposes of <b>our health plans</b>. Details of <b>benefit providers we</b> have sent written notice to are available on MembersWorld, by telephoning <b>us</b>, or visit Facilities Finder at <a href="http://bupaglobal.com/facilitiesfinder">bupaglobal.com/facilitiesfinder</a>.</li> </ul>
<b>We/us/our:</b>	<b>Bupa Global.</b>
<b>You/your:</b>	This means <b>you</b> , the <b>principal member</b> and <b>your dependants</b> unless <b>we</b> have expressly stated otherwise that the provisions only refer to the <b>principal member</b> .

