Lifeline

Membership Guide

This booklet explains the terms and conditions of the Lifeline Plan. Detailed information such as pre-authorising **treatment**, making a claim and moving country can be found in this booklet.

From 1 July 2023

Contents

Remember we can offer a second medical opinion service

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

Welcome

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

This includes:

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

This membership guide must be read alongside **your** membership certificate and **your** application for cover, as together they set out the terms and conditions of **your** membership and form **your** plan documents. To make the most of **your** plan, please read the 'Table of Benefits', '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 print it online at:
https://membersworld.bupaglobal.com

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

Contact us

Open 24 hours a day, 365 days a year

You can access details about **your** 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

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

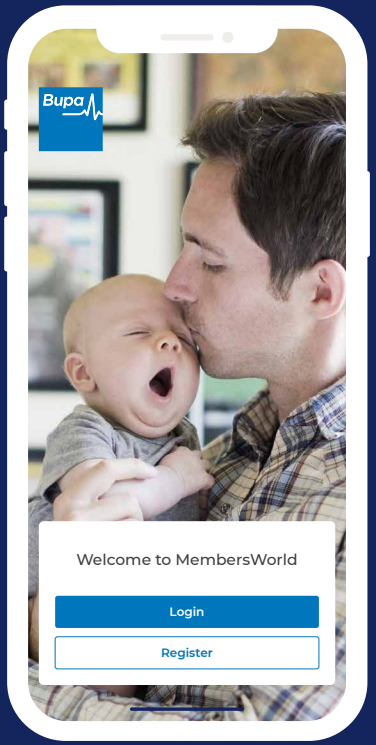
Fax: +44 (0) 1273 820 517

Email: info@bupaglobal.com

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

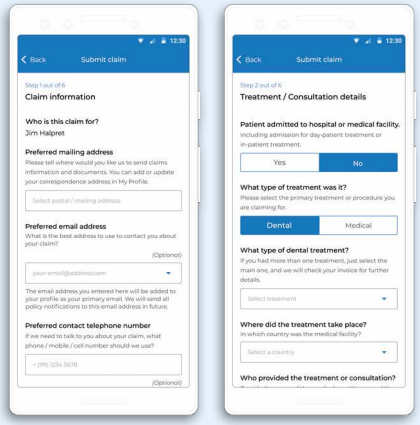
Download on the App Store

GET IT ON Google Play

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

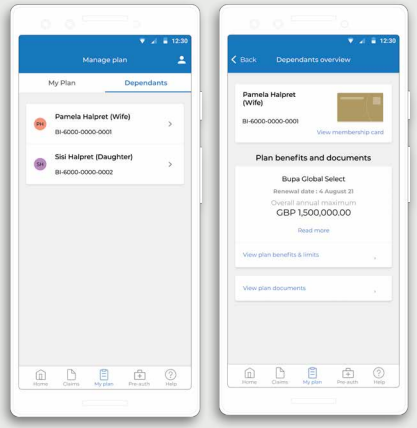
Claims and pre-authorisations

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



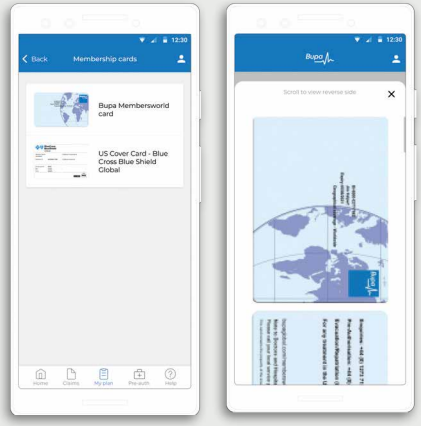
Dependants

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



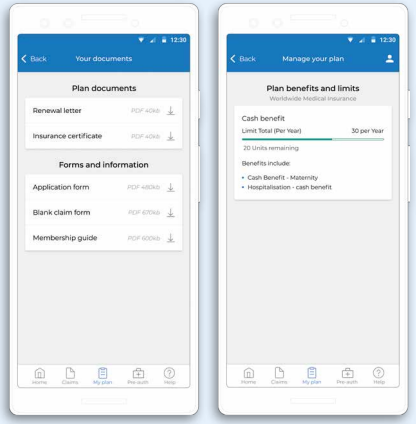
Membership cards

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



Policy documents

- View and download documents for your plan



Wellbeing Services

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

They are available to **you** from the very start of **your** policy at no 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.

Your Wellbeing

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

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

Second Medical Opinion*

As a **Bupa Global** customer, **you** can access a second medical opinion from 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**

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 telephonic consults
- **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.

Virtual Care

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

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

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.

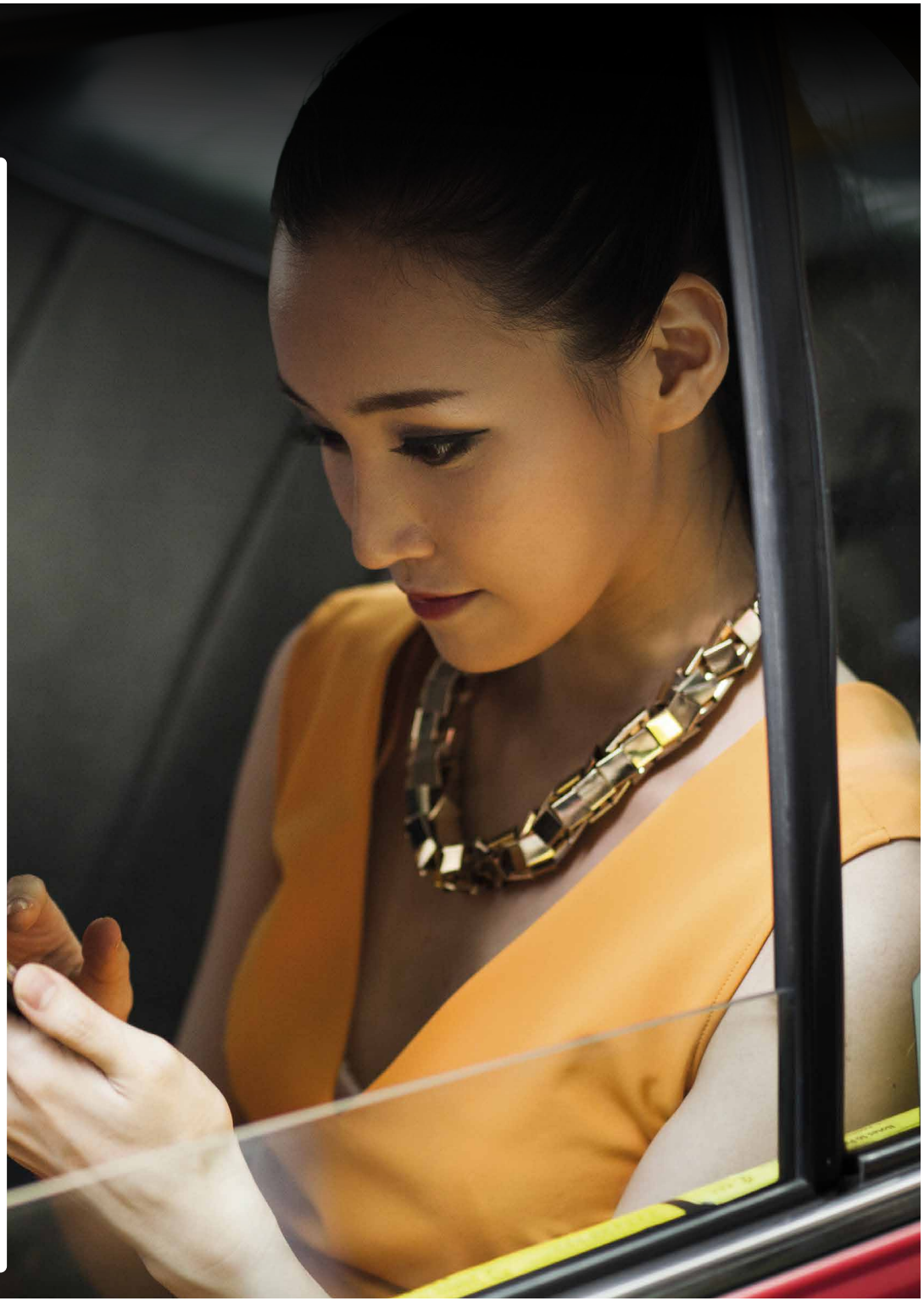
When **you** have pre-authorised **treatment** with one of **our network** providers, **we** will cover the costs if, at the time **you** have that **treatment**:

- 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

- Go online at **https://membersworld.bupaglobal.com**
- Call **us** on **+44 (0) 1273 323 563**
- Email **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.

	1	2	3	4	5
Direct Settlement Direct settlement is where the provider of **your treatment** claims directly from **us**, making things easier for **you**.	**You** should present **your** membership card when **you** receive **treatment**.	**We** send **your benefits provider** a pre-authorisation statement. **We** will also send a copy to **you** on request.	If **you** have a **co-insurance** on a benefit or any remaining **deductible**, **we** will pay the **provider** in full and collect any **co-insurance** or remaining **deductible** from **you** using the payment details **we** hold for **you** unless **your treatment** took place in the U.S. For **treatment** in the U.S, **we** may either pay the **provider** in full and collect any share from **you** using the payment details **we** hold for **you**, or **your benefit provider** may request settlement of the balance after **we** have settled the claim with them. If **we** need to collect any payment from **you we** will send **you** a statement showing the amount that **we** will be collecting from **you**.	**We** pay the **benefits provider** directly.	**We** will send **your** claim payment statement to **you**. When **we** settle **your** claim, **your** benefits are paid in line with the limits shown in **your** 'Table of Benefits'. If **you** have an **annual deductible,** please refer to the '**Annual deductible**' section in this guide for more details. It is important that **you** send all **your** claims to **us**, even if the value of the claim is less than the remaining deductible.
Pay and Claim The alternative is for **you** to pay and then claim back the costs from **us**.	When **you** visit **your benefits provider**, **you** should take a claim form with **you** so that the **medical practitioner** can fill in the medical information section. A claim form can be found online at **membersworld.bupaglobal.com**	Once **you** have received **treatment** and made a payment to **your benefits provider**, **you** should complete all other sections of the claim form, include the original invoices and send the claim to **us**.	**You** can submit **your** claim online via the MembersWorld app, **membersworld.bupaglobal.com** or email it to **us**.	**We** pay **you**. If **you** have an **annual deductible** or a co-insurance applied to **your** claim **we** will pay **you** the cost of the claim minus the percentage of the co-insurance or the amount of the remaining **annual deductible**.	

Things you need to know about your Lifeline plan

How to use your plan

Step 1: Where to get treatment

As long as it is covered by **your** plan, **you** can have **your treatment** at any recognised **hospital** or clinic. If **you** don't know where to go, please contact **our** Healthline service for help and advice.

Participating hospitals

To help **you** find a facility quickly and easy, visit bupaglobal.com/en/facilities/finder. **We** can normally arrange direct settlement with these facilities too.

Getting treatment in the U.S.

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

Step 2: Contact us

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

Pre-authorising in-patient treatment and day-case treatment

You must contact **us** whenever possible before **in-patient treatment** or **day-case treatment**, for pre-authorisation. This means that **we** can confirm to **you** and to **your hospital** that **your treatment** will be covered under **your** plan.

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

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

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

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

If **we** can pre-authorise **your treatment**, **we** will send a pre-authorisation statement that will also act as **your** claim form (see Step 3 below).

Step 3: Making a claim

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

What to send

We must receive a fully completed claim form and the invoices for **your treatment**, within 2 years of the **treatment** date.

If this is not possible, please write to **us** with the details and **we** will see if an exception can be made.

Your claim

You must make sure that **your** claim form is fully completed by **you** and by **your medical practitioner**. The claim form is important because it gives **us** all the information that **we** need. Contacting **you** or **your medical practitioner** for more information can take time, and an incomplete claim form is the most common reason for delayed payments.

You can download a claim form from **our** MembersWorld website, or contact **us** to send **you** one. Remember that if **your treatment** is pre-authorised, **your** pre-authorisation statement will act as **your** claim form.

How we make payments

Wherever possible, **we** will follow the instructions given to **us** in the payment section of the claim form:

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

To carry out electronic transfers, **we** need to know the full bank name, address, SWIFT code and (in Europe only) the IBAN number of **your** bank account. **You** can give **us** this information on the claim form.

Tracking your claim

We will process **your** claim as quickly as possible. **You** can easily check the progress of a claim **you** have made by logging on to **our** MembersWorld website.

Confirmation of your claim

When **your** claim has been assessed and paid, **we** will send a statement to **you** to confirm when and how it was paid, and who received the payment. If **you** subscribe to **our** secure MembersWorld website, **you** can view **your** documents online, upload **your** claims and view **your** claims statement.

About your Membership

This booklet forms part of **you**, the **principal member's** contract with **us**, along with **your** application form and **your** membership certificate. This is an annual contract.

The agreement between you and us

As a member of the Lifeline plan, **you**, the **principal member** have formed an agreement with **Bupa Global** about **your** cover. Only **you**, the **principal member** and **Bupa Global** have legal rights under this agreement.

This means that only **you**, the **principal member** and no other party may enforce the terms of this agreement, whether under the Contracts (Rights of Third Parties) Act 1999 or otherwise. **We** will of course allow anyone who is covered under **you**, the **principal member's** membership complete access to **our** complaints and dispute resolution process.

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

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

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

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 **us** 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 **us** of any change so that **we** can make sure that **you** have the right cover.

Summary of Benefits

	Essential	Classic	Gold
Overall annual maximum			
Overall annual maximum	●	●	●
Deductible options	●	●	●
Out-patient treatment			
Out-patient **surgical operations**	●	●	●
Health screening and wellness checks (after one years' membership)		●	●
Physiotherapy, **osteopathy** and chiropractor **treatment**		●	●
Costs for **treatment** by **therapists**, **complementary medicine practitioners** and **qualified nurses**		●	●
Consultants' fees, **psychologists'** and **psychotherapists**' fees for **Mental Health treatment**		●	●
Pathology, X-rays and **diagnostic tests**		●	●
Consultants' fees for consultations		●	●
Costs for **treatment** by a **family doctor**			●
Prescribed drugs and dressings			●
Accident-related dental **treatment**		●	●
In-patient and day-case treatment			
Hospital accommodation	●	●	●
Intensive Care	●	●	●
Mental Health treatment	●	●	●
Nursing care, drugs and surgical dressings	●	●	●
Parent accommodation	●	●	●
Pathology, X-rays, **diagnostic tests** and therapies	●	●	●
Consultants' fees	●	●	●
Prosthetic implants and **appliances**	●	●	●
Surgical operations, including pre- and post-operative care	●	●	●
Theatre charges	●	●	●
Further Benefits			
Advanced imaging	●	●	●
Cancer **treatment**	●	●	●
Advanced therapy medicinal products (**ATMPs**)	●	●	●
Healthline services	●	●	●
HIV/AIDS drug therapy including ART (after five years' membership)		●	●
Home nursing after **in-patient treatment**	●	●	●
Hospice and palliative care	●	●	●
In-patient cash benefit	●	●	●
Kidney dialysis	●	●	●
Local air ambulance	●	●	●
Local road ambulance	●	●	●
Maternity cover (after 10 months' membership)		●	●
Newborn care	●	●	●
Prosthetic devices	●	●	●
Rehabilitation	●	●	●

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

Summary of Benefits (continued)

	Essential	Classic	Gold
Further Benefits (continued)			
Transplant services	●	●	●
Treatment for or related to gender dysphoria		●	●
Optional benefits, if purchased			
U.S. cover	●	●	●
Assistance cover (Evacuation and Repatriation)	●	●	●

Summary of Exclusions

	Essential	Classic	Gold
Artificial life maintenance	●	●	●
Birth control	●	●	●
Conflict and disaster	●	●	●
Congenital conditions	●	●	●
Convalescence and admission for general care	●	●	●
Cosmetic **treatment**	●	●	●
Deafness	●	●	●
Dental **treatment**/gum disease	●	●	●
Desensitisation and neutralisation	●	●	●
Developmental problems	●	●	●
Donor organs	●	●	●
Drugs and dressings for out-patient or take-home use	●	●	
Experimental or unproven **treatment**	●	●	●
Eyesight	●	●	●
Family doctor treatment	●	●	
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 **hospital**	●	●	●
Hereditary conditions	●	●	●
HIV/AIDS	●	●	●
Illegal activity	●	●	●
Infertility **treatment**	●	●	●
Maternity	●		
Obesity	●	●	●
Persistent vegetative state (PVS) and neurological damage	●	●	●
Physical aids and devices	●	●	●
Pre-existing conditions	●	●	●
Preventive **treatment**	●	●	●
Reconstructive or remedial surgery	●	●	●
Sexual problems	●	●	●
Sleep disorders	●	●	●
Speech disorders	●	●	●
Stem cells	●	●	●
Surrogate parenting	●	●	●
Travel costs for **treatment**	●	●	●
Treatment for or related to gender dysphoria	●	●	●
U.S. **treatment**	●	●	●
Unrecognised medical practitioner, **hospital or healthcare facility**	●	●	●

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

What is covered?

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

Treatment that we cover

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

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

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

Active treatment

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

Note: please see 'Health screening and wellness checks' in the 'Table of benefits' and 'Preventive **treatment**' in the 'What is not covered?' section for information on preventive **treatment**.

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. Where **you** choose to have **your treatment** and services with a benefit provider in **network**, **we** will cover all costs of any covered benefits, 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 cover costs of any covered benefits (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**' benefits provider in certain countries.

Table of benefits

The table of benefits shows the benefits, limits and the detailed rules that apply to **your** plan. **You** also need to read the 'What is not covered?' section so that **you** understand the exclusions on **your** plan.

How to read the Table of benefits

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

Benefit limits

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

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

If a benefit limit applies for the whole of **your** membership, once this benefit limit has been reached, no more benefits will be paid, regardless of the renewal of **your** plan.

Currencies

All the benefit limits in the 'Table of benefits' and notes are set out in three currencies: GBP, USD and EUR. The currency in which **you**, the **principal member** pay **us your** premium is the currency that applies to **your** membership for the purpose of the benefit limits.

For example, if **you**, the **principal member** pay **your** 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 an **annual deductible**, **you** can either check on **your** membership certificate, through **our** MembersWorld website or contact the customer services helpline.

Table of Benefits

The table of benefits shows the benefits, limits and the detailed rules that apply to **your** plan. **You** also need to read the 'What is not covered?' section so that **you** understand the exclusions on **your** plan.

Overall annual maximum

Benefits	**Essential**	**Classic**	**Gold**	**Explanation of benefits**
Overall annual maximum	GBP 2,000,000 USD 3,200,000 EUR 2,500,000	GBP 3,000,000 USD 4,800,000 EUR 3,750,000	Unlimited	The overall annual maximum applies to all benefits unless specified in the table of benefits
Deductible options	No deductible GBP 100, GBP 250, GBP 500, GBP 1,000, GBP 2,000 or GBP 5,000 No deductible USD 160, USD 400, USD 800, USD 1,600, USD 3,200 or USD 8,000 No deductible EUR 160, EUR 400, EUR 800, EUR 1,600, EUR 3,200 or EUR 8,000	No deductible GBP 100, GBP 250, GBP 500, GBP 1,000, GBP 2,000 or GBP 5,000 No deductible USD 160, USD 400, USD 800, USD 1,600, USD 3,200 or USD 8,000 No deductible EUR 160, EUR 400, EUR 800, EUR 1,600, EUR 3,200 or EUR 8,000	No deductible GBP 100, GBP 250, GBP 500, GBP 1,000, GBP 2,000 or GBP 5,000 No deductible USD 160, USD 400, USD 800, USD 1,600, USD 3,200 or USD 8,000 No deductible EUR 160, EUR 400, EUR 800, EUR 1,600, EUR 3,200 or EUR 8,000	Please see **your** membership certificate for details of any deductible that applies to **your** benefits.

Out-patient treatment

Important

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	Essential	Classic	Gold	Explanation of benefits
Out-patient **surgical operations**	Paid in full	Paid in full	Paid in full	**We** pay for out-patient **surgical operations** when carried out by a **consultant** or a **family doctor**.
Health screening and wellness checks (after one years' membership)	Not covered	**We** pay up to GBP 600 USD 1,000 or EUR 750 each **membership year**	**We** pay up to GBP 600 USD 1,000 or EUR 750 each **membership year**	**We** pay for a full health screening after **you** have been a member of this plan for one **membership year**. A health screen generally includes various routine tests performed to assess **your** state of health and could include tests to check cholesterol and blood sugar (glucose) levels, liver and kidney function tests, a blood pressure check, and a cardiac risk assessment. **We** also pay for wellness checks after **you** have been a member of this plan for one **membership year**. The wellness checks **you** may also have are specific screening tests for breast, cervical, prostate or colorectal cancer. The actual tests **you** have will depend on those supplied by the benefits provider where **you** have **your** screening.
Physiotherapy, **osteopathy** and chiropractor **treatment**	Not covered	**We** pay in full for up to 30 visits each **membership year**	Paid in full	**We** pay for nursing charges for general nursing care, for example injections or wound dressings by a **qualified nurse** and consultations and **treatment** with **therapists** and **complementary medicine practitioners** when they are appropriately qualified and registered to practice in the country where **treatment** is received. This includes the cost of both the consultation and **treatment**, including any complementary medicine prescribed or administered as part of **your treatment**. Should any complementary medicines or **treatments** be supplied or carried out on a separate date to a consultation, these costs will be treated as a separate visit. Note: **we** do not pay any other complementary therapies such as ayurvedic **treatment** or aromatherapy which may be available. Note: for dieticians, **we** 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.
Costs for **treatment** by **therapists**, **complementary medicine practitioners** and **qualified nurses**	Not covered	**We** pay in full for up to 10 visits each **membership year**	**We** pay in full for up to 15 visits each **membership year**	
Consultants' fees, **psychologists'** and **psychotherapists**' fees for **Mental Health treatment**	Not covered	**We** pay up to GBP 6,400, USD 10,900 or EUR 8,000 each **membership year**	**We** pay in full for up to 30 visits each **membership year**	**We** will pay for **consultants'** fees, **psychologists'** and **psychotherapists**' fees for **Mental Health treatment**

Out-patient treatment (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Pathology, X-rays and **diagnostic tests**	Not covered	**We** pay up to GBP 6,400, USD 10,900 or EUR 8,000 each **membership year**	Paid in full	**We** pay for: ○ pathology, such as checking blood and urine samples for specific abnormalities, ○ radiology, such as X-rays, and ○ **diagnostic tests**, such as electro-cardiograms (ECGs) when recommended by **your consultant** or **family doctor** to help determine or assess **your** condition.
Consultants' fees for consultations	Not covered		**We** pay in full for up to 35 visits each **membership year**	This normally means a meeting with a **consultant** to assess **your** condition. Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.
Costs for **treatment** by a **family doctor**	Not covered	Not covered	Paid in full	**We** pay for **family doctor treatment**. Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.
Prescribed drugs and dressings	Not covered	Not covered	Paid in full	**We** pay for the cost of drugs and dressings prescribed for **you** by **your medical practitioner** needed to treat a disease, illness or injury, for covered **treatment**. Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit described in the costs for **treatment** by **therapists** and **complementary medicine practitioners** benefit.
Accident-related dental **treatment**	Not covered	Paid in full	Paid in full	**We** pay for accident-related dental **treatment** that **you** receive from a **dental practitioner** for **treatment** during an **emergency** visit following accidental damage to any tooth. **We** only pay any accident-related dental **treatment** which takes place up to 30 days after the accident.

In-patient and day-case treatment

Important

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. 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 recognised

Long in-patient stays: 10 nights or longer

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

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

Benefits	Essential	Classic	Gold	Explanation of benefits
Hospital accommodation	Paid in full	Paid in full	Paid in full	**We** pay charges for **your hospital** accommodation, including all **your** own meals and refreshments. **We** do not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics. **We** pay for accommodation in a room that is no more expensive than the **hospital's** standard single room with a private bathroom. This means that **we** will not pay the extra costs of a deluxe, executive or VIP suite. **We** pay for the length of stay that is medically appropriate for the procedure that **you** are admitted for. For example, unless medically essential, **we** do not pay for day-case accommodation for **out-patient treatment**, and **we** do not pay for in-patient accommodation for **day-case treatment**. Examples: unless medically essential, **we** do not pay for day-case accommodation for **out-patient treatment** (such as an MRI scan), and **we** do not pay for in-patient accommodation for **day-case treatment** (such as a biopsy). Please also read convalescence and admission for general care in the 'What is not covered?' section.
Intensive Care	Paid in full	Paid in full	Paid in full	**We** pay for **intensive care** in an **intensive care** unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when: ○ it is an essential part of **your treatment** and is routinely needed by patients undergoing the same type of **treatment** as **yours**, or ○ it is **medically necessary** in the event of unexpected circumstances, for example if **you** have an allergic reaction during surgery
Mental Health treatment	Paid in full	Paid in full	Paid in full	**We** pay for **mental health treatment you** receive in **hospital** during each policy year, in full. This benefit applies to all **treatment** related to the mental health condition.

In-patient and day-case treatment (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Nursing care, drugs and surgical dressings	Paid in full	Paid in full	Paid in full	**We** pay for nursing services, drugs and surgical dressings **you** need as part of **your treatment** in **hospital**. Note: ○ **we** do not pay for drugs and surgical dressings **you** receive for **out-patient treatment** or use at home, and ○ **we** do not pay for nurses hired as well as the **hospital's** own staff. In the rare case where a **hospital** does not provide nursing staff **we** will pay for the reasonable cost of hiring a **qualified nurse** for **your treatment**
Parent accommodation	Paid in full	Paid in full	Paid in full	**We** pay room and board costs for the parent staying in **hospital** with their child when: ○ the costs are for one parent or legal guardian only ○ the parent or guardian is staying in the same **hospital** as the child, ○ the child is under the age of 18 years old, and ○ the child is receiving **treatment** that is covered
Pathology, X-rays, **diagnostic tests** and therapies	Paid in full	Paid in full	Paid in full	**We** pay for: ○ pathology, such as checking blood and urine samples ○ radiology (such as X-rays) and ○ **diagnostic tests** such as electro cardiograms (ECGs) when recommended by **your consultant** to help determine or assess **your** condition when carried out in a **hospital**. **We** also pay for **treatment** provided by **therapists**, **physiotherapists**, **osteopaths**, chiropractors and **complementary medicine practitioners** (such as acupuncturists) if it is needed as part of **your treatment** in **hospital**.
Consultants' fees	Paid in full	Paid in full	Paid in full	**We** pay **consultants'** fees for **treatment you** receive in **hospital** if this does not include a **surgical operation**, for example if **you** are in **hospital** for **treatment** of a medical condition such as pneumonia. If **your treatment** includes a **surgical operation we** will only pay **consultants'** fees if the attendance of a **consultant** is **medically necessary**, for example, in the rare event of a heart attack following a **surgical operation**.
Prosthetic implants and **appliances**	Paid in full	Paid in full	Paid in full	**We** pay for a prosthetic implant needed as part of **your treatment**. By this, **we** mean an artificial body part or **appliance** which is designed to form a permanent part of **your** body and is surgically implanted for one or more of the following reasons: ○ to replace a joint or ligament ○ to replace one or more heart valves ○ to replace the aorta or an arterial blood vessel ○ to replace a sphincter muscle ○ to replace the lens or cornea of the eye ○ to act as a heart pacemaker ○ to remove excess fluid from the brain ○ to control urinary incontinence (bladder control) ○ to reconstruct a breast following surgery for cancer when the reconstruction is carried out as part of the original **treatment** for the cancer and **you** have obtained **our** written consent before receiving the **treatment** ○ to restore vocal function following surgery for cancer **We** also pay for the following **appliances**: ○ a knee brace which is an essential part of a **surgical operation** for the repair to a cruciate (knee) ligament, or ○ a spinal support which is an essential part of a **surgical operation** to the spine

In-patient and day-case treatment (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Surgical operations, including pre- and post-operative care	Paid in full	Paid in full	Paid in full	**We** pay surgeons' and anaesthetists' fees for a **surgical operation**, including all pre- and post-operative care. Note: this benefit does not include follow-up consultations with **your consultant**, as these are paid under the **consultants'** fees for consultations benefit.
Theatre charges	Paid in full	Paid in full	Paid in full	**We** pay for use of an operating theatre

Further Benefits

Important

These are the other benefits provided by **your** membership of the Lifeline plan.
These benefits may be in-patient, out-patient or day-case.

Benefits	Essential	Classic	Gold	Explanation of benefits
Advanced imaging	Paid in full	Paid in full	Paid in full	**We** pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by **your consultant** or **family doctor**.
Cancer **treatment**	Paid in full	Paid in full	Paid in full	Once cancer is diagnosed, **we** pay fees that are related specifically to planning and carrying out **treatment** for cancer. This includes tests, scans, consultations and drugs (such as cytotoxic drugs or chemotherapy). If **your treatment** involves **advanced therapy medicinal products** (**ATMP**), this will be paid from the **ATMP** benefit.

Advanced therapy medicinal products (**ATMPs**)	Paid in full, one course of **treatment** for each condition per lifetime	Paid in full, one course of **treatment** for each condition per lifetime	Paid in full, one course of **treatment** for each condition per lifetime	**We** pay for **ATMP treatment** if it is:
				
				○ administered by a specialist in the country where **you** receive it, and;
				○ approved by the licensing authority in the country where **you** receive it, for **your** condition, stage of disease and stage of **treatment** that **you** have, and;
				○ endorsed by an independent specialist appointed by **Bupa Global** who confirms it:
				  ○ as medically appropriate, based on established medical practice, or
				  ○ is provided under a registered and ethically approved study (in this case **we** will not apply the 'experimental or unproven **treatment**' exclusion).
				
				Please contact **us** for pre-authorisation before proceeding with **treatment**.

Healthline services	Included	Included	Included	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 **you** need to. The following are some of the services that may be offered by telephone: ○ general medical information from a health professional ○ medical referrals to a **consultant** or **hospital** ○ medical service referral (ie locating a **consultant**) and assistance arranging appointments ○ inoculation and visa requirements information ○ **emergency** message transmission ○ interpreter and embassy referral Note: **treatment** arranged through this service may not be covered under **your** plan. Please check **your** cover before proceeding.
HIV/AIDS drug therapy including ART (after five years' membership)	Not covered	**We** pay up to GBP 12,000, USD 20,000 or EUR 15,000 each **membership year**	**We** pay up to GBP 12,000, USD 20,000 or EUR 15,000 each **membership year**	**We** pay for HIV/AIDS drug therapy after **you** have been a member of the plan for the whole of the five years leading up to the **treatment**. Note: **we** pay for **treatment** that is not drug therapy or ART from **your** in-patient or out-patient benefits if **you** have been a member of the plan for five years.

Further Benefits (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Home nursing after **in-patient treatment**	**We** pay up to GBP 120, USD 200 or EUR 150 each day up to a maximum of 10 days each **membership year**	**We** pay up to GBP 200, USD 320 or EUR 250 each day up to a maximum of 20 days each **membership year**	Paid in full up to a maximum of 30 days each **membership year**	**We** pay for home nursing after covered **in-patient treatment**. **We** pay if the home nursing: ○ is needed to provide medical care, not personal assistance ○ is necessary, meaning that without it **you** would have to stay in **hospital** ○ starts immediately after **you** leave **hospital** ○ is provided by a **qualified nurse** in **your** home, and ○ is prescribed by **your consultant**
Hospice and palliative care	**We** pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of **your** membership	**We** pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of **your** membership	**We** pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of **your** membership	If **you** need in-patient, day-case or out-patient care or **treatment** following the diagnosis that **your** condition is terminal, when **treatment** can no longer be expected to cure **your** condition, **we** pay for **your** physical, psychological, social and spiritual care as well as **hospital** or hospice accommodation, nursing care and prescribed drugs. The amount shown here is the total amount **we** shall pay for these expenses during the whole of **your** membership, whether continuous or not.
In-patient cash benefit	**We** pay GBP 100, USD 160 or EUR 125 each night up to 20 nights each **membership year**	**We** pay GBP 100, USD 160 or EUR 125 each night up to 20 nights each **membership year**	**We** pay GBP 150, USD 240 or EUR 190 each night up to 20 nights each **membership year**	This benefit is paid instead of any other benefit for each night **you** receive covered **in-patient treatment** without charge. To claim this benefit, please ask the **hospital** to sign and stamp **your** claim form. Then send the completed form to **us** with a covering letter stating that **you** were treated with no charge. Please note that **you** need to make sure that the medical section of **your** claim form is completed by **your consultant**.
Kidney dialysis	Paid in full	Paid in full	Paid in full	**We** pay for kidney dialysis - provided as In-patient, day-case or as on out-patient.
Local air ambulance	Paid in full	Paid in full	Paid in full	**We** pay for **medically necessary** travel for **you** to be transported by local air ambulance such as a helicopter, when related to covered **in-patient treatment** or **day-case treatment**, either: ○ from the location of an accident to **hospital**, or ○ for a transfer from one **hospital** to another when it is appropriate for this method of transfer to be used to transport **you** over short journeys of up to 100 miles/160 kilometres. This benefit does not include mountain rescue. Note: this benefit does not include evacuation if the **treatment you** need is not available locally. Please also see 'Assistance cover' section.
Local road ambulance	Paid in full	Paid in full	Paid in full	**We** pay for **medically necessary** travel by local road ambulance when related to covered **in-patient treatment** or **day-case treatment**.

Further Benefits (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Maternity cover (after 10 months' membership)	Not covered	Maternity and childbirth: **We** pay up to GBP 3,600, USD 6,000 or EUR 4,500 each **membership year** Childbirth at home: **We** pay up to GBP 780, USD 1,300 or EUR 975 each **membership year** Medically essential Caesarean section: **We** pay up to GBP 11,400, USD 19,000 or EUR 14,250 each **membership year** Complications of maternity and childbirth - Paid in full	Maternity and childbirth: **We** pay up to GBP 6,000, USD 10,000 or EUR 7,500 each **membership year** Childbirth at home: **We** pay up to GBP 780, USD 1,300 or EUR 975 each **membership year** Medically essential Caesarean section: **We** pay up to GBP 13,800, USD 23,500 or EUR 17,250 each **membership year** Complications of maternity and childbirth - Paid in full	**We** pay maternity benefits only after **you** have been covered under the plan for 10 months. **Maternity and childbirth (after 10 months' membership)** These benefits include for example: ○ ante natal care such as ultrasound scans ○ **hospital** charges, obstetricians' and midwives' fees for pregnancy and childbirth ○ post natal care needed by the mother immediately following normal childbirth, such as stitches **Treatment** for ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside the womb (ectopic pregnancy) are not covered from this benefit but may be covered by **your** other benefits. (Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by **your** other benefits). **Note: routine care for your baby** **We** pay for routine care for the baby, for up to seven days following birth, from the mother's maternity benefit. Any non-routine care, if covered, is paid from the baby's newborn care benefit, not from the mother's maternity benefit. **Your** baby is also covered for up to seven days routine care following birth if **your** baby was born to a surrogate mother and **you**, as the intended parent, have been covered on the plan for 10 months when the baby is born. **Childbirth at home or birthing centre (after 10 months' membership)** This benefit includes obstetricians' and midwives' fees for delivering **your** baby at home or a **birthing centre**. **Medically Essential Caesarean Section (after 10 months' membership)** This benefit includes **hospital**, obstetricians' and other medical fees for the cost of the delivery of **your** baby by Caesarean section when medically essential for example, non progression during labour leading to **emergency** Caesarean section (eg dystocia, foetal distress, haemorrhage) provided the mother has been a member of this plan for at least 10 months before delivery. Note: if **we** are unable to determine that **your** Caesarean section was medically essential, it will be paid from **your** maternity and childbirth benefit limit. **Complications of maternity and childbirth (after 10 months' membership)** **Treatment** which is **medically necessary** as a direct result of pregnancy and childbirth complications. By complications **we** mean those conditions which only ever arise as a direct result of pregnancy or childbirth for example pre-eclampsia, threatened miscarriage, gestational diabetes, still birth. Please contact **us** for pre-authorisation where possible. If **you** require an **emergency** admission as a direct result of pregnancy and childbirth complications, please contact **us** within 48 hours of **your** admission. Please also see the section 'Adding **dependants'**. Please see surrogate parenting, congenital and hereditary conditions in the 'What is not covered?' section

Further Benefits (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Newborn care	**We** pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all **treatment** received during the first 90 days following birth	**We** pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all **treatment** received during the first 90 days following birth	**We** pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all **treatment** received during the first 90 days following birth	All **treatment** (including routine preventive care, check-ups and immunisations) needed for a newborn during the first 90 days' following birth shall be covered by this newborn care benefit. The newborn care benefit is paid instead of any other benefit. Newborn children must have their own membership and must be registered on a **Bupa Global** plan before this benefit can be claimed. Please see the 'Adding **dependants'** section.
Prosthetic devices	**We** pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device	**We** pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device	**We** pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device	**We** pay for the initial prosthetic device needed as part of **your treatment**. By this **we** mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is needed at the time of **your** surgical procedure. **We** do not pay for any replacement prosthetic devices for adults including any replacement devices needed for a **pre-existing condition**. **We** will pay for the initial and up to two replacements per device for children under the age of 16 years.
Rehabilitation	**We** pay in full for up to 42 days of **treatment** (which may be inpatient **treatment** or **day-case treatment**) each **membership year**	**We** pay in full for up to 42 days of **treatment** (which may be inpatient **treatment**, **day-case treatment** or outpatient **treatment**) each **membership year**	**We** pay in full for up to 42 days of **treatment** (which may be **in-patient treatment**, **day-case treatment** or **out-patient treatment**) each **membership year**	**We** pay for **rehabilitation**, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. **We** do not pay for room and board for **rehabilitation** when the **treatment** being given is solely **physiotherapy**. **We** pay for **rehabilitation**, only when **you** have received **our** pre-authorisation before the **treatment** starts, for up to 42 days **treatment** in each **membership year**. For **in-patient treatment** one day is each overnight stay and for **day-case treatment**, one day is counted as any day on which **you** have one or more appointments for **rehabilitation treatment**.. **We** only pay for **rehabilitation** where it: ○ starts within 6 weeks of **in-patient treatment** which is covered by **your** membership (such as trauma or stroke), and ○ arises as a result of the condition which needed the **in-patient treatment** or is needed as a result of such **treatment** given for that condition Note: in order to give pre-authorisation, **we** must receive full clinical details from **your consultant**; including **your** diagnosis, **treatment** given and planned, and proposed discharge date if **you** receive **rehabilitation**. Note (for Essential members only): **We** do not pay for any out-patient **rehabilitation**.

Further Benefits (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Transplant services	Paid in full	Paid in full	Paid in full	**We** pay for transplant services that **you** need as a result of a covered condition. **We** pay medical expenses if **you** need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant. **We** also pay for bone marrow transplants (either using **your** own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy. **We** do not pay for costs associated with the donor or the donor organ. Note (for Essential Plus members only): **We** do not pay for any **out-patient treatment** associated with a transplant, either before or after that transplant takes place, for example consultations and **diagnostic tests** or drugs prescribed for use as an out-patient, including anti-rejection drugs. Note (for Classic members only): **We** do not pay for any drugs prescribed for use as an out-patient, including anti-rejection drugs. Note (for Gold members only): Any drugs prescribed for use as an out-patient, including anti-rejection drugs are paid from **your** prescribed drugs and dressings benefit. Please see donor organs in the 'What is not covered?' section.
Treatment for or related to gender dysphoria	Not covered	Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people GBP 56,000 USD 96,000 EUR 70,000 per **membership year** Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people GBP 56,000 USD 96,000 EUR 70,000 per **membership year**	Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people Paid in full Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people Paid in full	This benefit is paid instead of any other benefit for all hormonal and surgical **treatment** for or related to gender dysphoria. Any **mental health treatment** for or related to gender dysphoria is paid from the mental health benefit and depends on the limits that apply to the mental health benefit. All **treatment** under this benefit must be pre-authorised. Please refer to the 'What is not covered?' section.

Optional benefits, if purchased

Benefits	Essential	Classic	Gold	Explanation of benefits
U.S. cover	100 percent of covered costs in **network** **Reasonable and Customary** costs out of **network**. **In-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans must be pre-authorised or only 50% of covered costs may be payable.	100 percent of covered costs in **network** **Reasonable and Customary** costs out of **network**. **In-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans must be pre-authorised or only 50% of covered costs may be payable.	100 percent of covered costs in **network** **Reasonable and Customary** costs out of **network**. **In-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans must be pre-authorised or only 50% of covered costs may be payable.	**Pre-authorisation and the U.S. provider network** If **you** have U.S. cover, then before any **in-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans in the U.S., **you** must contact **our** dedicated team for pre-authorisation. Please contact them by calling 844 369 3797 (from inside the U.S.), or +1 844 369 3797 (from outside the U.S.) **In-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans received in the U.S. without pre-authorisation may not be paid beyond 50%. Any pre-authorised **treatment** costs are covered according to this table of benefits. **Our** U.S. **Service Partner** uses a national **network** of **hospitals**, clinics and **medical practitioners**. This is the U.S. provider **network**. **Our** dedicated team can help **you** to find a **hospital** or clinic in the U.S. provider **network**, when **you** contact them for pre-authorisation. When covered **treatment** takes place in the U.S. using the U.S. provider **network**, benefit is paid at 100 percent. When covered **treatment** takes place in the U.S. but outside the U.S. provider **network**, benefit is paid at 100 percent, once any co-insurance or deductible amount which may apply, and which **you** are responsible to pay, has been taken from the claimed amount. Where covered **treatment** takes place in the U.S. but outside the U.S. provider **network**, benefit is paid at **Reasonable and Customary** costs. Please see the "**Our** approach to costs" section of this membership guide. Please also see U.S. **treatment** in the 'What is not covered?' section.
Assistance cover (Evacuation and Repatriation)				**Your** membership certificate will show if **you** have purchased this cover. Please see 'Assistance cover' section. The overall annual maximum benefit limit does not apply.

What is not covered?

In the 'Exclusion' section below, **we** list specific **treatments**, conditions and situations that **we** do not cover as part of **your** plan. As well as these **you** may have personal exclusions or restrictions that apply to **your** plan, as shown on **your** membership certificate.

Do you have cover for pre-existing conditions?

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

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

General Exclusions

The exclusions in this section apply 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**

Important note:

Our global health plans are non-U.S. insurance products and accordingly are not designed to meet the requirements of the U.S. Patient Protection and Affordable Care Act (the Affordable Care Act). **Our** plans may not qualify as minimum essential coverage or meet the requirements of the individual mandate for the purposes of the Affordable Care Act, and **we** are unable to provide tax reporting on behalf of those U.S. taxpayers and other persons who may be 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
Artificial life maintenance		Including mechanical ventilation, where such **treatment** will not or is not expected to result in **your** recovery or restore **you** to **your** previous state of health. Example: **We** will not pay for artificial life maintenance when **you** are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days.
Birth control		Any type of contraception, sterilisation, termination of pregnancy or family planning.

Exclusion	Notes	Rules
Conflict and disaster		**We** shall not have to pay for any claims which concern, are due to or are incurred as a result of **treatment** for sickness or injuries directly or indirectly caused by **you** putting yourself in danger by entering a known area of conflict (as listed below) and/or if **you** were an active participant or **you** have displayed a blatant disregard for **your** personal safety in a known area of conflict: ○ nuclear or chemical contamination ○ war, invasion, acts of a foreign enemy ○ civil war, rebellion, revolution, insurrection ○ terrorist acts ○ military or usurped power ○ martial law ○ civil commotion, riots, or the acts of any lawfully constituted authority ○ hostilities, army, naval or air services operations whether war has been declared or not
Congenital conditions	Please see the table of benefits for details of **your** Newborn care limit.	**Treatment** received after the first 90 days following birth (or after the maximum benefit limit for Newborn care has been reached) for any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not, except cancer.
Convalescence and admission for general care		**Hospital** accommodation when it is used solely or primarily for any of the following purposes: ○ convalescence, supervision, pain management or any other purpose other than for receiving covered **treatment**, of a type which normally requires **you** to stay in **hospital** ○ receiving general nursing care or any other services which do not require **you** to be in **hospital**, and could be provided in a nursing home or other establishment that is not a **hospital** ○ receiving services from a **therapist** or **complementary medicine practitioner** ○ receiving services which would not normally require trained medical professionals such as help in walking, bathing or preparing meals
Cosmetic **treatment**		Non-medically essential surgery and **treatment** to alter **your** appearance, including abdominoplasty or **treatment** related to or arising from the removal or addition of non-diseased or surplus or fat tissue is not covered. **We** do not pay for **treatment** of keloid scars. **We** also do not pay for scar revision, even if the scar is causing a functional problem.
Deafness		**Treatment** for or arising from deafness or partial hearing loss caused by a congenital abnormality or ageing.
Dental **treatment**/gum disease	Please see accident related dental in the table of benefits.	This includes **surgical operations** for the **treatment** of bone disease when related to gum disease or damage, or **treatment** for, or arising from disorders of the temporomandibular joint. Examples: **we** do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth.
Desensitisation and neutralisation		**Treatment** to de-sensitise or neutralise any allergic condition or disorder.
Developmental problems		**Treatment** for, or related to developmental problems, including: ○ learning difficulties, such as dyslexia ○ developmental problems treated in an educational environment or to support educational development
Donor organs		**Treatment** costs for, or as a result of the following: ○ transplants involving mechanical or animal organs ○ the removal of a donor organ from a donor ○ the removal of an organ from **you** for purposes of transplantation into another person ○ the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible diseases or illness ○ the purchase of a donor organ

Exclusion	Notes	Rules
Drugs and dressings for out-patient or take-home use	Exclusion applies to Essential and Classic cover only.	Any drugs or surgical dressings that are provided or prescribed for **out-patient treatment**, or for **you** to take home with **you** on leaving **hospital**, for any condition.
Experimental or unproven **treatment**		Clinical tests, **treatments**, equipment, medicines, devices or procedures that are unproven or investigational with regards to safety and efficacy. ○ **We** do not pay for any test, **treatment**, equipment, medicine, device or procedure that is not in standard clinical use but is (or should, in **Bupa Global**'s reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy. ○ **We** do not pay for any tests, **treatment**, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by **Bupa Global** in line with its criteria for standard clinical use. Standard clinical use includes: ○ **treatment** agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved though the **UK** Cancer Drugs Fund), Royal Colleges or equivalent national specialist bodies in the country of **treatment**; ○ the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or Bupa's in-house Clinical Effectiveness team) indicate that the **treatment** is safe and effective; ○ where the **treatment** has received full regulatory approval by the licensing authority (e.g. U.S. Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency) in the location where the member has requested **treatment**, and is duly licensed for the condition and patient population being requested (please note – full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or ○ tests, **treatments**, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which **treatment** is requested. Notes: ○ Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not treated as appropriate evidence to demonstrate a test, **treatment**, equipment, medicine, device or procedure should be used in standard clinical use. ○ Where licensing authority approval to market tests, **treatment**, equipment, medicines, devices or procedures does not, in **Bupa Global**'s reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.
Eyesight		**Treatment**, equipment or surgery to correct eyesight, such as laser **treatment**, refractive keratotomy (RK) and photorefractive keratotomy (PRK). Examples: **we** will not pay for routine eye examinations, contact lenses, spectacles. **We** will pay for covered **treatment** or surgery of a detached retina, glaucoma, cataracts or keratoconus.
Family doctor treatment	Exclusion applies to Essential and Classic cover only.	**Treatment** or services carried out by a **family doctor**.
Footcare		**Treatment** for corns, calluses, or thickened or misshapen nails.

Exclusion	Notes	Rules
Genetic testing		Genetic tests, when such tests are solely performed to determine whether or not **you** may be genetically likely to develop a medical condition. Example: **we** do not pay for tests used to determine whether **you** may develop Alzheimer's disease, when that disease is not present.
Harmful or hazardous use of alcohol, drugs and/or medicines		**Treatment** for or arising: ○ directly or indirectly, from the deliberate, reckless (including where **you** have displayed a blatant disregard for **your** personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and ○ in any event, from the illegal use of any such substance
Health hydros, nature cure clinics or any establishment that is not a **hospital**		**Treatment** or services received in health hydros, nature cure clinics or any establishment that is not a **hospital**.
Hereditary conditions		**Treatment** of abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of **your** family, except cancer.
HIV/AIDS	Please see HIV/AIDS drug therapy in the table of benefits.	**Treatment** for, or arising from, HIV or AIDS, including any condition that is related to HIV or AIDS, if **your** current period of membership is less than five years.
Illegal activity		**We** will not pay for **treatment** which arises, directly or indirectly, as result of **your** deliberate or reckless participation (whether actual or attempted) in any illegal act, including road traffic offenses.
Infertility **treatment**		**Treatment** to assist reproduction, including but not limited to IVF **treatment**. Note: **we** pay for reasonable investigations into the causes of infertility if: ○ **you** had not been aware of any problems before joining, and ○ **you** have been a member 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 Once the cause is confirmed, **we** will not pay for any more investigations in the future.
Maternity	Exclusion applies to Essential cover only.	**Treatment** for maternity or for any condition arising from maternity except the following conditions and **treatments**: ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside of the womb (ectopic pregnancy) ○ other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant
Obesity		**Treatment** for, or needed as a result of obesity.
Persistent vegetative state (PVS) and neurological damage		**We** will not pay for **in-patient treatment** for more than 90 continuous days for permanent neurological damage or if **you** are in a **persistent vegetative state**.
Physical aids and devices		Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an **appliance**. Examples: **we** will not pay for hearing aids, spectacles, contact lenses, crutches or walking sticks.

Exclusion	Notes	Rules
Pre-existing conditions	For **pre-existing conditions** for newborns, please see the exclusions for congenital and hereditary conditions in this section.	Please contact **us** before **your renewal date** if **you** or **your dependants** have personal exclusion(s) and would like **us** to review a personal exclusion. **We** may remove **your** exclusion if, in **our** opinion, no more **treatment** 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, **we** will not review. To carry out a review, **we** may ask for an up to date medical report from **your family doctor** or **consultant**. Any costs incurred in obtaining these details are not covered under **your** plan and are **your** responsibility
Preventive **treatment**	Please see health screening and wellness checks in the table of benefits.	Note: **we** may pay for **prophylactic surgery** when: ○ there is a significant family history of the disease for example ovarian cancer, which is part of a genetic cancer syndrome, and/or ○ **you** have positive results from genetic testing (please note that **we** will not pay for the genetic testing) Please contact **us** for pre-authorisation before proceeding with **treatment**. It may be necessary for **us** to seek a second opinion as part of **our** pre-authorisation process.
Reconstructive or remedial surgery		**Treatment** needed to restore **your** appearance after an illness, injury or previous surgery, unless: ○ the **treatment** is a **surgical operation** to restore **your** appearance after an accident, or as the result of surgery for cancer, if either of these takes place during **your** current continuous membership of the plan ○ the **treatment** is carried out as part of the original **treatment** for the accident or cancer ○ **you** have obtained **our** written consent before the **treatment** takes place
Sexual problems		**Treatment** of any sexual problem including impotence (whatever the cause).
Sleep disorders		**Treatment**, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.
Speech disorders		**Treatment** for speech disorders, including stammering or speech developmental delays, unless all of the following apply: ○ the **treatment** is short term therapy which is **medically necessary** as part of **active treatment** for an acute condition such as a stroke ○ the speech therapy takes place during and/or immediately following the **treatment** for the acute condition, and ○ the speech therapy is recommended by the **consultant** in charge of **your treatment**, and is provided by a **therapist** in which case **we** may pay at **our** discretion.
Stem cells		**We** do not pay for the harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.
Surrogate parenting	Please also see maternity cover in the table of benefits.	**Treatment** directly related to surrogacy. This applies: ○ to **you** if **you** act as a surrogate, and ○ to anyone else acting as a surrogate for **you**

Exclusion	Notes	Rules
Travel costs for **treatment**		Any travel costs related to receiving **treatment**, unless otherwise covered by: ○ local air ambulance benefit, ○ local road ambulance benefit, or ○ Assistance cover Examples: ○ **we** do not pay for taxis or other travel expenses for **you** to visit a **medical practitioner** ○ **we** do not pay for travel time or the cost of any transport expenses charged by a **medical practitioner** to visit **you**

Treatment for or related to gender dysphoria	**Treatment** for or related to gender dysphoria excluded in full for Essential cover.	**We** do not pay for:
		
		○ any surgical **treatment** (including cosmetic **treatment**) for or related to gender dysphoria unless:
		  ○ **you** have lived continuously for at least 12 months in the gender role that is congruent with **your** gender identity; and
		  ○ **we** have received referral letters from two independent **psychologists** and/or psychiatrists detailing **your** personal and **treatment** history, progress and eligibility and confirming that such **treatment** is **medically necessary** for treating gender dysphoria; and, in any event
		○ any **treatment** (surgical or non-surgical) for or related to gender dysphoria where such **treatment** is unlawful and/or gender dysphoria is not a clinically recognised condition in the country of **treatment**.

U.S. **treatment**		If U.S. cover has not been purchased, then any **treatment** or services received in the U.S. are not covered. If U.S. cover has been purchased, then **treatment** or services received in the U.S. are not covered: ○ when arrangements were not pre-authorised by **our** intermediaries in the U.S. where needed (see 'Pre-authorisation – **Treatment** in the U.S.' section of this membership guide); or ○ **we** know or suspect that **you** purchased cover for and travelled to the U.S. for the purpose of receiving **treatment** for a condition, including pregnancy when the symptoms of the condition were apparent to **you** before buying the cover. This applies whether or not **your treatment** was the main or sole purpose of **your** visit even if the **treatment** was pre-authorised.
Unrecognised medical practitioner, **hospital or healthcare facility**		○ **Treatment** provided by a **medical practitioner hospital or healthcare facility** which are not recognised by the relevant authorities in the country where the **treatment** takes place as having specialised knowledge, or expertise in, the **treatment** of the disease, illness or injury being treated. ○ Self **treatment** or **treatment** provided by anyone with the same residence, **Family Members** (persons of a family, related to **you** by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ○ **Treatment** provided by a **medical practitioner**, **hospital or healthcare facility** which are to whom **we** have sent a written notice that **we** no longer recognise them for the purposes of **our** health plans. **You** can contact **us** by telephone for details of benefit providers **we** have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder

Pre-authorisation

This section contains rules and information about what pre-authorisation means and how it works.

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.

What pre-authorisation means

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

- the **treatment** is covered by **your** 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** (see the 'What is not covered?' section), and
- the **treatment** is **medically necessary**

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 once requested this may result in a delay in pre-authorisation and to **your** claims being paid. If this information is not provided to **us** at all this may result in **your** claims not being paid.

Treatment we can pre-authorise

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

Direct settlement/pay and claim

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

We aim to arrange direct settlement wherever possible, but it has to be with the agreement of whoever is providing the **treatment**. In general, direct settlement can only be arranged for **in-patient treatment** or **day-case treatment**.

Direct settlement is easier for **us** to arrange if **you** pre-authorise **your treatment** first, or if **you** use a participating **hospital** or clinic.

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 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 **our** dedicated team 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** which is not part of the **network** and, if it is the best thing for **you**, **we** may arrange for **you** to be moved to a **network hospital** to continue **your treatment** once **you** are stable. 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 **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, but **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 a **network hospital**. These include:

- where there is no **network hospital** within 30 miles of **your** address, and
- when the **treatment you** need is not available in the **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** 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** can withdraw **our** decision if information is withheld or not given to **us** at the time the decision is being made.

We can withdraw or amend **our** decision if information is 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.

Assistance Cover

(optional if purchased)

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

Note: there are two levels of Assistance cover: Evacuation and Repatriation. **Your** membership certificate will show if **you** have Evacuation or Repatriation but **you** can visit the MembersWorld website or contact the customer services helpline if **you** are unsure.

What is Assistance cover?

When the **treatment you** need is not available locally, the Evacuation and Repatriation options both cover **you** for reasonable transport costs to the nearest appropriate place of **treatment** where the **treatment** that **you** need is available, if it is not available locally. Repatriation also gives **you** the option of returning to **your specified country of nationality** or **your specified country of residence** when the **treatment** is not available locally.

We may not be able to arrange Evacuation or Repatriation 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.

Assistance cover–general rules

The following rules apply to both the Evacuation and Repatriation levels of cover:

- **you** must contact **our** appointed representatives for confirmation before **you** travel, on +44 (0) 1273 333 911
- **our** appointed representatives must agree the arrangements with **you**
- Assistance cover is applicable for **in-patient treatment** and **day-case treatment** only
- the **treatment** must be recommended by **your consultant** or **family doctor** and, for medical reasons, not available locally
- the **treatment** must be covered under **your** plan
- **you** must have cover for the country **you** are being treated in, for example the U.S.
- **you** must have the appropriate level of Assistance cover in place before **you** need the **treatment**

Evacuation or Repatriation will not be covered if **you** were aware of the symptoms of **your** condition before applying for Assistance cover.

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 this would be against medical advice.

How to arrange your Evacuation or Repatriation

Arrangements for Evacuation or Repatriation will be made by **our** appointed representatives and must be confirmed in advance by calling +44 (0) 1273 333 911

You must provide **us** with any information or proof that **we** may reasonably ask **you** for to support **your** request. **We** will only pay if all arrangements are agreed in advance by **Bupa Global**'s appointed representatives.

Evacuation cover:

what we will pay for

If **you** have Evacuation cover it will be shown on **your** membership certificate. If **you** are still unsure **you** can visit **our** MembersWorld website or contact the customer services helpline.

- **We** will pay in full for **your** reasonable transport costs for **in-patient treatment** or **day-case treatment**. It may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy.
- **We** will only pay for Evacuation to the nearest place where the **treatment** needed is available when the **treatment** needed is not available locally. This could be to another part of the country that **you** are in, and may not be **your** home country.
- **We** will pay for the reasonable travel costs for a relative or **your** partner to accompany **you**, but only if it is **medically necessary**.
- **We** will also pay for the reasonable costs of **yours** and **your** relative or partner's return journey to the place **you** were evacuated from. All arrangements for **your** return should be approved in advance by **Bupa Global** or **our** appointed representatives.

  We will pay for either:

  - the reasonable cost of the return journey by the most direct route available by land or sea, or
  - the cost of an economy class air ticket by the most direct route available, whichever is the lesser amount
  - **we** will pay reasonable costs for the transportation only of **your** body, depending on airline requirements and restrictions, to **your** home country, in the event of **your** death while **you** are away from home. **We** do not pay for burial or cremation, the cost of burial caskets, or the transport costs for someone to collect or accompany **your** remains

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

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

Repatriation cover:

what we will pay for

If **you** have Repatriation cover it will be shown on **your** membership certificate. If **you** are still unsure **you** can visit **our** MembersWorld website or contact the customer services helpline. Repatriation cover also includes Evacuation cover — see above.

- **We** will pay in full for **your** reasonable transport costs for **in-patient treatment** or **day-case treatment**.
- **We** will pay for repatriation to **your specified country of nationality** or **your specified country of residence**, when the **treatment** needed is not available locally.
- **We** will pay for one repatriation for each illness or injury per lifetime.
- **We** will pay the reasonable costs for a relative or **your** partner to accompany **you** to **your specified country of nationality** or **your specified country of residence** if **we** have authorised this in advance of the repatriation.
- **We** will also pay an allowance of up to GBP 25, USD 50 or EUR 37 per day for up to 10 days to cover the living expenses of the person accompanying **you**.
- **We** will pay for **you** and the person accompanying **you** to return to where **you** were repatriated from. All arrangements for

your return must be approved in advance by **Bupa Global** or **our** appointed representatives.

We will pay for either:

- the reasonable cost of the return journey by the most direct route available by land or sea, or
- the cost of a scheduled return economy class air ticket by the most direct route available, whichever is the lesser amount
- **we** will pay reasonable costs for the transportation only of **your** body, depending on airline requirements and restrictions, to **your** home country, in the event of **your** death while **you** are away from home. **We** do not pay for burial or cremation, the cost of burial caskets, or the transport costs for someone to collect or accompany **your** remains

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

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

Annual Deductibles

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

Important – please remember that:

- the **annual deductible** applies separately to each person included on **your** membership
- as **we** may need to collect amounts from **you** by credit card, **you** must have a valid credit card authority with **us** at all times. (**We** may suspend or terminate **your** cover if **you** do not have such an agreement or authority in place while **you** have an **annual deductible** on **your** plan)
- even if the amount **you** are claiming is less than the amount of the **annual deductible**, **you** should still submit a claim to **us**
- this is an **annual deductible**. Therefore, if **your** first claim is towards the end of **your membership year**, and **treatment** continues over **your renewal date**, the **annual deductible** is payable separately for **treatment** received in each **membership year**

What is an annual deductible?

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

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

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

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

At any point **you** can check the amount of **your** remaining **annual deductible** by contacting **our** customer services helpline.

How an annual deductible works

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

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

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

How claims are paid to you

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

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

How claims are paid direct to your medical provider

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

- **we** will send payment to the provider for the full amount of the covered claim, without taking any **annual deductible**
- **we** will then collect any **annual deductible** from **you** using the credit card authority
- **we** will also send **you** a statement showing the amount of the **annual deductible** that **Bupa Global** will be collecting from **your** account

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

Paying premiums and other charges

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

Paying premiums

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

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

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

Premiums are collected by Bupa Insurance Services Limited who act as **our** intermediary for the purpose of receiving and holding premiums, making claims and refunds. **Your** premiums are protected by an agreement between **us** and Bupa Insurance Services Limited. The amount and method of payment is shown in **your** membership certificate. **We** retain bank, credit/debit card and direct debit authorisation details to make sure that the policy does not end.

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

Paying other charges

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

If premiums and other charges are not paid

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

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

Changes to premiums and other charges

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

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

Prices charged may change in response to changes in taxes, charges or levies applicable within the pricing zone based on the country where **you** live. Similarly, prices may change if any new tax, charge or levy is introduced. These changes may occur at any time in response to these events.

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

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

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

Your Membership

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

Starting and renewing your membership

When your cover starts

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

When cover starts for others on your membership

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

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

Renewing your membership

Your membership can be renewed automatically every year on **your renewal date**, depending on acceptance of **our** renewal terms and 'If **we** make changes' in this section, by continuing to pay **your** premiums and any other payments due under **your** agreement with **us**.

If **you**, the **principal member** do not wish to renew **your** membership, **you** must let **us** know in writing as soon as **you** receive **your** renewal documents and prior to **your renewal date**.

If **we** decide to discontinue **your** plan, **you**, the **principal member** may be offered membership of another **Bupa Global** plan as an alternative. If **you**, the **principal member** transfer within one month, without a break in **your** cover, **we** will not add any special restrictions or exclusions to **your** cover under **your** new plan that are personal to **you**, other than those which apply to **you** under this plan.

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

Ending your membership

When your membership will end

Your membership will automatically end:

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

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

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

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 more medical underwriting. **You** may also be entitled to retain **your Bupa Global** membership with no break in cover; which means that for those benefits which aren't covered until **you** have been a member for a certain period, the time **you** were a member with **us** will count towards that. Please note that if **you** request a transfer to a local partner, **we** will have to share **your** personal information and medical history with the local partner.

Without limitation to the foregoing, **we** will not be able to renew **your** membership at the next **renewal date** if **you** become a permanent resident of the U.S., and, if any other **dependants** covered under **your** membership become a resident of the U.S., **we** will not be able to renew their cover under the membership at the next **renewal date**. 'Permanent resident' shall mean a person residing in the U.S. who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in the U.S., and 'U.S.' shall include the Commonwealth of Puerto Rico for this purpose.

If **you** change **your specified country of residence** or **your specified country of nationality**, please call the **Bupa Global** customer services helpline so **we** can confirm if **your Bupa Global** membership is affected, and, if so, whether **we** can offer **you** a transfer service.

How to end your membership or remove a dependant from cover

Cancellation:

The **principal member** can at any time:

- cancel the entire membership, which will end cover for everyone; or

- cancel cover for any **dependants**.

To do this, please tell **us** by telephone, email or post.

The change will take effect 14 days after the **principal member** tells **us** about it the change. Please note:

1. **we** will not back-date the cancellation date and
2. will not pay claims for **treatment** which takes place after the membership ends.

Refund timeframes

The refund of any premium will depend on the date the **principal member** cancels the entire membership or the membership of any **dependants**. There are two scenarios:

A. Cancellation within the first 30 days of the membership; or
B. Cancellation after the first 30 days of taking out the membership.

A. Cancellation within the first 30 days of cover:
If the **principal member** cancels the entire membership:

- within the first 30 days of cover starting for that **membership year**, and
- there have been no claims for **treatment** which took place in that 30-day period

we will refund all premiums paid for that **membership year**.

If the **principal member** cancels cover for an **dependant**:

- within the first 30 days of cover starting for that **dependant** for that **membership year**, and
- there have been no claims for **treatment** for that **dependant** which took place in that 30-day period

we will refund all premiums paid for that **dependant** for that **membership year**.

Important: In either case, where a claim has been made in the first 30 days of cover either by the **principal member** or any **dependant**, **we** will treat this as acceptance to have a membership with **us**. This means if **you** wish to cancel the membership, it will be treated as cancellation taking place after the first 30 days (section B below).

B. Cancellation after the first 30 days of cover:
If the **principal member** cancels the membership:

- after the first 30 days of cover for that **membership year**, or
- there have been claims for **treatment** which took place in those first 30 days of cover

we will cancel the policy 14 days from the date the **principal member** asked **us** (as mentioned in section 9.1 above). And **we** will refund any premiums already paid for after the 14-day cancellation period.

For example, if the **principal member** cancels the entire membership on 1 March, **we** will refund any premium paid for 15 March onwards.

If the **principal member** cancels cover for any **dependant**:

- after the first 30 days of cover for that **membership year**, or
- there have been claims for **treatment** for that **dependant** which took place in those first 30 days of cover

we will refund any premium already paid for that **dependant** for after the 14-day cancellation period.

For example, if the **principal member** cancels cover for any **dependant** on 1 March, **we** will refund any premium paid for 15 March onwards.

Refund of premiums:
We will refund **you** on the same method **you** used to pay premiums. This means the refund will go back into **your** bank account, credit card, debit card or via a cheque.

Please be aware that if **you** have any outstanding payments with **us**, **we** may deduct this from the refund.

If a member dies

If:

- a **dependant** dies – The **principal member** should tell **us** within 30 days.
- the **principal member** dies – Any **dependant** on the membership, or **family members** of the **principal member**, should tell **us** within 30 days.

After **we** have been informed of the death, **we** will end the membership.

Where the **principal member** has died, any **dependant** aged 18 or over can apply to be the **principal member**. This must be done within 1 month of the date of death of the **principal member**, so that no new restrictions or exclusions are included to the membership. If there is no new **principal member**, the membership will end.

In either case, where there have been no claims, **we** will refund the premium for the period after the membership ended.

Making changes to your cover

This is an annual contract. **You** can only change **your** level of cover when the policy renews.

How to change your policy

Once **you** have received **your** renewal letter, please contact **us** before **your** policy renews and **we** can talk about the options.

If **you** want to increase **your** cover, **we** might ask **you** to complete a medical history form before **we** agree to the change.

Worried about your premiums or payments?

Please contact **us** and **we** can see how **we** can help.

Adding dependants

You can apply to include other people under **your** membership by filling in a Lifeline application form. **You** can download this easily from MembersWorld at membersworld.bupaglobal.com or **you** can contact **us**, and **we** will send one to **you**.

The medical history for all **your dependants you** apply to include on **your** membership, including newborn children, will be reviewed by **our** medical underwriters. This may result in special restrictions or exclusions, which are personal to them and which will be shown on **your** membership certificate, or **we** may decline to offer cover.

Adding your newborn
If **you** are adding **your** newborn please complete a newborn application form. Newborn children are eligible for newborn care from their date of birth up to their 90th day when:

- at least one parent has been covered on this membership or another **Bupa Global** plan for 10 months or more prior to the child's birth
- the application form is received within 30 days of birth.

If the application form is not received within 30 days of birth, the newborn care benefit will be eligible from the date of receipt up until the 90th day.

Any exclusions or restrictions will be applied from their 91st day of birth, or **we** may decline to offer cover.

If **you** have not been covered by this membership for 10 months prior to the child's birth any exclusions or restrictions will be applied from the date **we** receive **your** application to join.

Please read 'Newborn care' benefits in **your** 'Table of benefits'.

Please read 'Making changes to **your** cover' in this section.

Adding U.S. cover to your plan

You the **principal member** can apply to include coverage in U.S. at any time following **your** original date of joining. To apply **you** will need to complete a Lifeline form which can be downloaded easily from MembersWorld at membersworld.bupaglobal.com. **Your** application will be reviewed by **our** medical underwriters and may result in exclusions or restrictions specific to coverage in the U.S.

If we make changes

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

These changes could affect, for example:

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

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

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

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

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

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

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

Amending your membership certificate

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

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

General information

Other parties

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

No change to **your** membership will be valid unless it is confirmed in writing.

Any confirmation of **your** cover will only be valid if it is confirmed in writing by **us**.

If you change our 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 copies.

Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS). In the unlikely event that **we** cannot meet **our** financial obligations, **you** may be entitled to compensation from the FSCS, if **you** are usually resident in the EEA (European Economic Area). More information is available from the FSCS by calling the Freephone number: 0800 678 1100 or 020 7741 4100 or on its website fscs.org.uk

Applicable law

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

If any dispute arises as to interpretation of this document then the English version of this document shall be conclusive and take 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 membership, and at each renewal and variation of this membership. **You** and any **dependant** must also tell **us** if any of the answers to the questions in the application form change prior to this membership starting. Otherwise, the following apply with effect from the date the membership was taken out, renewed or varied (depending on when **we** were provided with inaccurate or incomplete information).

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

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

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

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

Liability

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

You the **principal member**, on behalf of yourself and the **dependants**, appoint **us** to act as 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 have to pay **you** or anyone else for any loss, damage, illness and/or injury that may occur as a result of **your** receiving any covered benefits, nor for any action or failure to act of any benefits provider or other person providing **you** with any covered benefits. **You**

should be able to bring a claim directly against such benefits provider or other person.

Your statutory rights are not affected.

Sanction clause

We will not provide cover and **we** shall not have 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** can 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.

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 Ombudsman Service:

- write to: Financial Ombudsman Service, Exchange Tower, London, E14 9SR, UK
- call them:
  - 0800 023 4 567 (free from most landlines)
  - 0300 123 9 123 from outside the **UK** +44 (0) 20 7964 0500
  - for text relay (18002) 020 7964 1000
- email: complaint.info@financial-ombudsman.org.uk

For more details go to: www.financial-ombudsman.org.uk

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

The confidentiality of personal health information is of paramount concern to the companies in the **Bupa group**. To this end, Bupa fully complies with applicable data protection legislation and medical confidentiality guidelines. Bupa sometimes uses third parties to process data on **our** behalf. Such processing, which may be undertaken outside the EEA (European Economic Area), depends on 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** membership, 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.

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

In accordance with data protection law, if **you** would like a copy of **your** personal information or **you** would like to update **your** personal information, or if **you** have any other data processing queries please call the **Bupa Global** service team on +44 (0)1273 718 379.

Alternatively **you** can email or write to the team via service.uk@bupaglobal.com; or

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

Privacy Notice

Last updated: March 2022

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

Information about Bupa Global

In this privacy notice, "**we**" "**us**" and "**our**" means the Bupa companies trading as **Bupa Global**. For details of these companies visit www.bupaglobal.com/legal-notices

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. **Our** main office is in the **UK**, where the local supervisory authority is the Information Commissioner's Office (www.ico.org.uk) who can be contacted at, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, **United Kingdom**. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

Glossary

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

Defined term	Description
Active treatment:	**Treatment** from a **medical practitioner** of a disease, illness or injury that leads to **your** recovery, conservation of **your** condition or to restore **you** to **your** previous state of health as quickly as possible.
Advanced therapy medicinal products (**ATMPs**)	**Treatments** that are based on genes, tissues or cells, for example Chimeric Antigen Receptor (CAR) T-cell **treatment**.
Annual deductible:	The amount **you**, the **principal member** have to pay towards the cost of the **treatment** that **you** receive each **membership year** that would otherwise be covered under **your** membership. The amount of **your annual deductible** is shown on **your** membership certificate. The **annual deductible** applies separately to each person covered under **your** membership.
Appliance:	A knee brace which is an essential part of a repair to a cruciate (knee) ligament or a spinal support which is an essential part of surgery to the spine.
Assisted Reproduction Technologies:	Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction.
Birthing centre:	A medical facility often associated with a **hospital** that is designed to provide a homelike setting during childbirth.
Bupa Global:	Bupa Insurance Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.

Defined term	Description
Bupa Group	**Bupa Global**, Bupa Insurance Services Limited and all other companies in the **Bupa Group**, and those companies which provide any administration of this policy on behalf of **Bupa Global**.
Complementary medicine practitioner:	An acupuncturist, homeopath or traditional Chinese medicine practitioner who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which the **treatment** is received.
Consultant:	A surgeon, anaesthetist or physician who: ○ is legally qualified to practise medicine or surgery following attendance at a recognised medical school, and ○ is recognised by the relevant authorities in the country in which the **treatment** takes place as having specialised qualification in the field of, or expertise in, the **treatment** of the disease, illness or injury being treated By recognised medical school **we** mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.
Day-case treatment:	**Treatment** which for medical reasons requires **you** to stay in a bed in **hospital** during the day only. **We** do not require **you** to occupy a bed for day-case **mental health treatment**.

Defined term	Description
Dental practitioner:	A person who: ○ is legally qualified to practice dentistry, ○ is recognised by the relevant authorities in the country in which the **treatment** takes place as having a specialised qualification following attendance at a recognised dental school, and ○ is permitted to practice dentistry by the relevant authorities in the country where the dental **treatment** takes place Examples of a specialised qualification in the field of dentistry may include (but are not limited to) periodontics or paediatric dentistry.
Dependants:	The other people named on **your** membership certificate as being members of the plan and who are eligible to be members, including newborn children.
Diagnostic tests:	Investigations, such as X-rays or blood tests, to find the cause of **your** symptoms.
Emergency:	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgment of a reasonable person, requires immediate **treatment**, generally within 24 hours of onset, and which would otherwise put **your** health at risk.
Family doctor:	A person who: ○ is legally qualified in medical practice following attendance at a recognised medical school to provide medical **treatment** which does not need a **consultant's** training, and ○ is licensed to practice medicine in the country where the **treatment** is received By recognised medical school **we** mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.

Defined term	Description
Family Members:	Persons of a family relationship (related to **you** by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
Hospital:	A centre of **treatment** which is registered, or recognised under the local country's laws, as existing primarily for: ○ carrying out major **surgical operations**, or ○ providing **treatment** which only **consultants** can provide
In-patient treatment:	**Treatment** which for medical reasons normally means that **you** have to stay in a **hospital** bed overnight or longer.
Intensive care:	**Intensive care** 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 / **Intensive Care** Unit (ITU/ ICU): a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation. ○ Coronary Care Unit (CCU): a unit that provides a higher level of cardiac monitoring.
Medical practitioner:	A **complementary medicine practitioner**, **consultant**, **dental practitioner**, **family doctor**, **psychologist**, **psychotherapist**, **physiotherapists**, **osteopaths**, chiropractors or **therapist** who provides **active treatment** of a known condition.
Medically necessary:	**treatment**, medical service or prescribed drugs/medication which is: (a) consistent with the diagnosis and medical **treatment** for the condition; (b) consistent with generally accepted standards of medical practice; (c) necessary for such a diagnosis or **treatment**; (d) not being undertaken primarily for the convenience of the member or the treating **medical practitioner**

Defined term	Description
Membership year:	The 12 month period for which this membership is effective, as first shown on **your** membership certificate and, if this health plan is renewed, each 12 month period which follows the **renewal date**.
Mental health treatment:	**Treatment** of mental conditions, including eating disorders.
Network:	A **hospital**, **pharmacy**, or similar facility, or **medical practitioner** which has an agreement in effect with **Bupa Global** or **service partner** to provide **you** with covered **treatment**.
Out-patient treatment:	**Treatment** given at a **hospital**, consulting room, doctors' office or out-patient clinic where **you** do not go in for **in-patient treatment** or **day-case treatment**.
Ovulation Induction Treatment:	**Treatment** including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.
Persistent vegetative state:	○ a state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and ○ the person does not respond to stimuli such as calling their name, or touching 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.
Pharmacy	A facility where prescribed drugs are prepared or sold.
Physiotherapy, **osteopathy** and **chiropractic treatment**:	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the **treatment** is received.

Defined term	Description
Pre-existing condition:	○ any medical condition declared in **your** application for cover which has been noted as a 'personal exclusion' under **your** membership certificate; or ○ any disease, illness or injury for which **you** received medication, advice or **treatment**, or **you** had experienced symptoms of whether the condition was diagnosed or not, prior to becoming a member which was not disclosed under **your** application for cover. Where **we** have accepted **your** transfer to this plan from another insurance product on a continuous cover basis, the above reference to 'application for cover' will mean **your** original application for cover under that previous insurance product.
Principal member:	The person who has taken out the membership, and is the first person named on the membership certificate. Please refer to '**you**/**your**'.
Prophylactic surgery:	Surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland.
Psychologist and **psychotherapist**:	A person who is legally qualified and is permitted to practise as such in the country where the **treatment** is received.
Qualified nurse:	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the **treatment** takes place.
Reasonable and Customary	The 'usual', or 'accepted standard' amount payable for a specific healthcare **treatment**, procedure or service in a particular geographical region, and provided by benefit providers of comparable quality and experience. These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by **our** experience of usual, and most common, charges in that region.

Defined term	Description
Recognised medical practitioner, **hospital or healthcare facility**	Any provider who is not an **unrecognised medical practitioner**, **hospital or healthcare facility**.
Rehabilitation:	**Treatment** in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.
Renewal date:	Each anniversary of the date **you**, the **principal member** joined the plan. (If however **you** are a member of a **Bupa Global** group plan with a common **renewal date** for all members, **your renewal date** will be the common **renewal date** for the group. **We** tell **you** the group **renewal date** when **you** join.)
Service partner:	A company or organisation that provides services on behalf of **Bupa Global**. These services may include approval of cover and location of local medical facilities.
Sound natural tooth / **Sound natural teeth**:	A natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally in chewing and speech.
Specified country of nationality:	The country of nationality specified by **you** in **your** application form or as advised to **us** in writing, which ever is the later.
Specified country of residence:	The country of residence specified by **you** in **your** application and shown in **your** membership certificate, or as advised to **us** in writing, which ever is the later. The country **you** specify must be the country in which the relevant authorities (such as tax authorities) will treat **you** as a resident for the duration of the policy.
Surgical operation:	A medical procedure that involves the use of instruments or equipment.
Therapists:	An occupational **therapist**, orthoptist, dietician or speech **therapist** who is legally qualified and is permitted to practice as such in the country where the **treatment** is received.

Defined term	Description
Treatment:	Surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.
UK:	Great Britain and Northern Ireland.
Unrecognised medical practitioner, **hospital or healthcare facility**	○ **Treatment** provided by a **medical practitioner**, **hospital or healthcare facility** which are not recognised by the relevant authorities in the country where the **treatment** takes place as having specialist knowledge, or expertise in, the **treatment** of the disease, illness or injury being treated. ○ Self **treatment** or **treatment** provided by anyone with the same residence, **Family Members** (persons of a family, related to **you** by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ○ **Treatment** provided by a **medical practitioner**, **hospital or healthcare facility** which are to whom **we** have sent a written notice that **we** no longer recognise them for the purposes of **our** health plans. **You** can contact **us** by telephone for details of benefit providers **we** have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder
We/**us**/**our**:	**Bupa Global**.
You/**your**:	This means **you**, the **principal member** and **your dependants** unless **we** have expressly stated otherwise that the provisions only refer to the **principal member**.

General services:
+44 (0) 1273 323 563

Medical related enquiries:
+44 (0) 1273 333 911

Your calls may be recorded or monitored.

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

Bupa Global offers you:
Global medical plans for
individuals and groups
Assistance, repatriation and
evacuation cover
24-hour multi-lingual helpline

bupaglobal.com

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