

Worldwide Health Options



Membership Guide

This booklet explains the terms and conditions of the Worldwide Health Options plan. Detailed information such as prior approval, making a claim and moving country can be found in this booklet.

From 1 July 2023

bupaglobal.com



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Remember we can offer a second medical opinion service

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

Further information can be found on **our** Wellbeing Services page.

Welcome

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

This includes:

- o advice on what to do when **you** need **treatment**
- o simple steps to understanding the claims process
- o a 'Table of Benefits' and list of 'Exclusions' which outline what is and isn't covered along with any benefit limits that might apply
- o 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 download it any time on <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

Web:

<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.

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

Phone: +44 (0) 1273 323 563

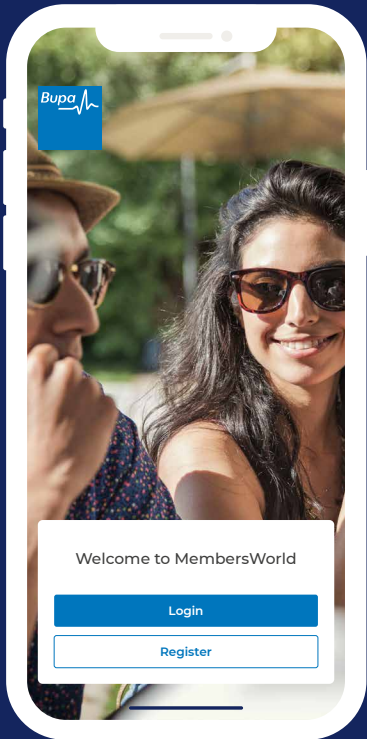
Fax: +44 (0) 1273 820 517

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 over the age of 16 on the policy.

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

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

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



How to access MembersWorld

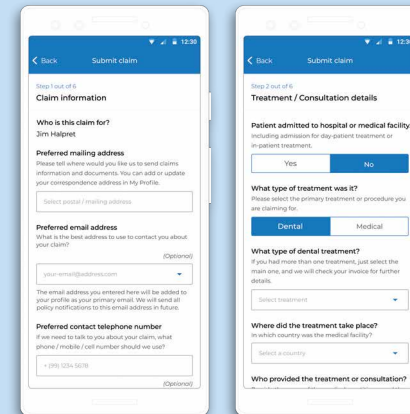
You can access and register online at <https://membersworld.bupaglobal.com> with **your** favourite web browser or via **our** app.

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



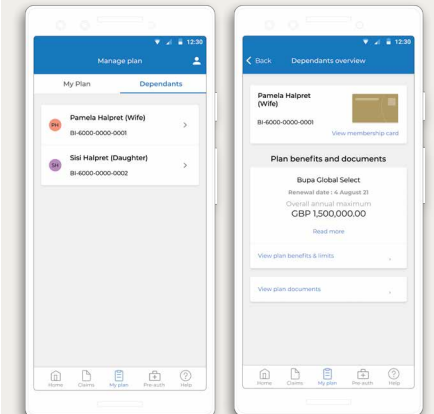
Claims and pre-authorisations

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



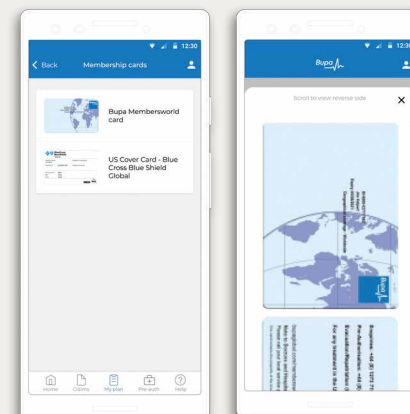
Dependants

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



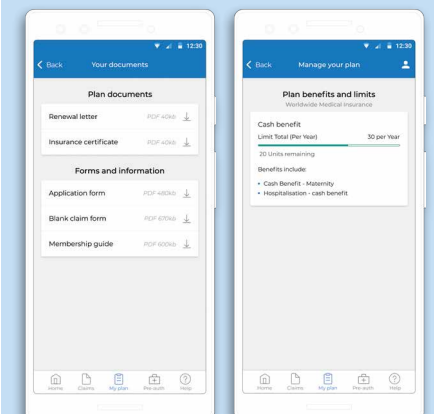
Membership cards

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



Policy documents

- View and download documents for **your** plan



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

Wellbeing Services

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

Your Wellbeing

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

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 info@bupaglobal.com

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

Global Virtual Care*

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

Features include (depending on local regulations):

- Video and telephonic consults
- **Doctor's** notes
- Selfcare
- Referrals
- Prescriptions

Logging into the app is easy, **you** can sign in using your MembersWorld email address and password. If **you** haven't registered for MembersWorld, follow **our** easy guide on 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?

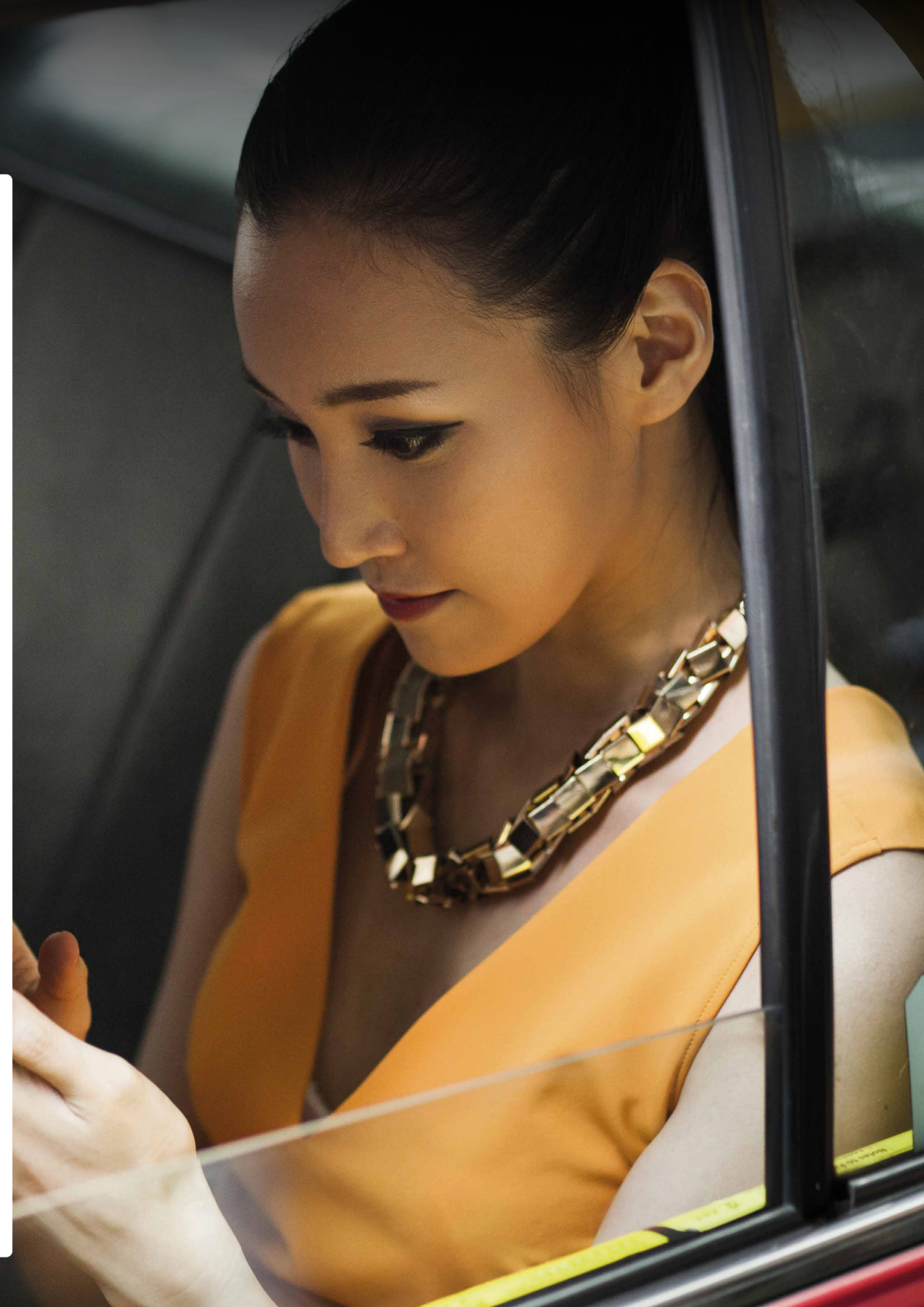
Login to the MembersWorld app, go to <https://membersworld.bupaglobal.com> or contact **us** by phone or email. When **we** have the details, **we** will send **you** and the provider a pre-authorisation statement.

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.

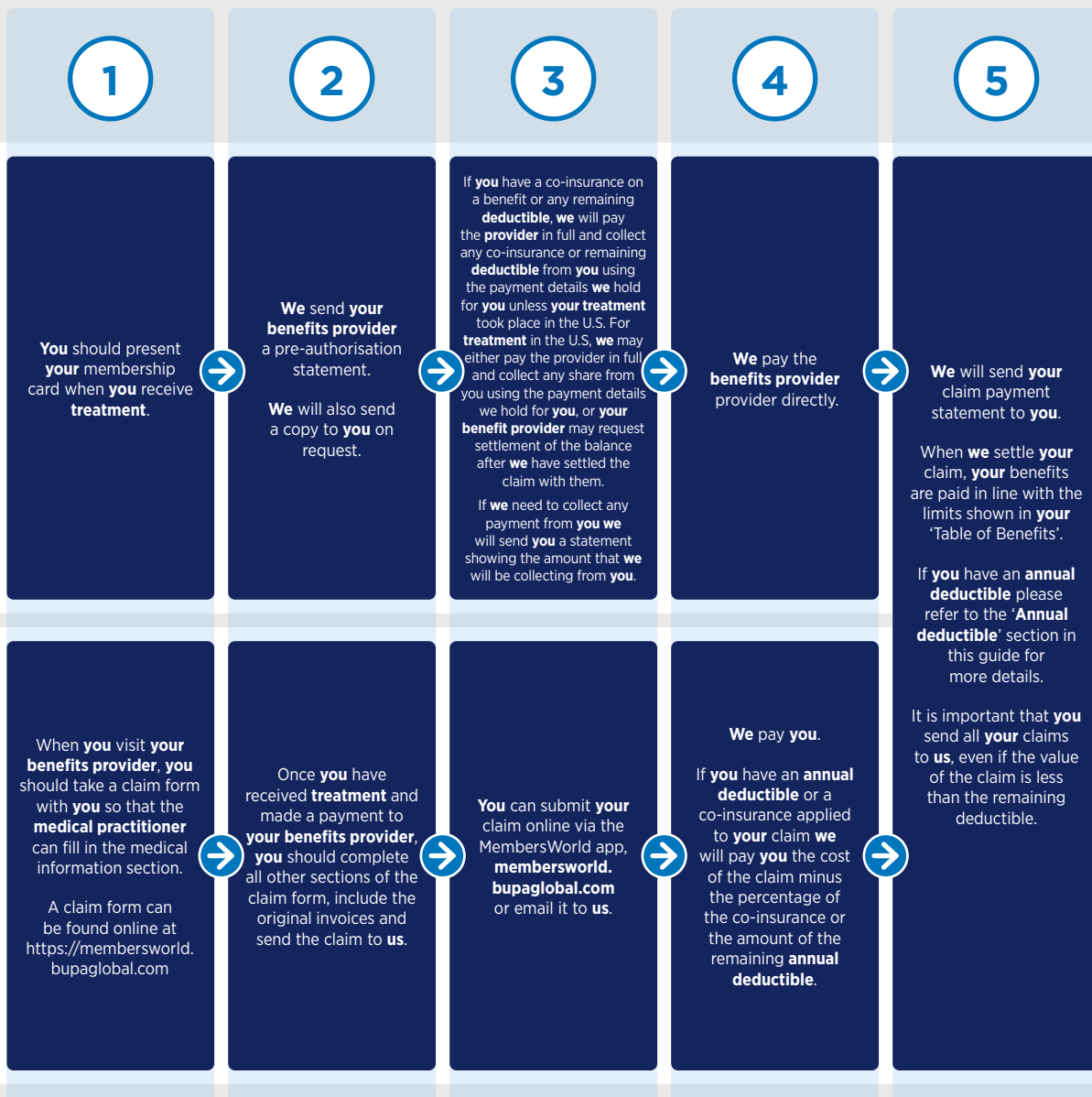
Make sure **you** have given **your** correct bank details. Reimbursement by bank transfer is by far the quickest way to receive **your** payment.

Direct Settlement

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

Pay and Claim

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



How your modules work

Whether **you** are at home or abroad, **we** know that everyone wants something different from their health plan. Worldwide Health Options provides **you** with the flexibility of tailoring **your** plan to fit **your** personal needs.

Core cover

Optional cover

You can choose any combination of modules to go alongside the core cover.

Worldwide Medical Insurance

All members have access to these benefits, depending on the terms and conditions of **your** policy and any prior underwriting.

This covers essential **hospital treatment**, all surgery, cancer **treatment** and advanced imaging.

Worldwide Medical Plus

This module covers consultations with a **doctor** or **specialist**, along with medical **treatments** that do not need a **hospital** stay.

Worldwide Medicines and Equipment

This module provides cover for short and long term prescription medicines and the rental or purchase of medical appliances.

Worldwide Wellbeing

This module helps **you** protect and maintain **your** health, covering health screenings as well as dental and optical **treatments**.

Worldwide Evacuation

This module provides cover for when **you** cannot get the **treatment** **you** need in a local **hospital**, wherever **you** are.

Your personalised Worldwide Health Options plan

Your chosen modules and **deductible** will be displayed on **your** insurance certificate. These make up **your** personalised Worldwide Health Options plan.

Note: **Your** covered benefits are detailed in the 'Table of Benefits' section of this membership guide.

Things you need to know about your Worldwide Health Options plan

- 9 How your plan works
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How your plan works

In this section **you'll** find information on how **your** plan works.

Find out more about:

- **our** service
- what happens if **you** need **treatment**
- **treatment** in the U.S.
- how to claim
- how **you** will be paid

Our service

As a **Bupa Global** member, **you** have access to a number of services to help make **your** life easier.

Round the clock reassurance from our Bupa Global Assistance

Our dedicated Medical Centre gives **you** the confidence of knowing that all **your** medical and wellbeing needs will be looked after by medically trained people who understand **your** situation.

You can call **our** Medical Centre on +44 (0) 1273 333 911 for healthcare advice, support and assistance at any time of the day or night.

What help can you expect?

You'll find **our Bupa Global** Assistance an accessible, knowledgeable and comprehensive resource for all health related questions and concerns. **We** will talk in **your** own language and give **you** access to medical experts and local facilities around the globe.

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

- medical referral options and advice
- booking appointments
- medical 'second opinions'
- travel advice
- security advice

* **We** obtain health, travel and security information from third parties. **You** should check this information, as **we** 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.

If **you** have purchased the Worldwide Evacuation option **you** can ask **us** to arrange evacuations and repatriations, including:

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

Our Bupa Global Assistance teams will handle **your** case from start to finish, so that **you** can always talk to someone who knows what is happening and they will aim to give **you** the support and consistent advice **you** require.

You'll be treated as a valued individual rather than a policy number – **we** believe that every person and situation is different, and **we** focus on finding answers and solutions that work specifically for **you**.

Online support at MembersWorld

To make **your** life easier and save **you** time and hassle, **we** have created an exclusive, secure and password protected members website.

You can log on to **your** MembersWorld website at membersworld.bupaglobal.com from anywhere in the world to manage **your** cover and access a comprehensive library of information and expert advice.

You can use **our** online features to:

- check cover and pre-authorise in-patient and **day-case treatment**
- view **your** plan documents
- update **your** personal details
- track the progress of **your** claims
- search **our** international **hospital** directory
- download claim forms and other useful documents

Get expert health advice from bupa.com

Our health area is full of up-to-date information that can help **you** to stay fit and well. Look up the names of commonly used medicines and find out how they work and any side-effects and alternatives.

What happens if you need treatment

If for any reason **you** need **treatment**, please get in touch with **us** first. **We** can then check **your** cover, talk through any concerns **you** may have and arrange prior approval*.

* **Your insurer** cannot be held responsible for any loss, damage, illness and/or injury that may occur as a result of receiving medical **treatment** at a **hospital** or from a **medical practitioner**, even when **we** have approved the **treatment** as being covered under **your** plan.

Pre-authorisation (Prior Approval)

We want to make sure things run as smoothly as possible. After all, the last thing **you** want to worry about when **you** are not well is filling in forms and paying bills.

That is why **we** ask **you** to seek prior approval before going into **hospital**. It's important that **you** contact **us** before receiving **treatment**, whether **you** are:

- staying overnight in **hospital**
- visiting **hospital** as a **day-case**
- having **treatment** for cancer
- having advanced imaging, for example magnetic resonance imaging (MRI), computerised tomography (CT) or positron emission tomography (PET)

We can then confirm that **your treatment** is covered by **your** plan. **Our** medically qualified staff can also offer advice and help to make sure **you** are receiving the most appropriate care.

Prior approval also allows **us** to be in direct contact with **your hospital** or clinic, so that **we** can take care of the bills, while **you** concentrate on getting well.

When **we** have been contacted about prior approval, **we** will send a pre-authorisation statement to **your hospital** or clinic, to let them know that **your treatment** is covered and ask them to send all the bills directly to **us**.

We will also send **you** a pre-authorisation statement. This can be used as a claim form to send to **us** with the original invoices if **you** need to pay for any of **your treatment**.

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.

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.

How does it work?

Please follow these simple steps:

- make sure **you** take **your** membership card when **you** go for **treatment**
- give **your** card to the admissions staff when **you** arrive and ask them to contact **us** – all the information they need is on the card
- **we** will confirm whether the **treatment you** are having is covered and that **your** membership is in order

- please note: If **you** have chosen to pay a **deductible**, **we** will collect any amount due from **your** bank or credit card
- **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**

And that is it. **You** can then relax and have **your treatment** knowing that **we** will take care of the costs for **you**.

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 benefits providers on Facilities Finder at www.bupaglobal.com/en/facilities/finder. Where **you** choose to have **your treatment** and services with a benefit provider in **network**, **we** will cover 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 benefits 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' benefit provider in certain countries.

Treatment in the U.S.

If **you** chose to include U.S. cover, **we** have special arrangements in place if **you** need to have **treatment** or be hospitalised or visit a **doctor** while **you** are there. These include access to a select **network** of quality **hospitals** and other medical benefit providers with direct settlement of all covered expenses when **you** receive **treatment** in a **network hospital**. To access these benefits, and avoid penalties, prior approval must be

obtained for all **treatment** in **hospital** using the same simple process as before.

Please call 844 369 3797 (from inside the U.S.) or +1 844 369 3797 (from outside the U.S.)

When **you** get prior approval for **your treatment** and **you** go to a **network hospital**, all covered expenses are paid in full – direct to the providers of **your treatment**.

This cover still gives **you** the freedom to choose to have **your treatment** at any **hospital**. However, if **you** decide to have **your treatment** at a **hospital** which is not included in the **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 occasions when it is not possible for **you** to be treated at a **network hospital**.

These include:

- there is no **network hospital** within 30 miles/ 50 kilometres of **your** address
- the **treatment you** need is not available in the **network hospital**

In these cases, **we** won't ask **you** to share the cost of **your treatment**.

If **you** choose not to get prior approval for **your treatment** in **hospital**, and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans in the U.S. pre-authorised, **you** will have to pay 50 percent of **your** covered expenses. Without prior approval, the special arrangements and **network** pricing **we** have put in place for **you** cannot be accessed.

Of course **we** understand that there are times when **you** cannot get prior approval, 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, 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).

How to 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 **main 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**
- **main 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

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.

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.

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.

Core cover: Worldwide Medical Insurance - everyone has this cover

For treatment received while staying in hospital, either overnight or as a day-case

Worldwide Medical Insurance gives **you** the reassurance of covering essential **hospital treatment** you may need, whether in an **emergency** or a planned visit. All surgery, cancer **treatment** and advanced imaging, whether received while staying in **hospital** or as an **out-patient**, are also included.

This also includes **surgical operations** that do not require a **hospital** stay, for example **surgical operations/procedures** in a **specialist's** or **doctor's treatment** room as well as **surgical operations**, in **hospital** overnight, as a **day-case** or as an **out-patient**.

You may have chosen this cover on its own, or together with any combination of **our** options.

Benefits	Level	Explanation of benefits
Overall annual maximum - GBP 1,700,000 / USD 2,890,000 / EUR 2,125,000*		* It is possible that not all currencies will be available to you . Please see your membership certificate for the currency applicable to your contract.
Staying in hospital overnight or as a day-case	Paid in full	<p>We pay hospital room and board costs when:</p> <ul style="list-style-type: none"> ○ there is a medical need to stay in hospital ○ your treatment is given or managed by a specialist ○ you are staying in hospital ○ the length of your stay 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. ○ you occupy a standard single room with private bathroom. (This means we will not pay the extra costs of a deluxe, executive or VIP suite) ○ if treatment fees are charged in line with the room type, we will pay for treatment at the cost which would have been charged if you had stayed in a standard single room with private bathroom <p>If you need to stay in hospital for longer than we have given prior approval, or if your treatment plan changes, your specialist must send us a medical report as soon as possible telling us:</p> <ul style="list-style-type: none"> ○ your diagnosis ○ treatment you have already had ○ treatment that you need to have ○ how long you need to stay in hospital <p>We will also pay up to GBP 10/USD 17/EUR 13 each day for personal expenses such as newspapers, television rental and guest meals when you have had to stay overnight in hospital.</p> <p>We do not pay hospital room and board charges if you are staying in hospital for any of the following reasons:</p> <ul style="list-style-type: none"> ○ convalescence ○ general supervision ○ pain management ○ general nursing care without specialist treatment, except when in a hospice and receiving palliative care ○ services from a therapist or complementary therapist, physiotherapist, osteopath, chiropractor, dietician or speech therapist ○ domestic services such as help in walking, bathing or preparing meals, or ○ receiving treatment that could have taken place as an out-patient

Core cover: Worldwide Medical Insurance - everyone has this cover (continued)

Benefits	Level	Explanation of benefits
Parent accommodation	Paid in full	<p>We pay room and board costs for a parent staying in hospital with their child when:</p> <ul style="list-style-type: none"> ○ the costs are for one parent or legal guardian only ○ the parent or guardian is staying in the same hospital as you, ○ the child is under the age of 18 years old, and ○ the child is receiving treatment that is covered
Nursing care	Paid in full	<p>We pay for reasonable costs of a qualified nurse for your treatment if the hospital does not provide nursing staff.</p> <p>We do not pay for nurses hired as well as the hospital's own staff.</p>
Operating room, medicines and surgical dressings	Paid in full	<p>We pay for the costs of the:</p> <ul style="list-style-type: none"> ○ operating room ○ recovery room ○ medicines and dressings used in the operating or recovery room ○ medicines and dressings for use during your hospital stay <p>We do not pay medicines and dressings prescribed for use at home unless you have bought the Worldwide Medicines and Equipment option.</p>
Intensive care , intensive therapy, coronary care and high dependency unit	Paid in full	<p>We pay room and board costs if you are treated in an intensive care/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when it is the most appropriate place for you to receive treatment and:</p> <ul style="list-style-type: none"> ○ it is an essential part of your treatment and is routinely needed by patients undergoing the same type of treatment as you, or ○ it is medically necessary in the event of unexpected circumstances, for example if you have an allergic reaction during surgery
In-patient, day-case and out-patient surgical operations , including surgeons' and anaesthetists' fees	Paid in full	<p>We pay for in-patient, day-case and out-patient surgical operations and procedures including surgeons' and anaesthetists' fees, as well as treatment and consultations needed immediately before and after the surgery on the same day. This includes surgical operations/procedures such as dialysis performed whether staying in hospital overnight, as a day-case or as an out-patient.</p> <p>We also pay for investigative procedures (e.g. endoscopy) that use instruments and equipment and are provided at a hospital /consulting room, doctors office, out-patient clinic facility, whether staying in hospital overnight, as a day-case or as an out-patient.</p> <p>We do not pay for out-patient treatment received prior to surgery or as a follow-up afterwards unless you have bought the Worldwide Medical Plus option.</p> <p>Note: If you are not admitted as a day-case or as in-patient then pathology (e.g checking blood and urine samples), radiology (e.g. x-rays) and diagnostic tests (e.g. ECGs) are only covered if you have bought the Worldwide Medical Plus option.</p>
Specialists' consultation fees	Paid in full	<p>We pay for specialists' consultation fees during your stay in hospital when you have:</p> <ul style="list-style-type: none"> ○ medical treatment, for example if you have pneumonia ○ meetings with your specialist, for example to discuss your surgery ○ specialist attendance when medically necessary, for example in the unlikely event that you have a heart attack during surgery

Core cover: Worldwide Medical Insurance - everyone has this cover (continued)

Benefits	Level	Explanation of benefits
Pathology, X-rays and diagnostic tests	Paid in full	<p>We pay for:</p> <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples ○ radiology, such as X-rays ○ diagnostic tests such as electrocardiograms (ECGs) <p>if recommended by your specialist to help diagnose or assess your condition when you are in hospital</p>
Physiotherapy, chiropractor and osteopathy, therapists, complementary therapists, dietician and speech therapist	Paid in full	<p>We pay for treatment provided by therapists (such as occupational therapists), complementary therapists (such as acupuncturists), physiotherapy, osteopathy, chiropractor and dietician or speech therapist if it is needed as part of your treatment in hospital, as long as this treatment is not the primary reason for your hospital stay.</p>
Rehabilitation	<p>We pay in full for up to 42 days each condition (which may be in-patient treatment or daycase treatment) each membership year</p>	<p>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.</p> <p>We pay for rehabilitation; only when you have received our pre-authorization before the treatment starts, for up to 42 days treatment for each separate condition requiring rehabilitation. For treatment in hospital one day is each overnight stay and for day-case and out-patient treatment, one day is counted as any day on which you have one or more appointments for rehabilitation treatment.</p> <p>We only pay for rehabilitation where it:</p> <ul style="list-style-type: none"> ○ starts within 6 weeks after the end of your treatment in hospital for a condition which is covered by your membership (such as trauma or stroke), and ○ arises as a result of the condition which needed the hospitalisation or is needed as a result of such treatment given for that condition <p>Note: in order to give pre-authorization, we must receive full clinical details from your consultant; including your diagnosis, treatment given and planned, and proposed discharge date if you stayed in hospital to receive rehabilitation.</p>
Advanced imaging	Paid in full	<p>We pay for advanced imaging such as:</p> <ul style="list-style-type: none"> ○ magnetic resonance imaging (MRI) ○ computed tomography (CT) ○ positron emission tomography (PET) <p>if recommended by your specialist to help diagnose or assess your condition, whether you need this during a hospital stay overnight, as a day-case or as an out-patient.</p>
Mental health treatment overnight in hospital , including room, board and treatment costs	Paid in full	<p>We pay for mental health treatment overnight in hospital or as a day-case, to include room, board and treatment costs related to the mental health condition.</p> <p>We also pay for mental health treatment received as a day-case in hospital.</p>
Mental health treatment as a day-case , including room, board and treatment costs	Paid in full	

Core cover: Worldwide Medical Insurance - everyone has this cover (continued)

Benefits	Level	Explanation of benefits
Prosthetic implants and appliances	Paid in full	<p>We pay for prosthetic implants and appliances shown in the following lists.</p> <p>Prosthetic implants:</p> <ul style="list-style-type: none"> ○ to replace a joint or ligament ○ to replace a heart valve ○ to replace an aorta or an arterial blood vessel ○ to replace a sphincter muscle ○ to replace the lens or cornea of the eye ○ to control urinary incontinence or bladder control ○ to act as a heart pacemaker ○ to remove excess fluid from the brain ○ cochlear implant – provided the initial implant was provided to the member when under the age of five, we will pay ongoing maintenance and replacements ○ breast reconstruction following surgery for cancer when the reconstruction was 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 <p>Appliances:</p> <ul style="list-style-type: none"> ○ a knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament ○ a spinal support which is an essential part of a surgical operation to the spine ○ an external fixator such as for an open fracture or following surgery to the head or neck
Prosthetic devices	Each device, up to GBP 2,000, USD 3,400 or EUR 2,500	<p>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.</p> <p>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.</p>

Core cover: Worldwide Medical Insurance - everyone has this cover (continued)

Benefits	Level	Explanation of benefits
Childbirth and treatment in hospital	Each membership year , up to GBP 8,000, USD 13,600 or EUR 10,000	<p>We pay for maternity treatment and childbirth after the mother has been a member of this plan for 10/24 months (depending on the level of cover purchased. Please check your insurance certificate to confirm your waiting period), including:</p> <ul style="list-style-type: none"> ○ hospital charges, obstetricians' and midwives' fees for normal childbirth ○ post-natal care needed by the mother immediately following normal childbirth, such as stitches <p>Treatment for</p> <ul style="list-style-type: none"> ○ abnormal cell growth in the womb (hydatiform mole) ○ foetus growing outside the womb (ectopic pregnancy) <p>are not covered from this benefit but may be covered by your other benefits.</p> <p>(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by your other benefits).</p> <p>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.</p> <p>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 10/24 months (depending on the level of cover purchased. Please check your insurance certificate to confirm your waiting period) when the baby is born.</p> <p>Please see surrogate parenting in the 'What is not covered?' section.</p> <p>Please read the 'Adding members to your plan' section.</p>
Childbirth at home or birthing centre	Each membership year , up to GBP 650, USD 1,105 or EUR 810	<p>We pay for midwives' or other specialists' fees for childbirth at home or birthing centre after the mother has been a member for 10 or 24 months, depending on the level of cover purchased. Please check your insurance certificate to confirm your waiting period.</p> <p>Please see surrogate parenting in the 'What is not covered?' section.</p> <p>Please read the 'Adding members to your plan' section.</p>
Complications of maternity and childbirth	Paid in full	<p>Once you have been covered on this health plan for 10 or 24 months (depending on the level of cover purchased. Please check your insurance certificate to confirm your waiting period):</p> <p>Treatment which is medically necessary as a direct result of pregnancy and childbirth complications.</p> <p>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.</p> <p>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.</p> <p>Please see surrogate parenting in the 'What is not covered?' section.</p> <p>Please read the 'Adding members to your plan' section.</p>

Core cover: Worldwide Medical Insurance - everyone has this cover (continued)

Benefits	Level	Explanation of benefits
Medically essential Caesarean section	Each membership year , up to GBP 13,000, USD 22,100 or EUR 16,250	<p>We pay for hospital, obstetricians' and other medical fees for the cost of the delivery of your baby by Caesarean section, after the mother has been a member of this plan for 10 or 24 months (depending on the level of cover purchased. Please check your insurance certificate to confirm your waiting period), when it is medically essential for a Caesarean section for example as a result of non progression during labour (eg dystocia, foetal distress, haemorrhage).</p> <p>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.</p> <p>We do not pay for treatment received as an out-patient before or after the birth unless you have bought the Worldwide Medical Plus option.</p> <p>Please see surrogate parenting in the 'What is not covered?' section.</p> <p>Please read the 'Adding members to your plan' section.</p>
Newborn care	Each membership year up to GBP 75,000 USD 127,500 or EUR 93,750 maximum benefit for all treatment received during the first 90 days following birth	<p>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.</p> <p>The newborn care benefit is paid instead of any other benefit.</p> <p>Newborn children must have their own membership and must be registered on a Bupa Global plan before this benefit can be claimed.</p>
Cancer treatment	Paid in full	<p>We pay for treatment of cancer, once it has been diagnosed, including:</p> <ul style="list-style-type: none"> ○ 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). <p>If your treatment involves advanced therapy medicinal products (ATMP), this will be paid from the ATMP benefit.</p>
Advanced therapy medicinal products (ATMPs)	Paid in full, one course of treatment for each condition per lifetime	<p>We pay for ATMP treatment if it is:</p> <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ 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). <p>Please contact us for pre-authorisation before proceeding with treatment.</p>

Core cover: Worldwide Medical Insurance - everyone has this cover (continued)

Benefits	Level	Explanation of benefits
Transplant services	Each condition, up to GBP 150,000, USD 255,000 or EUR 187,500	<p>We pay medical expenses for the following transplants if the organ has come from a relative or a certified and verified source of donation:</p> <ul style="list-style-type: none"> ○ cornea ○ small bowel ○ kidney ○ kidney/pancreas ○ liver ○ heart ○ lung, or ○ heart/lung transplant <p>We will also pay medical expenses 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 when carried out for conditions other than cancer.</p> <p>We pay donor expenses, for each condition needing a transplant whether the donor is a member or not, including:</p> <ul style="list-style-type: none"> ○ the harvesting of the organ, whether from live or deceased donor ○ all tissue matching fees ○ hospital/operation costs of the donor, and ○ any donor complications, but to a maximum of 30 days post-operatively only <p>We do not pay for treatment received as an out-patient before or after the transplant for either you or your donor unless you have bought the Worldwide Medical Plus option.</p> <p>We do not pay for anti-rejection medicines unless you have bought the Worldwide Medicines and Equipment option three or more years before needing these medicines.</p> <p>We do not pay medical costs for you to have an organ harvested, when the intended recipient is not a member of a Bupa Global administered plan.</p> <p>Please read about transplant services under Worldwide Medical Plus.</p> <p>Please also read about donor organs in the 'What is not covered' section.</p>
Hospice and palliative care	Lifetime limit of GBP 20,000, USD 34,000 or EUR 25,000	<p>We pay for the following hospice and palliative care services if you have received a terminal diagnosis and can no longer have treatment which will lead to your recovery:</p> <ul style="list-style-type: none"> ○ hospital or hospice accommodation ○ nursing care ○ prescribed medicines ○ physical, psychological, social and spiritual care <p>The amount shown here is the total amount we shall pay for these expenses during the whole of your lifetime of Bupa, whether continuous or not.</p>

Core cover: Worldwide Medical Insurance - everyone has this cover (continued)

Benefits	Level	Explanation of benefits
Local road ambulance	Paid in full	<p>We pay for a local road ambulance:</p> <ul style="list-style-type: none"> <input type="radio"/> from the location of an accident to a hospital <input type="radio"/> for a transfer from one hospital to another, or <input type="radio"/> from your home to the hospital <p>When a local road ambulance is:</p> <ul style="list-style-type: none"> <input type="radio"/> medically necessary, and <input type="radio"/> related to treatment that is covered that you need to receive in hospital
Local air ambulance	Each membership year , up to GBP 5,000, USD 8,500 or EUR 6,250	<p>We pay for a local air ambulance:</p> <ul style="list-style-type: none"> <input type="radio"/> from the location of an accident to a hospital, or <input type="radio"/> for a transfer from one hospital to another <p>When a local air ambulance is:</p> <ul style="list-style-type: none"> <input type="radio"/> medically necessary <input type="radio"/> used for short distances of up to 100 miles/160 kilometres, and <input type="radio"/> related to treatment that is covered that you need to receive in hospital <p>A local air ambulance may not always be available in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone.</p> <p>We do not pay for mountain rescue.</p> <p>We do not pay for evacuation or repatriation if the treatment you need is not available locally unless you have bought the Worldwide Evacuation option.</p>
Home nursing	Paid in full for 30 days each membership year	<p>We pay for home nursing if you have had treatment in hospital which is covered under this plan, when it:</p> <ul style="list-style-type: none"> <input type="radio"/> is prescribed by your specialist <input type="radio"/> starts immediately after you leave hospital <input type="radio"/> reduces the length of your stay in hospital <input type="radio"/> is provided by a qualified nurse in your home and <input type="radio"/> is needed to provide medical care, not personal assistance
Hospitalisation cash benefit	Up to 30 nights each membership year , up to GBP 100, USD 170 or EUR 125 per night	<p>We pay hospital cash benefit if you:</p> <ul style="list-style-type: none"> <input type="radio"/> have received treatment in hospital which is covered under this plan <input type="radio"/> have not been charged for your room and board, and <input type="radio"/> have not been charged for your treatment

Core cover: Worldwide Medical Insurance - everyone has this cover (continued)

Benefits	Level	Explanation of benefits
Emergency dental treatment	Paid in full	<p>We pay for emergency dental treatment when:</p> <ul style="list-style-type: none"> ○ the treatment is needed as part of your overall treatment following a serious accident causing you to stay in hospital, and ○ it is not the primary reason for you to be in hospital <p>This benefit is paid instead of any other dental benefits you may have, when you need treatment as a result of a serious accident requiring hospitalisation.</p>
Treatment of congenital and hereditary conditions	Each membership year , up to GBP 20,000, USD 34,000 or EUR 25,000	<p>We pay for treatment of congenital and hereditary conditions:</p> <ul style="list-style-type: none"> ○ by congenital conditions we mean any abnormalities, deformities, diseases, illnesses or injuries present at birth, ○ by hereditary conditions we mean any abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of your family <p>If you have bought Worldwide Medical Plus, Worldwide Medicines and Equipment, Worldwide Wellbeing or Worldwide Evacuation the stated limits will apply for benefits included under those options. If you are unsure whether your condition may be classed as congenital or hereditary, please contact us for more information.</p>
Kidney dialysis	Paid in full	<p>We pay for kidney dialysis - provided as In-patient, day-case or as on out-patient.</p>

Optional cover: Worldwide Medical Plus - please check your membership certificate for your chosen cover

For specialist treatment where you do not need to stay in hospital

Worldwide Medical Plus covers **you** for consultations with a **doctor** or **specialist** and medical **treatments** that do not require a **hospital** stay. These may include **osteopathy** or complementary therapies, for example. Some of these **treatments** or consultations may take place before or after a **hospital** stay, but many will be totally independent.

Please note: some **out-patient treatment** is paid for from the Core cover: Worldwide Medical Insurance and not from this option. These include newborn care, **out-patient surgical operations/procedures** and Dialysis. Please see benefit explanations in Worldwide Medical Insurance for details of these benefits.

These benefits are only available if you have chosen this option and it is listed on your membership certificate.

Benefits	Level	Explanation of benefits
Overall annual maximum - GBP 25,000 / USD 42,500 / EUR 31,250* (excluding transplant services benefits)		* It is possible that not all currencies will be available to you . Please see your membership certificate for the currency applicable to your contract.
Specialists' consultation and doctors' fees	Paid in full up to 35 visits each membership year	<p>We pay for consultations or meetings with your specialist or doctor to:</p> <ul style="list-style-type: none"> <input type="radio"/> receive treatment <input type="radio"/> arrange treatment <input type="radio"/> as a follow-up to treatment already received, or <input type="radio"/> diagnose your illness or interpret your symptoms <p>Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.</p>
Physiotherapy, osteopathy and chiropractor treatment	Paid in full up to 30 visits each membership year	We pay for physiotherapy, osteopathy and chiropractor treatments , which are physical therapies aimed at restoring your normal physical functions.
Consultations and treatment with therapists, complementary therapists and qualified nurses	Paid in full up to 15 visits each membership year	<p>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 therapists when they are appropriately qualified and registered to practice in the country where treatment is received.</p> <p>This includes the cost of both consultation and treatment, including any complementary medicines prescribed or administered as part of your treatment.</p> <p>Example: 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.</p>
Psychiatrists', psychologists' and psychotherapist fees	Paid in full up to 35 visits each membership year	<p>We pay for psychiatrists', psychologists' and psychotherapist fees for:</p> <ul style="list-style-type: none"> <input type="radio"/> meeting with your specialist to assess your condition, or <input type="radio"/> treatment provided by a psychiatrist or psychologist or psychotherapist

Optional cover: Worldwide Medical Plus - please check your membership certificate for your chosen cover (continued)

Benefits	Level	Explanation of benefits
Speech therapy	Paid in full	<p>We pay for speech therapy only when it is:</p> <ul style="list-style-type: none"> ○ short term for a condition such as a stroke and ○ part of the treatment for that condition ○ taking place during or immediately following treatment for that condition, and ○ recommended by your specialist <p>We do not pay for treatment of speech or language disorders such as stammering or resulting from learning difficulties or developmental studies.</p>
Pathology, X-rays and diagnostic tests	Paid in full	<p>We pay for the following if recommended by your specialist or doctor to help diagnose or assess your condition:</p> <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples ○ radiology (such as X-rays) ○ diagnostic tests such as electrocardiograms (ECGs) or hearing tests <p>Note: Advanced Imaging (such as MRI, CT or PET scans) is covered from the Worldwide Medical Insurance module, and not from this module</p>
Young child care	Each membership year , up to GBP 1,000, USD 1,700 or EUR 1,250	<p>We pay the following young child benefits for children from the age of 91 days up to the age of five covered under this plan:</p> <ul style="list-style-type: none"> ○ routine preventive care and check-ups, and ○ immunisations

Optional cover: Worldwide Medical Plus - please check your membership certificate for your chosen cover (continued)

Benefits	Level	Explanation of benefits
Maternity	Each membership year , up to GBP 3,000, USD 5,100 or EUR 3,750	<p>We pay for maternity care and treatment after you, the mother, have been covered on this option for 10 or 24 months (depending on the level of cover purchased. Please check your insurance certificate to confirm your waiting period) including:</p> <ul style="list-style-type: none"> <input type="radio"/> treatment before and after the birth, <input type="radio"/> home nurse following delivery <p>We also pay for pregnancy and childbirth complications, by which we mean those conditions which only ever arise as a direct result of pregnancy or childbirth.</p> <p>These include:</p> <ul style="list-style-type: none"> <input type="radio"/> pre-eclampsia <input type="radio"/> miscarriage <input type="radio"/> threatened miscarriage, gestational diabetes, when the foetus has died and remains with the placenta in the womb <input type="radio"/> still birth <input type="radio"/> heavy bleeding in the hours and days immediately after childbirth (post partum haemorrhage) <input type="radio"/> afterbirth left in the womb after delivery of the baby (retained placental membranes) <input type="radio"/> complications following any of the above conditions <p>Treatment for</p> <ul style="list-style-type: none"> <input type="radio"/> abnormal cell growth in the womb (hydatiform mole) <input type="radio"/> foetus growing outside the womb (ectopic pregnancy) <input type="radio"/> are not covered from this benefit but may be covered by your other benefits. <p>(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by your other benefits).</p> <p>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.</p> <p>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 24 months when the baby is born.</p> <p>Please see surrogate parenting in the 'What is not covered?' section.</p> <p>Please read the 'Adding members to your plan' section.</p>
Accident-related dental treatment	Each membership year , 80% up to GBP 500, USD 850 or EUR 625	<p>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.</p> <p>We only pay any accident-related dental treatment which takes place up to 30 days after the accident.</p>

Optional cover: Worldwide Medical Plus - please check your membership certificate for your chosen cover (continued)

Benefits	Level	Explanation of benefits
Transplant services	Each condition, up to GBP 50,000, USD 85,000 or EUR 62,500	<p>We pay for all costs for treatment received by you or your donor for, or related to, a covered transplant which has not been provided during a stay in hospital, such as:</p> <ul style="list-style-type: none"> ○ specialists' and doctors' fees ○ pathology, X-rays and diagnostic tests ○ physiotherapy, osteopathy and chiropractor treatment, or ○ any donor complications, but to a maximum of 30 days post-operatively only <p>We do not pay for anti-rejection medicines unless you have bought the Worldwide Medicines and Equipment option three or more years before needing these medicines.</p> <p>Please read about transplant services under Worldwide Medical Insurance.</p>

Optional cover: Worldwide Medicines and Equipment - please check your membership certificate for your chosen cover

For prescribed medicines and medical equipment

Often, **treatment** doesn't end when **you** leave the **hospital** or clinic or after **you** have seen a **specialist**. This option covers **you** for prescription medicines and the rental or purchase of medical appliances, such as oxygen supplies or wheelchairs. **Our** benefit for long-term prescriptions will also pay for any medicine needed to manage chronic conditions such as asthma.

These benefits are only available if you have chosen this option and it is listed on your membership certificate.

Benefits	Level	Explanation of benefits
Prescribed medicines and dressings	Each membership year , up to GBP 2,000, USD 3,000 or EUR 2,500	<p>We pay for medicines and dressings:</p> <ul style="list-style-type: none"> <input type="radio"/> prescribed by your medical practitioner, and <input type="radio"/> that are only used if you have a disease, illness or injury <p>If you are staying in hospital, medicines and dressings will be covered under your Worldwide Medical Insurance benefits – read note 'Operating room, medicines and surgical dressings'.</p> <p>Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit 'Consultations and treatment with therapists and complementary therapists'.</p>
Durable medical equipment		<p>We pay for durable medical equipment that:</p> <ul style="list-style-type: none"> <input type="radio"/> can be used more than once <input type="radio"/> is not disposable <input type="radio"/> is used to serve a medical purpose <input type="radio"/> is not used in the absence of a disease, illness or injury, and <input type="radio"/> is fit for use in the home
Long-term prescription medicines	<p>Each membership year, 80% up to GBP 12,000, USD 20,000 or EUR 15,000</p> <p>Lifetime limit of GBP 72,000, USD 120,000 or EUR 90,000</p>	<p>We pay for long-term prescribed medicines:</p> <ul style="list-style-type: none"> <input type="radio"/> after you have been covered on this option for two years, and <input type="radio"/> which have been prescribed for a period of at least six months <p>A medical report from your specialist or doctor is needed confirming:</p> <ul style="list-style-type: none"> <input type="radio"/> the condition you need the medicines for, and <input type="radio"/> that you need to take these medicines for at least six months

Optional cover: Worldwide Wellbeing - please check your membership certificate for your chosen cover

For a range of health screenings, vaccinations, dental and optical treatment

Our Worldwide Wellbeing option is designed to help **you** protect and maintain **your** health. It covers medical screenings that can provide valuable early detection of conditions such as cancer. It covers dental and optical **treatments**, which can play an important role in keeping **you** healthy by identifying underlying problems such as mouth cancer or diabetes.

These benefits are only available if you have chosen this option and it is listed on your membership certificate.

Benefits	Level	Explanation of benefits
Overall annual maximum - GBP 5,000 / USD 8,500 / EUR 6,250*		* It is possible that not all currencies will be available to you . Please see your membership certificate for the currency applicable to your contract.
Full health screen	Each membership year , up to GBP 600, USD 1,020 or EUR 750	<p>We pay for a full health screening after you have been covered on this option for one membership year.</p> <p>A full health screening generally includes various routine tests performed to assess your state of health and could include tests such as high cholesterol, high blood pressure, diabetes, anaemia and lung function, liver and kidney function and cardiac risk assessment. You may also have the specific screenings as part of a full health screening. The actual tests you have will depend on those supplied by the benefit provider where you have your screening.</p>
Mammogram		<p>We pay for mammogram, PAP (also known as a smear test), prostate cancer screening (which may include a prostate-specific antigen (PSA) test and/or physical examination), colon cancer screening and bone densitometry.</p> <p>These tests and/or screenings:</p> <ul style="list-style-type: none"> <input type="radio"/> do not have a waiting period, and <input type="radio"/> may take place independently of full health screening
Papanicolaou (PAP) test		
Prostate cancer screen		
Colon cancer screen		
Bone densitometry		
Four dietetic consultations		<p>We pay for dietetic consultations when needed for dietary advice relating to a diagnosed disease or illness, such as diabetes.</p> <p>We do not pay for slimming classes, slimming aids and weight management.</p>

Optional cover: Worldwide Wellbeing - please check your membership certificate for your chosen cover (continued)

Benefits	Level	Explanation of benefits
Vaccinations		<p>We pay for vaccinations and immunisations such as:</p> <ul style="list-style-type: none"> ○ travel vaccinations ○ malaria tablets ○ pneumococcal vaccinations, or ○ vaccinations to aid the prevention of cancer, such as human papilloma virus (HPV), as and when these are complete medical trials and are approved for use in the country of treatment <p>We do not pay for immunisations for newborns or for children up to the age of five from this benefit.</p> <p>If you have bought the Worldwide Medical Plus option we will pay immunisations for children aged 91 days up to the age of 5 from the young child care benefit. Immunisations within the first 90 days are paid from the newborn care benefit (if covered).</p> <p>Please read about newborn care under Worldwide Medical Insurance.</p>
Dental benefits		<p>We pay for treatment you receive from your dental practitioner. Certain dental/oral treatments will not be paid from this benefit, but from the Worldwide Medical Insurance and/or Worldwide Medical Plus benefits if you bought this option (please read notes under those benefits).</p> <p>These conditions are those which are more specialised and need to be performed by a maxillofacial or oral specialist in hospital, such as:</p> <ul style="list-style-type: none"> ○ put a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident ○ surgically remove a complicated, buried or impacted tooth, teeth or root ○ benign gum cysts/jaw cysts ○ chronic (large) mouth ulcers ○ facial deformity such as cleft palate or lip ○ facial injuries such as after an accident or cancer, or ○ salivary gland diseases <p>This benefit is paid instead of any other dental benefits you may have, when you need preventive, routine or orthodontic treatment. Treatment must be provided by a dental practitioner.</p>
Dental - Preventive - 100%	Each membership year , up to GBP 3,500, USD 5,950 or EUR 4,375	<p>Dental – preventive, after you have been covered on this option for six months includes:</p> <ul style="list-style-type: none"> ○ two check-ups/exams each membership year ○ X-rays/bitewing/single view/Orthopantomogram (OPG) ○ scale and polish ○ gum shield/mouth guard, and ○ night guard
Dental - Routine and major restorative - 80%		<p>Dental – routine and major restorative, after you have been covered on this option for six months includes:</p> <ul style="list-style-type: none"> ○ all fillings—either amalgam (silver) or composite (white) ○ root canal treatment ○ crowns/bridge ○ dental implant, and ○ anaesthesia costs

Optional cover: Worldwide Wellbeing - please check your membership certificate for your chosen cover (continued)

Benefits	Level	Explanation of benefits
Dental - Orthodontic - 50%	Please see previous page for shared limit.	<p>Dental - orthodontic treatment up to the age of 19, after you have been covered on this option for two years includes:</p> <ul style="list-style-type: none"> <input type="radio"/> consultations and monthly check-ups <input type="radio"/> removal of deciduous/baby teeth/milk teeth/primary teeth <input type="radio"/> treatment planning <input type="radio"/> models/gum impressions <input type="radio"/> extractions <input type="radio"/> anaesthesia <input type="radio"/> X-rays including single/bitewing/periapical (root X-ray)/full-mouth X-rays/Orthopantomogram (OPG) and Cephalometric (CEPH) <input type="radio"/> digital photography, and <input type="radio"/> metal braces/retainers
Eye test (including consultation)	One each membership year , 100%	We pay for one eye test each membership year , which includes the cost of your consultation and sight/vision testing.
Spectacle lenses	80%	We pay for spectacle and contact lenses which are prescribed to correct a sight/vision problem such as short or long sight.
Contact lenses	80%	
Spectacle frames	Once every two membership years , 80% up to GBP 150, USD 255 or EUR 185	<p>We pay for spectacle frames. This benefit is payable:</p> <ul style="list-style-type: none"> <input type="radio"/> once every two membership years <input type="radio"/> only if you have been prescribed spectacle lenses <p>Your spectacle lens prescription or invoice will be needed in support of your claim for spectacle frames.</p>

Optional cover: Worldwide Evacuation - please check your membership certificate for your chosen cover

For when you cannot get the treatment you need in a local hospital

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

For all medical transfers, either evacuation or repatriation:

- **you** must contact **our service partner** for authorisation before **you** travel, on +44 (0) 1273 333 911
- **our service partners** must agree the arrangements with **you**
- **your** Worldwide Evacuation benefit is applicable for **hospital treatment**, either overnight or as a **day-case**. Evacuation only (not repatriation) may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy
- the **treatment** must be recommended by **your specialist** or **doctor**
- the **treatment** is not available locally
- the **treatment** must be covered under **your** plan
- **you** must have cover for the country **you** are going to be treated in, for example the U.S.
- **you** must have Worldwide Evacuation Cover in place before **you** need the **treatment**.

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 and approved in advance by **Bupa Global's service partners**.

We will not approve a transfer which in **our** reasonable opinion is inappropriate based on established clinical and medical practice, and **we** are entitled to conduct a review of **your** case, when it is reasonable for **us** to do so. Evacuation or Repatriation will not be authorised if it would be against medical advice.

The costs of any **treatment you** receive either before or after an evacuation or repatriation will be paid from Worldwide Medical Insurance or any options **you** have bought as appropriate, provided this is covered under **your** plan.

We will 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.

We cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond **our** control.

Bupa Global is not the provider of the transportation and other services set out in the transportation/travel section, but will arrange those services on **your** behalf. In some countries **we** may use **service partners** to arrange these services locally, but **Bupa Global** will always be here to support **you**.

We do not pay for extra nights in **hospital**, when **you** are no longer receiving **active treatment** which requires **you** to be and are awaiting **your** return flight.

Optional cover: Worldwide Evacuation - please check your membership certificate for your chosen cover (continued)

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

Optional cover: Worldwide Evacuation - please check your membership certificate for your chosen cover (continued)

Benefits	Level	Explanation of benefits
Travel cost for an accompanying person	Paid in full	<p>We pay reasonable travel costs for a relative or partner to accompany you:</p> <ul style="list-style-type: none"> <input type="radio"/> if there is a reasonable need for you to be accompanied, and <input type="radio"/> the return journey to the place you were transferred from <p>when:</p> <ul style="list-style-type: none"> <input type="radio"/> this is authorised in advance by Bupa Global's service partners, and <input type="radio"/> the return journey is within 14 days of the end of the treatment <p>The costs we pay for the return journey will be either:</p> <ul style="list-style-type: none"> <input type="radio"/> the reasonable cost of the return journey by land or sea, or <input type="radio"/> the cost of an economy class air ticket <p>whichever is the lesser amount.</p> <p>We do not pay for someone to travel with you when the evacuation is for you to receive out-patient treatment.</p> <p>By 'reasonable need' we mean that you need someone to accompany you for one of the following reasons:</p> <ul style="list-style-type: none"> <input type="radio"/> you need assistance to board or disembark from transport <input type="radio"/> you need to be transferred over a long distance (1000 miles or 1600 KM) <input type="radio"/> there is no medical escort <input type="radio"/> you are very seriously ill <p>The accompanying person may travel in a different class from the member receiving treatment depending on medical requirements.</p>
Travel cost for the transfer of minor children	Paid in full	<p>We pay reasonable travel costs for minor children to be transferred with you in the event of an evacuation or repatriation, provided they are under the age of 18 when:</p> <ul style="list-style-type: none"> <input type="radio"/> it is medically necessary for you as their parent or guardian to be evacuated or repatriated <input type="radio"/> your spouse, partner, or other joint guardian is accompanying you, and <input type="radio"/> they would otherwise be left without a parent or guardian
Living allowance	For a maximum of 10 days each membership year , each day up to GBP 100, USD 170 or EUR 125	<p>We pay towards living expenses for the relative or partner who is authorised to travel with you:</p> <ul style="list-style-type: none"> <input type="radio"/> following an evacuation only, and <input type="radio"/> for up to 10 days, or your date of discharge whichever is the earlier, while away from their usual specified country of residence <p>We do not pay for someone to travel with you when evacuation is for out-patient treatment only.</p>

Optional cover: Worldwide Evacuation - please check your membership certificate for your chosen cover (continued)

Benefits	Level	Explanation of benefits
Repatriation of mortal remains	Maximum benefit of GBP 6,500, USD 11,050 or EUR 8,125	<p>We pay for reasonable costs for the transportation only of your body or cremated mortal remains to your home country or to your specified country of residence:</p> <ul style="list-style-type: none"> <input type="radio"/> in the event of your death while you are away from home, and <input type="radio"/> depending on airline requirements and restrictions <p>We do not pay for burial or cremation, the cost of burial caskets or the transport costs for someone to collect or accompany your mortal remains.</p>
Compassionate visit and return	<p>For a maximum of five trips per lifetime.</p> <p>Each visit up to GBP 800, USD 1,360 or EUR 1,000</p>	<p>We pay for economy class travel costs for one close relative (spouse/partner, parent, child, brother or sister) who is in another country to visit when you have a sudden accident or illness and are going to be hospitalised for at least five days or you have received a short-term terminal prognosis. This includes the equivalent of economy class costs of your relative's return journey to their home country.</p> <p>We pay:</p> <ul style="list-style-type: none"> <input type="radio"/> a maximum of five trips for the lifetime of your membership <input type="radio"/> only when authorised in advance by Bupa Global's service partners <p>We also pay towards living expenses for your relative:</p> <ul style="list-style-type: none"> <input type="radio"/> following a covered compassionate visit only, and <input type="radio"/> for up to 10 days while away from their usual specified country of residence <p>We do not pay this benefit when either an evacuation or repatriation has taken place. In the event of an evacuation or repatriation taking place during a compassionate visit, no more benefits as described in notes 'Travel cost for an accompanying person', 'Travel cost for the transfer of minor children' or 'Living allowance' will be payable.</p>
Compassionate visit living allowance	<p>For a maximum of 10 days each visit, each day up to GBP 100, USD 170 or EUR 125</p>	

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.

Important - please read

General exclusions

If **you** have not bought Worldwide Medical Plus, Worldwide Medicines and Equipment, Worldwide Wellbeing or Worldwide Evacuation **we** do not pay for any of the **treatments** or benefits included under those options.

The following exclusions apply to **our** core cover and each of the options. Where **we** have stated that **we** will pay for **treatment** in some circumstances, this depends on **you** having bought the appropriate options.

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.

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.

Exclusion	Notes	Rules
Artificial life maintenance		<p>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.</p> <p>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.</p>
Birth control		<ul style="list-style-type: none"> ○ contraception ○ sterilisation ○ vasectomy ○ termination of pregnancy unless there is a threat to the mother's health ○ family planning, such as meeting your doctor to discuss becoming pregnant or contraception
Conflict and disaster		<p>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:</p> <ul style="list-style-type: none"> ○ 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
Convalescence and admission for general care, or staying in hospital for		<ul style="list-style-type: none"> ○ convalescence, pain management, supervision ○ receiving only general nursing care ○ therapist or complementary therapist services ○ domestic/living assistance such as bathing and dressing, and ○ treatment that could take place as a day-case or out-patient

Exclusion	Notes	Rules
Cosmetic treatment		<p>Treatment to improve your appearance such as:</p> <ul style="list-style-type: none"> ○ facelift or re-modelled nose, abdominoplasty ○ cosmetic dentistry such as the replacement of a sound, natural tooth with an implant, veneers ○ orthodontic treatment over the age of 19 (we pay for orthodontic treatment under the age of 19 if you have bought the Worldwide Wellbeing option) ○ treatment related to or arising from the removal of non-diseased, or surplus or fat tissue, such as liposuction, whether or not it is needed for medical or psychological reasons ○ hair transplants for any reason ○ surgery to change the shape, enhance or reduce your breast(s) for any reason, except reconstruction following treatment for cancer <p>Examples:</p> <ul style="list-style-type: none"> ○ we do not pay for breast reduction for backache or gynaecomastia (the enlargement of breasts in men) ○ 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. <p>We may pay for 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) when:</p> <ul style="list-style-type: none"> ○ 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) <p>Please contact us for prior approval before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our approval process. Benefit will not be paid unless prior approval has been received. The limit shown under Worldwide Medical Insurance will apply for prophylactic surgery for congenital and hereditary conditions other than cancer.</p>
Developmental problems		<ul style="list-style-type: none"> ○ learning difficulties, such as dyslexia. ○ developmental problems treated in an educational environment or to support educational development.
Donor organs		<ul style="list-style-type: none"> ○ mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function while awaiting transplant ○ purchase of a donor organ from any source, or ○ harvesting and storage of stem cells, when this is carried out as a preventive measure against possible future disease

Exclusion	Notes	Rules
Experimental or unproven treatment		<p>Experimental or unproven treatment</p> <p>Clinical tests, treatments, equipment, medicines, devices or procedures that are unproven or investigational with regards to safety and efficacy.</p> <ul style="list-style-type: none"> ○ 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-authorized by Bupa Global in line with its criteria for standard clinical use. <p>Standard clinical use includes:</p> <ul style="list-style-type: none"> ○ treatment agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved through 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. <p>Notes:</p> <ul style="list-style-type: none"> ○ 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		<p>Treatment, equipment or surgery to correct eyesight, such as laser treatment, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Exceptions: If you have bought Worldwide Wellbeing cover, your optical benefits will be shown.</p>
Footcare		<p>Treatment for:</p> <ul style="list-style-type: none"> ○ corns ○ calluses, or ○ thickened or misshapen nails
Genetic testing		<p>Genetic tests, when such tests are solely performed to determine whether or not you may be genetically likely to develop a medical condition.</p> <p>Example: we do not pay for tests used to determine whether you may develop Alzheimer's disease, when that disease is not present.</p>

Exclusion	Notes	Rules
Harmful or hazardous use of alcohol, drugs and/or medicines		<p>Treatment for or arising:</p> <ul style="list-style-type: none"> ○ 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		<p>Treatment or services received in a:</p> <ul style="list-style-type: none"> ○ health hydro ○ nature cure clinic ○ spa, or ○ any similar establishment that is not a hospital
Illegal activity		<p>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.</p>
Infertility treatment		<p>Treatment to assist reproduction such as:</p> <ul style="list-style-type: none"> ○ in-vitro fertilisation (IVF) ○ gamete intrafallopian transfer (GIFT) ○ zygote intrafallopian transfer (ZIFT) ○ artificial insemination (AI) ○ prescribed drug treatment ○ embryo transport (from one physical location to another), or ○ donor ovum and/or semen and related costs <p>We pay for investigations into the cause of infertility when your specialist believes there are symptoms and/or evidence to suggest a medical cause. We will only pay when:</p> <ul style="list-style-type: none"> ○ you have been a member of this plan (or any Bupa administered plan which includes this cover) for two years before the investigations start, and ○ you were unaware and had not been suffering any symptoms prior to joining
Obesity		<p>Treatment for or as a result of obesity such as:</p> <ul style="list-style-type: none"> ○ slimming aids or drugs ○ slimming classes, or ○ obesity surgery
Persistent vegetative state (PVS) and neurological damage		<p>We will not pay for treatment while staying in hospital for more than 90 continuous days for permanent neurological damage or if you are in a persistent vegetative state.</p>

Exclusion	Notes	Rules
Personal exclusions		<p>Please check your membership certificate to see if you have any personal exclusions or restrictions on your plan. The exclusions in this section apply as well as and alongside any such personal exclusions and restrictions.</p> <p>For all exclusions in this section, and for any personal exclusions or restrictions shown on your membership certificate, please note that:</p> <ul style="list-style-type: none"> ○ we do not pay for conditions which are directly related to excluded conditions or treatments ○ we do not pay for any extra or increased costs arising from excluded conditions or treatments ○ we do not pay for complications arising from excluded conditions or treatments. <p>Example:</p> <p>You have a personal exclusion for diabetes</p> <ul style="list-style-type: none"> ○ If your diabetes were to cause kidney problems, we would not pay for the treatment of such kidney problems. ○ If while receiving treatment for another condition, you need to stay extra nights in hospital because of your diabetes we would not pay for these extra nights. <p>Exceptions</p> <p>This section describes some circumstances where exceptions can be made to exclusions or restrictions. Where this is the case, benefit is payable up to the limits set out in your Table of Benefits.</p>
Pre-existing conditions		<p>Any treatment for a pre-existing condition, related symptoms, or any condition that results from or is related to a pre-existing condition.</p> <p>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 other treatment will be either directly or indirectly needed for the condition, or for any related condition.</p> <p>There are some personal exclusions that, due to their nature, we will not review.</p> <p>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</p>
Preventive treatment		<p>Health screening, including routine health checks and vaccinations, or any preventive treatment, except if you have bought the Worldwide Wellbeing option.</p> <p>We may pay for prophylactic surgery when:</p> <ul style="list-style-type: none"> ○ 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) <p>The limit shown under Worldwide Medical Insurance will apply for prophylactic surgery for congenital and hereditary conditions other than cancer.</p> <p>Please contact us for prior approval before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our approval process. Benefit will not be paid unless prior approval has been received.</p>

Exclusion	Notes	Rules
Reconstructive or remedial surgery		<p>Treatment to restore your appearance after an illness, injury or surgery.</p> <p>We may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during your current continuous membership.</p> <p>Please contact us for prior approval before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our approval process. Benefit will not be paid unless prior approval has been received.</p>
Sexual problems/gender issues		<ul style="list-style-type: none"> ○ sexual problems, such as impotence, whatever the cause, or ○ sex changes or gender reassignments
Sleep disorders		<ul style="list-style-type: none"> ○ insomnia ○ snoring ○ sleep-related disorders including sleep apnoea, or ○ participation in sleep studies beyond the initial study <p>We may pay for treatment of sleep apnoea when your specialist believes this to be life-threatening. We will only pay for:</p> <ul style="list-style-type: none"> ○ an initial sleep study ○ surgery, if medically appropriate, and ○ equipment hire, such as a Continuous Positive Airway Pressure (CPAP) machine (only if you have bought the Worldwide Medicines and Equipment option) <p>Please contact us for prior approval before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our approval process. Benefit will not be paid unless prior approval has been received.</p>
Stem cells		<p>We do not pay for the harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.</p>
Surrogate parenting	Please also see maternity cover in the table of benefits.	<p>Treatment directly related to surrogacy. This applies:</p> <ul style="list-style-type: none"> ○ to you if you act as a surrogate, and ○ to anyone else acting as a surrogate for you
Temporomandibular joint (TMJ) disorders		Temporomandibular joint (TMJ) disorders
Travel costs for treatment		<p>Any travel costs related to receiving treatment.</p> <p>Examples:</p> <ul style="list-style-type: none"> ○ 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 <p>Exceptions:</p> <ul style="list-style-type: none"> ○ Road Ambulance cover ○ Air Ambulance cover ○ you have bought Worldwide Evacuation cover and your travel meets the qualifying conditions of that cover

Exclusion	Notes	Rules
U.S. treatment		<p>If you have not bought cover for the U.S., then we will not pay for treatment or services, received in the U.S.</p> <p>If you have bought cover for the U.S., we will not pay for treatment or services, received there:</p> <ul style="list-style-type: none"> ○ when arrangements were not pre-authorized by our intermediaries in the U.S. where needed (see 'Pre-authorization - Treatment in the U.S.' section of this membership guide); or ○ when we know or have reasonable grounds to conclude, that you purchased cover for and travelled to the U.S. for the purpose of receiving treatment or services 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 or services were the main or sole purpose of your visit and even if the treatment or services were pre-authorized. <p>Our Service Partner in the U.S. operates a national network of hospitals, clinics and medical practitioners. This is the U.S. provider network. You must contact our dedicated team before you have treatment, and they can help to find a suitable network provider for you.</p> <p>For covered treatment that takes place in the U.S. using 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. When covered treatment takes place in the U.S. but outside the provider network, benefit is paid at Reasonable and Customary costs. Please see the "Our approach to costs" section of this membership guide.</p> <p>Please note: If you have chosen to include cover for pre-existing conditions, this is not extended to treatment received in the U.S., even when you have bought cover for treatment in the U.S. Therefore, you will see a specific exclusion on your membership certificate for the costs of treatment in the U.S. for these pre-existing conditions.</p>
Unrecognised medical practitioner, hospital or healthcare facility		<ul style="list-style-type: none"> ○ 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

Deductibles

Deductibles are the contributions **you** make towards the cost of **your treatment**.

If **you** chose to have a **deductible** on **your** Worldwide Medical Insurance cover, other **deductibles** will also apply if **you** opted for Worldwide Medical Plus or Worldwide Medicines and Equipment (**deductibles** do not apply to Worldwide Wellbeing or Worldwide Evacuation).

The amounts below explain the value of the **deductible** which applies to each option. **You'll** find details of **your deductibles** on **your** membership certificate.

Worldwide Medical Insurance

- GBP £ 250, 500, 1,000, 2,000, 5,000
- EUR € 300, 625, 1,250, 2,500, 6,250
- USD \$ 425, 850, 1,700, 3,400, 8,500

Option: Worldwide Medical Plus

- GBP £ 100
- EUR € 125
- USD \$ 170

Option: Worldwide Medicines and Equipment

- GBP £ 50
- EUR € 60
- USD \$ 80

How do deductibles work?

A **deductible** is the amount **you** must pay towards covered expenses before **we** will start paying for **your treatment**.

It's important that **you** send all **your** claims to **us**, even if the value of **your** claim is less than the **deductible**. **We** won't make any payment, but the claim will count towards **your deductible**.

Deductibles apply separately for **treatment you** have under each of the options. For example, if **you** have Worldwide Medical Insurance with a £500 **deductible** and have chosen Worldwide Medical Plus, the **deductible** for each would be applied as follows:

- **You** have **treatment** in **hospital** for a broken leg, which costs £1,000
- **Deductible** applied is £500 from Worldwide Medical Insurance (as this covers **hospital treatments**)
- Amount paid by **us** is £500
- **You** have **physiotherapy** for **your** broken leg (usually paid from **your** Worldwide Medical Plus option), which costs £300
- **Deductible** applied is £100 from Worldwide Medical Plus
- Amount paid by **us** is £200

If **your** claim is for an amount higher than the value of **your deductible** or remaining **deductible**, **we** will pay for covered expenses after the **deductible** has been met in full.

Once **your deductible** has been reached, all covered expenses will be paid in line with **your** benefit limits.

Please remember:

- the **deductibles** apply separately for each person included on **your** membership
- the **deductibles** apply each **membership year**. If **you** have **treatment** which continues over **your anniversary**, the **deductible** will be payable separately for **treatment** received both before and after **your anniversary**
- the **deductible** for Worldwide Medical Insurance and each option is counted separately
- **you** must have a valid direct debit agreement or credit card authority with **us**, so **we** can collect **your deductible**

- **you** are responsible for paying the **deductible** in all circumstances

How will claims be paid?

If **we** are paying **you**:

- payment will be less the amount of the **deductible**

If **we** are paying **your** benefit provider:

- payment for covered **treatment** and within any limits will be made in full
- any **deductible** due will be collected from **you** using **your** direct debit agreement or credit card authority

We will always send **you** a claims statement showing how much has been counted towards **your deductible** and how much has been paid.

Your deductible invoice will show the amount **we** will collect from **your** account.

Changing your deductible

You can request a change to **your deductible** on **your anniversary** each year. This request could be to add or remove a **deductible**, or to increase or decrease an existing **deductible**. If **you** wish to remove or reduce **your deductible**, **we** will ask **you** to complete a medical history questionnaire. This means that **we** may apply new special restrictions or exclusions, which are personal to **you**.

If **you** add or increase a **deductible your** premiums will be lower. If **you** remove or reduce a **deductible your** premiums will be higher.

Important Information

Your membership

Your plan is an annual contract that will begin on the 'Period of cover from' date on **your** membership certificate. **Your anniversary** falls on this date in each following year of **your** membership. **Your** membership will continue automatically each year, regardless of **your** age or current state of health.

Please read 'What happens on my **anniversary**?' section.

Our legal agreement

You (the **main member**) have formed an agreement with **your insurer** about **your** cover on Worldwide Health Options. Only **you** and **your insurer** have legal rights under this agreement. This means that only **you** and no-one else may enforce the terms of this agreement, either under the Contracts (Rights of Third Parties) Act 1999 or otherwise.

You, or anyone else who is covered under **your** membership, have complete access to **our** complaints and dispute resolution process.

Please read 'Making a complaint' section.

What forms my membership?

Your membership with **us** consists of:

- **your** application, whether **you** have sent in a form or applied by telephone or online and any declarations that **you** made during **your** enrolment for **you** and other members included in **your** membership
- **your** rules and benefits in the Membership Guide within **your** membership pack
- **your** membership certificate, which shows full details of **your insurer**

What happens if I move?

You must always let **us** know when **you** change **your** address, so that **we** can keep in touch and get important documents to **you**.

If **you** move to another country, **you** must let **us** know straight away. **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.

Specified country of residence

If **you** move to a new country or change **your specified country of nationality you**, the **main member**, must tell **us** straight away if **your 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 **your specified country of residence** changes 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.

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** membership is affected, and, if so, whether **we** can offer **you** a transfer service.

Please read 'How are my premiums calculated?' section.

Without limitation to the foregoing, **we** will not be able to renew **your** membership at **your** next **anniversary** date if **you** become a permanent resident of the U.S., and, if any **additional people** 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 **anniversary** 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.

When does my membership begin?

Your membership begins on the 'Period of cover from' date on the first membership certificate **we** send. **Your anniversary** falls on this date each year.

If **you** include any **additional people**, their membership will begin on the 'Period of cover from' date on the first membership certificate **we** send on which they are listed.

If, for any reason, **you** do not continue **your** membership, any **additional people** included in **your** plan can apply for their own membership.

What happens on my anniversary?

Your membership will continue automatically, regardless of **your** age or state of health. **We** retain bank, credit/debit card and direct debit authorisation details to make sure that the policy does not end.

We will write to **you** and let **you** know:

- any changes to the benefits provided
- any changes to **your** membership pack, or
- the premiums and other charges payable

Any new changes will apply from **your anniversary** only.

In some circumstances, **we** may decide to end the plan **you** are a member of. This is a rare event, but if it does happen **we** will do **our** best to make sure **you** are not inconvenienced in any way. **We** will:

- offer **you** membership of another suitable plan, wherever possible, or
- transfer **your** membership within one month without any new personal restrictions or exclusions

Ending your membership or removing additional people from cover

Cancellation

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

- cancel the entire membership, which will end cover for everyone; or
- cancel cover for any **additional people**.

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

The change will take effect 14 days after the **main member** tells **us** about it the change. Please note: i) **we** will not back-date the cancellation date and ii) will not pay claims for **treatment** which takes place after the membership ends.

Cancellation timeframes

The refund of any premium will depend on the date the **main member** cancels the entire membership or the membership of any **additional people**. 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 **main 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 **main member** cancels cover for an additional person:

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

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

Important: In either case, where a claim has been made in the first 30 days of cover either by the **main member** or any additional person, **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 **main 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 refund any premiums paid for [the period from the first day of the month after the **main member** told **us** to cancel the policy. For example if the **main member** tells **us** in March, **we** will refund premium for 1 April onwards.

If the **main member** cancels cover for any additional person:

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

we will refund any premiums paid for that additional person [from the first day of the month after the **main member** told **us** to cancel the policy. For example if the **main member** tells **us** in March, **we** will refund premium for 1 April 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:

- an additional person dies – The **main member** should tell **us** within 30 days.
- the **main member** dies – Any additional person on the membership, or **family members** of the **main member**, should tell **us** within 30 days.

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

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

If **you**, the **main 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 no contact is made, **your** membership will automatically renew and any premiums will be collected automatically.

How can I change my plan?

This contract lasts one year. The **main member** can ask to make changes – these take effect on the next **anniversary**.

The premium will be lower if they:

- add or increase a **deductible** or
- remove an option.

The premium will be higher if they:

- remove or reduce a **deductible** or
- add an option.

The **main member** can ask to add the U.S. cover option at any time.

If the **main member** asks to remove or reduce a **deductible** or add an option, **we** will ask them to complete a medical history form. This means that **we** may apply new special restrictions or exclusions to **your** new cover. These are personal to **you**.

Adding members to your plan

You can apply to include **additional people** on **your** membership by filling in a Worldwide Health Options 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 **additional people you** apply to include on **your** membership 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 note: Children joining a child only policy, with no parent or legal guardian, can only join on or after their 5th birthday. Each child must have their own policy and no other members are permitted.

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

Adding U.S. cover to your plan

You can apply to include coverage in the U.S. at any time following **your** original date of joining. To apply **you** will need to complete a Worldwide Health Options 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.

Please note that **your** premiums will be higher or lower from the effective date of adding or removing cover for the U.S.

New membership certificates

We will send **you** a new membership certificate to record any changes made on **your** plan, such as a change of address or the addition of another person.

Your new membership certificate will replace any earlier ones **you** have received with effect from the 'Certificate issue date', so please discard the previous one.

How are my premiums calculated?

Your premiums are calculated according to the country in which **you** tell **us** **you** reside and are based on a number of rating factors such as **your** age, cover (including whether **you** elect U.S. coverage), level of benefits selected, level of **deductible** and any underwriting loading.

Additionally, countries are grouped into zones according to a number of different factors, including the costs and frequency of **treatment** in those countries.

Any decision to vary premiums for a zone is applied to all members in the zone. On renewal **you** would therefore receive the price impact which applies across the zone to members with **your** rating factors.

How do I pay premiums and other charges?

The premiums for **your** membership must be paid by the 'Due date' shown on the invoice. All premiums are payable in advance. **Your** invoice will also show **you**:

- the amount **you** need to pay
- the method **you** have chosen to pay by (direct debit, credit card)
- the currency **you** have chosen to pay in, and
- how often **you** need to make a payment (monthly, quarterly or yearly)

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

Please pay **your** premiums directly to **your insurer**. If **you** pay **your** premiums to anyone else, such as an insurance intermediary, then that person is acting on **your** behalf as **your** intermediary. **Your insurer** 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.

What happens if I don't pay?

If **you** do not pay premiums and other charges when they are due, **your** membership may be suspended. **We** may also suspend **your** membership if **you** do not pay in full any relevant contribution for a claim **we** have paid direct to **your** benefit provider.

Claims submitted while **your** membership is suspended will not be paid. Once **you** have paid **your** premium and **your** membership suspension has ended, **we** will be happy to consider **your** claim.

Will the amount I pay change?

It is likely that the amount **we** charge **you** at **your** anniversary will change. Some of the factors which might affect this include the rising cost of medical **treatments**, which **we** aim to control through negotiating cost control measures with **hospitals** and clinics. Additionally, the ages of everyone on **your** membership, **your** resident country and changes to **your** cover such as adding, changing or removing options or **deductibles** may also influence **your** premium.

Other charges including IPT or other taxes, levies and charges may change at any time if there is a change in the rate or if any new tax, levy or charge is introduced in the country where **you** live.

Bank charges

You are responsible for any administration charges that **your** bank may make for the payment of **your** premiums.

Making a complaint

Step 1: Talk to us first

- 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.

Taking it further

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

Step 2: Have your complaint reviewed

A representative will contact **you** and work with **you** to resolve **your** complaint to **your** satisfaction. **You** will receive a leaflet outlining the process and confirming **your** rights.

If **you** have any comments or complaints, **you** can call the **Bupa Global** customer helpline on +44 (0) 1273 323 563, 24 hours a day, 365 days a year.

Alternatively **you** can email **us** at membersworld.bupaglobal.com, or write to **us** at:

Bupa Global

Victory House
Trafalgar Place
Brighton
BN1 4FY, UK

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

Easier to read information

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

Confidentiality

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 **main 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.

Useful notes and legal information

Other parties

No other party 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, which may be by letter or email. Any confirmation of **your** cover will only be valid if it is confirmed in writing by **your insurer**, as above.

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 the 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. **You** can obtain a copy at any time by contacting **our** customer helpline on +44 (0) 1273 323 563.

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

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.

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-notice

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

1. What this privacy notice covers

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

2. How we collect personal information

We collect personal information from **you** and from other organisations (for example those acting on **your** behalf, like brokers, healthcare providers and so on). If **you** give **us** information about other people, **you** must make sure that they have seen a copy of this privacy notice and are comfortable with **you** giving **us** their information.

3. Categories of personal information

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

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

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

5. Profiling and automated decision-making

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

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

6. Sharing your information

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

7. International transfers

We work with companies that **we** partner with, or that provide services to **us** (such as healthcare providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, **we** transfer **your** personal information to different countries including transfers from within the **UK** to outside the **UK**, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. **We** take steps to make sure that when **we** transfer **your** personal information to another country, appropriate protection is in place, in line with global data protection laws.

8. How long we keep your personal information

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

9. Your rights

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

10. Data protection contacts

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

You also have the right to make a complaint to **your** local privacy supervisory authority. **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.
Additional people:	The other people named on your membership certificate as being members of the plan and who are eligible to be members, including newborn children.
Advanced therapy medicinal products (ATMPs)	Treatments that are based on genes, tissues or cells, for example Chimeric Antigen Receptor (CAR) T-cell treatment .
Anniversary:	Each anniversary of the date you joined the plan. (If however you are a member of a Bupa Global Worldwide Health Options group plan with a common anniversary for all members, your anniversary will be the common anniversary for the group. We tell you the group anniversary when you join).
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.
Birth centre:	A medical facility often associated with a hospital that is designed to provide a homelike setting during childbirth.
Bupa Global:	Bupa Insurance Services Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited, acting as international administrator.

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 therapist:	An acupuncturist, homeopathist 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.
Day-case:	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 .
Deductible:	The amount you have to pay towards the cost of the treatment that you receive each membership year that would otherwise have been covered under your membership.
Dental practitioner:	A person who: <ul style="list-style-type: none"> ○ 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 <p>Examples of a specialised qualification in the field of dentistry may include (but are not limited to) periodontics or paediatric dentistry.</p>
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.

Defined term	Description
Dietician:	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received.
Doctor:	<p>A person who:</p> <ul style="list-style-type: none"> is legally qualified in medical practice following attendance at a recognised medical school to provide medical treatment does not need a specialist's training, and is licensed to practise medicine in the country where the treatment is received. <p>By recognised medical school we mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.</p>
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 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:	<p>A centre of treatment which is registered, or recognised under the local country's laws, as existing primarily for:</p> <ul style="list-style-type: none"> carrying out major surgical operations, or providing treatment which only consultants can provide

Defined term	Description
Intensive care:	<p>Includes the following.</p> <ul style="list-style-type: none"> 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.
Main member:	The person who has taken out the membership, and is the first person named on the membership certificate. Please refer to you/your .
Medical practitioner:	A complementary therapist, specialist, doctor, psychologist, psychotherapist, osteopath, chiropractor, dietician, speech therapist or therapist who provides active treatment of a known condition.
Medically necessary:	<p>treatment, medical service or prescribed drugs/medication which is:</p> <p>(a) consistent with the diagnosis and medical treatment for the condition;</p> <p>(b) consistent with generally accepted standards of medical practice;</p> <p>(c) necessary for such a diagnosis or treatment;</p> <p>(d) not being undertaken primarily for the convenience of the member or the treating medical practitioner</p>
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.

Defined term	Description
Network:	A hospital, pharmacy , or similar facility, or medical practitioner , that has an agreement in effect with Bupa Global or a service partner to provide you with covered treatment .
Out-patient:	Treatment given at a hospital , consulting room, doctor's office or out-patient clinic where the insured does not stay overnight or as a day-case to receive 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:	<ul style="list-style-type: none"> 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 <p>The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.</p>
Pharmacy	A facility where prescribed drugs are prepared or sold.
Physiotherapy, osteopathy and chiropractor:	Practitioners must be fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the treatment is received.

Defined term	Description
Pre-existing condition:	<ul style="list-style-type: none"> Any medical condition declared in your application for cover which has been noted on your membership certificate as a 'personal exclusion' or covered pre-existing condition. Any medical condition declared in your application for cover which has been accepted with no 'personal exclusion' or underwriting loading applied 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 on your application for cover <p>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.</p>
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 is received.
Reasonable and Customary	The 'usual', or 'accepted standard' amount payable for a specific healthcare treatment , procedure or service in a particular geographical region, and provided by 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.
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.
Specialist:	<p>A surgeon, anaesthetist or physician who:</p> <ul style="list-style-type: none"> ○ is legally qualified to practise medicine or surgery following attendance at a recognised medical school ○ is recognised by the relevant authorities in the country in which the treatment is received as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated <p>By 'recognised medical school' we mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.</p>
Specified country of nationality:	The country of nationality specified by you in your application form or as advised to us in writing, whichever is the later.
Specified country of residence:	The country of residence specified by you in your application and shown in the membership certificate, or as advised to us in writing, whichever 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.

Defined term	Description
Speech therapist:	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received.
Surgical operation:	A medical procedure that involves the use of instruments or equipment.
Therapists:	An occupational therapist or orthoptist, who is legally qualified and is permitted to practice as such in the country where the treatment is received.
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	<ul style="list-style-type: none"> ○ 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

Defined term	Description
We/us/our:	Your insurer.
You/your:	This means you , the main member and your dependants unless we have expressly stated otherwise that the provisions only refer to the main member .
Your insurer	The insurer providing your cover as stated on your membership certificate.

