

# International Health and Hospital plan

Bupa 

## International Health and Hospital Plan

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[bupaglobal.com](https://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 an independent world-class **specialist**.

# 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 print it online at:

<https://membersworld.bupaglobal.com>

## Bold words

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



# Contact us

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

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

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

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

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

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

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

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

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

### General enquiries

MembersWorld is the first place to go for information about:

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

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

Alternatively:

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

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

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

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

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

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

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

### Contact details changed?

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

### Easier to read information

#### Braille, large print or audio

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

### Making a complaint

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

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

If **you** have any comments or complaints, often the quickest way to contact **us** is via MembersWorld.

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

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

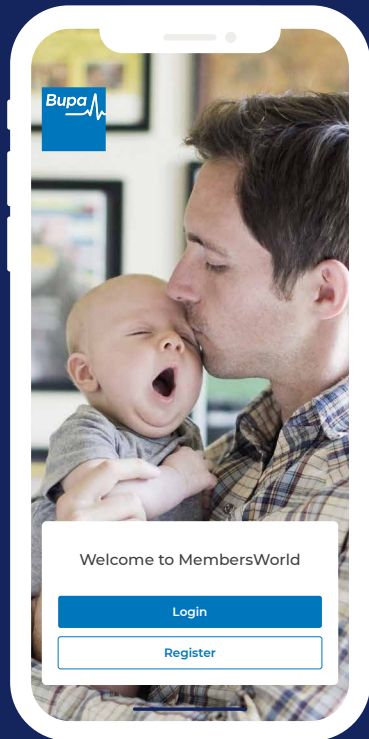
**Fax:** +44 (0) 1273 820 517

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

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

# Welcome to Membersworld

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



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

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

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

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

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



## How to access MembersWorld

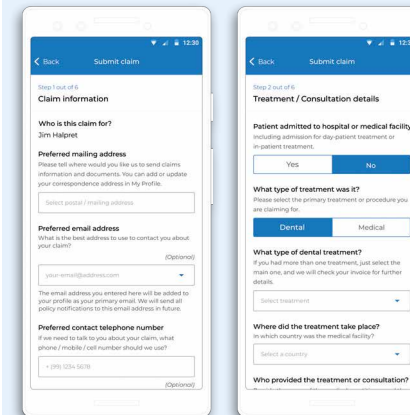
**You** can access and register online at <https://membersworld.bupaglobal.com> with **your** favourite web browser or via **our** app.

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



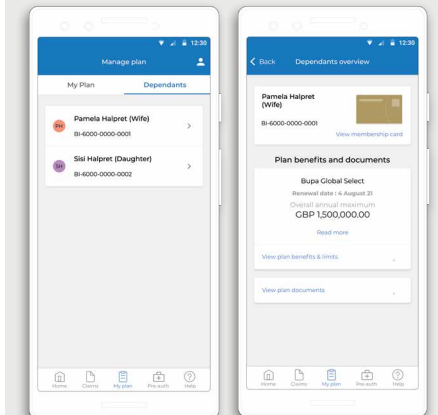
## Claims and pre-authorisations

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



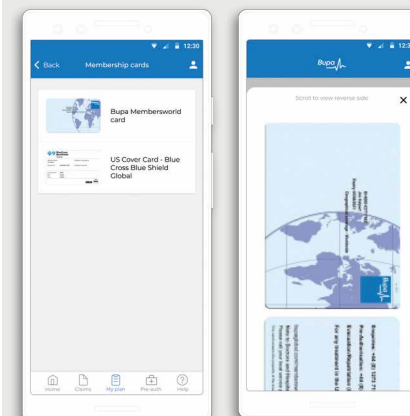
## Dependants

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



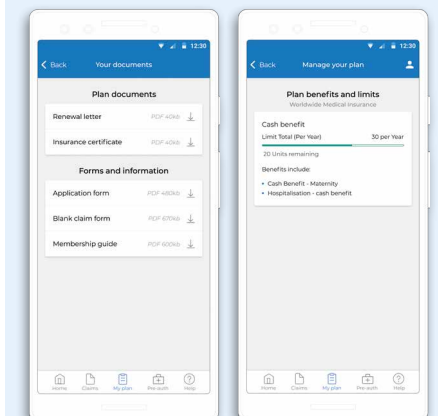
## Membership cards

- 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](http://www.bupaglobal.com/en/your-wellbeing)

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

## Second Medical Opinion\*

As a **Bupa Global** customer, **you** can access a second medical opinion from leading international **specialists**.

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

To request a second medical opinion, complete an online referral form via the MembersWorld website, or contact the **Bupa Global** Customer Service team on **+44 (0) 1273 323 563** or email [info@bupaglobal.com](mailto:info@bupaglobal.com)

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

Access virtual consultations with a doctor any time of the day or night by signing-in to the MembersWorld app. If **you** haven't registered yet, go to the MembersWorld page to get started.

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



**Bupa 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?

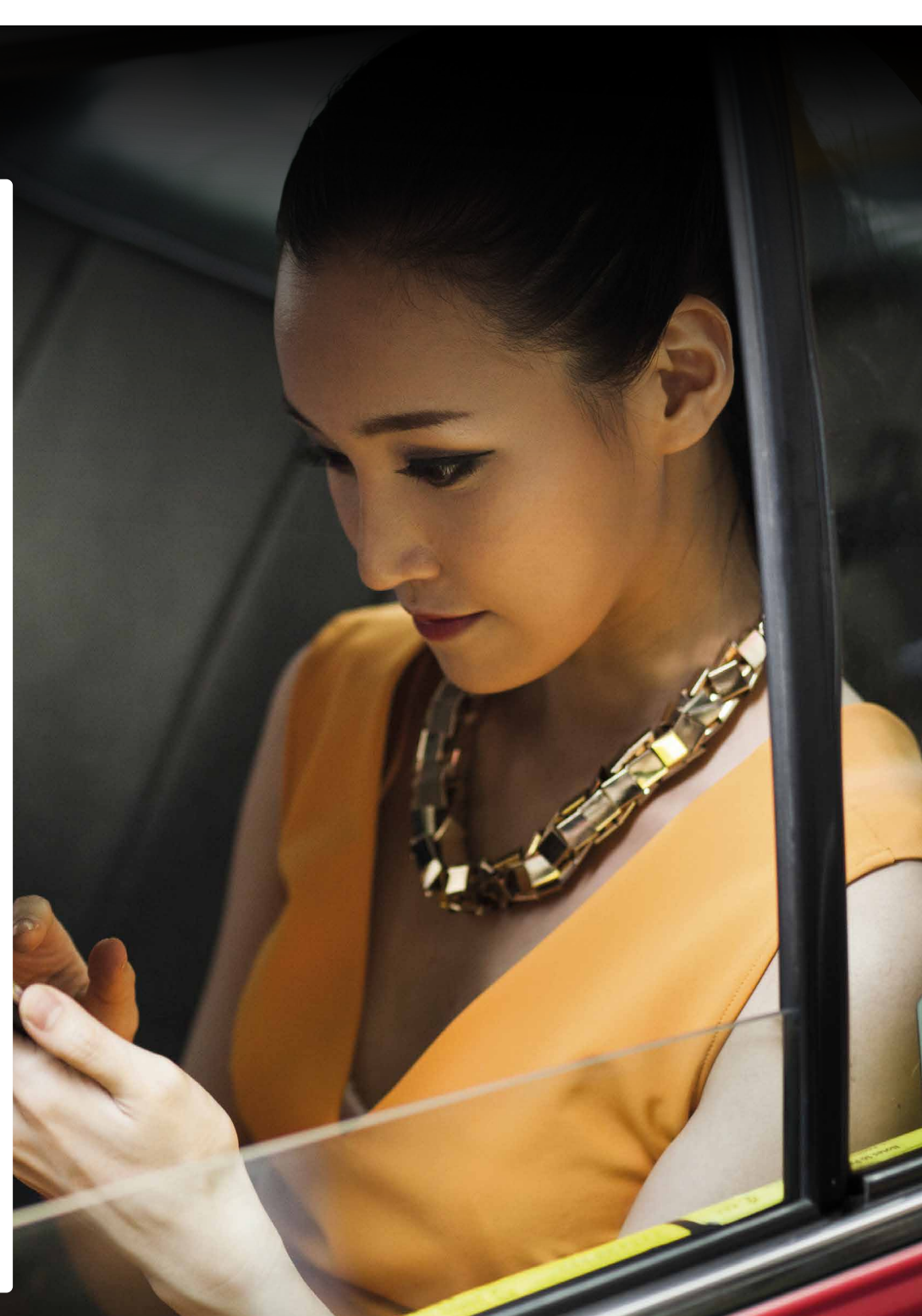
Login to the MembersWorld app, go to <https://membersworld.bupaglobal.com> or contact **us** by phone or email. When **we** have the details, **we** will send **you** and the provider a pre-authorisation statement.

### 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](mailto:info@bupaglobal.com)

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

## How to make a claim

The quickest way to submit **your** claim is to log on to **your** MembersWorld account and submit **your** claim electronically. **You** have the choice of submitting an on-line claim or uploading any completed claim form.

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

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

## Direct Settlement

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

## Pay and Claim

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

1

**You** should present **your** membership card when **you** receive **treatment**.



2

**We** send **your** **benefits provider** a pre-authorisation statement.

**We** will also send a copy to **you** on request.



3

If **you** have a **co-insurance** on a benefit or any remaining **deductible**, **we** will pay the **provider** in full and collect any **co-insurance** or remaining **deductible** from **you** using the payment details **we** hold for **you** unless **your treatment** took place in the U.S. For **treatment** in the U.S, **we** may either pay the **provider** in full and collect any share from **you** using the payment details **we** hold for **you**, or **your benefit provider** may request settlement of the balance after **we** have settled the claim with them.

If **we** need to collect any payment from **you** **we** will send **you** a statement showing the amount that **we** will be collecting from **you**.



4

**We** pay the **benefits provider** directly.



5

**We** will send **your** claim payment statement to **you**.

When **we** settle **your** claim, **your** benefits are paid in line with the limits shown in **your** 'Table of Benefits'.

If **you** have an **annual deductible**, please refer to the '**Annual deductible**' section in this guide for more details.

It is important that **you** send all **your** claims to **us**, even if the value of the claim is less than the remaining deductible.

When **you** visit **your** **benefits provider**, **you** should take a claim form with **you** so that the **medical practitioner** can fill in the medical information section.



Once **you** have received **treatment** and made a payment to **your** **benefits provider**, **you** should complete all other sections of the claim form, include the original invoices and send the claim to **us**.



**You** can submit **your** claim online via the MembersWorld app, **membersworld.bupaglobal.com** or email it to **us**.



**We** pay **you**.  
If **you** have an **annual deductible** or a co-insurance applied to **your** claim **we** will pay **you** the cost of the claim minus the percentage of the co-insurance or the amount of the remaining **annual deductible**.



A claim form can be found online at **membersworld.bupaglobal.com**

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## Deductible choices

The **deductible** is the contribution you make towards the cost of your **treatment** each policy year before receiving payment.

EUR: Nil, 350, 1,050, 4,000, 8,000, 16,000

GBP: Nil, 250, 750, 2,750, 5,500, 11,000

USD: Nil, 400, 1,600, 5,000, 10,000, 20,000

You can choose to take out your plan with or without a **deductible**, in any of the three currencies.

Taking out a **deductible** lowers your premium.

The **deductible** does not apply to Medical Evacuation and Repatriation and/or Dental.

### Change of cover\*

At an **insurance policy anniversary** you can change your cover by adding or removing a **deductible** or the following optional modules:

- Module 1: Non-**Hospitalisation** Benefits
- Module 2: Medicine and **Appliances**
- Module 3: Medical Evacuation and Repatriation
- Module 4: Dental and Optical

\* Please see the **Terms and Conditions** for more information.



# Table of Benefits

Please note that the Table of Benefits is part of the **Terms and Conditions**. It is therefore necessary to read both the Table of Benefits and the **Terms and Conditions** (including Glossary) carefully. Words written in bold in the Table of Benefits are "defined terms" which are specific terms relevant to your cover. Please check their meaning in the Glossary at the end of this **membership** guide.

**All amounts are in EUR / GBP / USD.**

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

## Hospital Plan

Payments under the Hospital Plan are effected according to the Table of Benefits below. If you have chosen a **deductible**, please note that the **benefit limits** for the benefits listed in the Table of Benefits will be reduced by any remaining **deductible**. Once your **deductible** has been reached, all covered expenses will be paid in line with your **benefit limits**. One joint **deductible** applies per person per policy year for Hospital Plan, Module 1 and Module 2 (if chosen).

For the Hospital Plan and any other modules the payments will not in any event exceed the following amounts or the overall annual maximum per person per policy year of EUR 3,600,000 / GBP 3,000,000 / USD 4,400,000.

Pre-examinations that are medically necessary in order to perform the **surgery** or **treatment** which is to take place during **hospitalisation** are covered up to 30 days prior to **hospitalisation**.

Check-ups that are medically necessary in order to verify that the **customer** is recovering successfully from the **surgery** or **treatment** received while hospitalised are covered up to 180 days after **hospitalisation**.

Physiotherapy following **surgery** is covered with up to 10 sessions.

<b>Hospital Services — during Hospitalisation</b>	<b>Hospital plan</b>
Private room (see also Glossary: ' <b>Hospital accommodation</b> ')	100%
Intensive care room	100%
Room and board for a parent or legal guardian accompanying a child dependant (see also Glossary: ' <b>Hospital accommodation</b> ')	100%
<b>Surgery</b>	100%
Initial reconstruction <b>surgery</b> , immediate or delayed, following an injury or illness (excluded corrective reconstruction <b>surgery</b> for enhancement of appearance and replacement of implant/prosthesis)	100%
Medical <b>treatment</b> , laboratory tests, X-rays, scans	100%
Medicine for use during <b>hospitalisation</b> and relevant only for the insured condition being treated	100%
Pacemaker	100%
Prescribed <b>out-patient</b> medicine up to 7 days after discharge from hospital (medicine must be licensed for the condition which was treated while hospitalised), maximum per policy year	EUR 900 / GBP 600 / USD 1,000
<b>Mental health treatment</b> provided by <b>recognised mental health providers</b>	100%

## Hospital Plan (continued)

<b>Cancer treatment</b>	
Once cancer has been diagnosed this benefit includes fees that are related specifically to planning and carrying out <b>active treatment for cancer</b> . This includes tests, diagnostic imaging, consultations and prescribed medicines (when receiving anti-hormonal drug as sole <b>treatment</b> for cancer, only the anti-hormonal drug expenses are covered)	100%
If your <b>treatment</b> involves <b>advanced therapy medicinal products (ATMP)</b> , this will be paid from the <b>ATMP</b> benefit.	

<b>Advanced therapy medicinal products (ATMPs)</b>	
<b>We pay for ATMP treatment</b> if it is:	100%, one course of <b>treatment</b> for each condition per lifetime
<ul style="list-style-type: none"> <li>○ administered by a <b>specialist</b> in the country where you receive it, and;</li> <li>○ approved by the licensing authority in the country where you receive it, for your condition, stage of disease and stage of <b>treatment</b> that you have, and;</li> <li>○ endorsed by an independent <b>specialist</b> appointed by <b>Bupa Global</b> who confirms it: <ul style="list-style-type: none"> <li>○ as medically appropriate, based on established medical practice, or</li> <li>○ is provided under a registered and ethically approved study (in this case <b>we</b> will not apply the '<b>experimental or unproven treatment</b>' exclusion).</li> </ul> </li> </ul>	
Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b> .	

<b>Out-patient Treatment in a Hospital or Clinic</b>	<b>Hospital Plan</b>
<b>Surgery*</b>	100%
Dialysis (including home dialysis), intravenous drug infusion which is only available as an infusion (must be pre-authorised by the <b>Company</b> )	100%
Endoscopic examinations	100%

\*Pre-examinations that are medically necessary in order to perform the **treatment/surgery** are covered up to 30 days prior to **treatment/surgery**. Check-ups that are medically necessary in order to verify that the **customer** is recovering successfully from the **treatment/surgery** are covered up to 180 days after **treatment/surgery**. Physiotherapy following **treatment/surgery** is covered with up to 10 sessions.

Other **out-patient treatment** is reimbursed under Module 1 - Non-**Hospitalisation** Benefits

<b>Childbirth* (after 12-month waiting period)</b>	<b>Hospital Plan</b>	<b>Hospital Plan incl. Module 1 Non-Hospitalisation Benefits</b>
Delivery and non-medically essential caesarean section incl. pre- and postnatal <b>treatment</b> for mother and child (see also art. 7.1.3). Maximum per delivery	Covered 100% up to EUR 5,725 / GBP 3,925 / USD 7,150	Covered 100% up to EUR 9,675 / GBP 6,650 / USD 12,100
Medically essential caesarean section incl. pre- and postnatal <b>treatment</b> for mother and child. (see also art. 7.1.3) Maximum per delivery	Covered 100% up to EUR 10,625 / GBP 7,325 / USD 13,200	Covered 100% up to EUR 12,650 / GBP 8,575 / USD 15,400
Delivery and caesarean following infertility treatment. Excluding pre- and postnatal <b>treatment</b> for mother and child (see also art. 12.2 f), maximum	Covered 100% up to EUR 5,725 / GBP 3,925 / USD 7,150	Covered 100% up to EUR 7,150 / GBP 4,850 / USD 8,800

\***Deductible**, if chosen, also applies to childbirth benefit. Only the amount of one full annual **deductible** will be applied to maternity claims for one pregnancy, even if the course of pregnancy spans two policy years.

## Hospital Plan (continued)

<b>Organ Transplant</b>	
Organ transplant	100%
Per diagnosis and course of <b>treatment</b> per lifetime, to include all related costs up to the financial maximum	EUR 450,000 / GBP 315,000 / USD 500,000
The <b>insurance</b> policy must be valid throughout the course of <b>treatment</b> .	
The procurement of the organ must be pre-authorized by the <b>Company</b>	
<b>Emergency Room Treatment</b>	
Emergency room <b>treatment</b> in connection with an acute illness or accident	100%
<b>Local medical transport</b>	
Ground transport to and from hospital when it is medically necessary that special medical services and/or medical equipment are provided	100%
<b>In-patient Rehabilitation</b>	
<b>We</b> 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. <b>We</b> do not pay for room and board for rehabilitation when the <b>treatment</b> being given is solely physiotherapy.	Covered 100% Maximum per day EUR 330 / GBP 220 / USD 355
<b>We</b> pay for rehabilitation, only when you have received <b>our</b> pre-authorization before the <b>treatment</b> starts, for up to 90 days' <b>treatment</b> in each <b>membership</b> year. For in-patient <b>treatment</b> one day is each overnight stay and for day-case <b>treatment</b> , one day is counted as any day on which you have one or more appointments for rehabilitation <b>treatment</b> . <b>We</b> only pay for rehabilitation where it:	
<ul style="list-style-type: none"> <li>○ starts within six weeks of in-patient <b>treatment</b> which is covered by your <b>membership</b> (such as trauma or stroke), and</li> <li>○ arises as a result of the condition which needed the in-patient <b>treatment</b> or is needed as a result of such <b>treatment</b> given for that condition</li> </ul>	
Note: in order to give pre-authorization, <b>we</b> must receive full clinical details from your consultant; including your diagnosis, <b>treatment</b> given and planned, and proposed discharge date if you receive rehabilitation.	
<b>Home Nursing</b>	
For expenses incurred for medically prescribed assistance in your private home by a certified nurse (must be pre-authorized by the <b>Company</b> )	100%
Maximum per day for maximum 40 days per policy year	EUR 130 / GBP 84 / USD 135



## Hospital Plan (continued)

<b>Hospice and palliative care</b>	
Hospice and palliative care, maximum per lifetime	EUR 30,500/ GBP 27,000/ USD 34,000
<b>Hospital Cash Benefit (see also Glossary)</b>	
If room, board and <b>treatment</b> are received free of charge or at a minor admission/service fee at a public hospital, per night maximum	EUR 90 / GBP 60 / USD 100
Maximum 60 nights per policy year (must be pre-authorized by the <b>Company</b> )	
<b>Emergency Dental Treatment</b>	
Acute emergency dental <b>treatment</b> due to serious accident requiring <b>hospitalisation</b>	100%
In case of doubt, the decision will be left with the <b>Company's</b> dental consultant	

## Module 1 Non-Hospitalisation Benefits

Payments under this module are according to the Table of Benefits below. If you have chosen a **deductible**, please note that the **benefit limits** for the benefits listed in the Table of Benefits will be reduced by any remaining **deductible**. Once your **deductible** has been reached, all covered expenses will be paid in line with your **benefit limits**. One joint **deductible** applies per person per policy year for Hospital Plan, Module 1 and Module 2 (if chosen).

Payments will not in any event exceed the following amounts or the annual maximum limit of EUR 35,000 / GBP 25,000 / USD 35,000.

<b>General Practitioners and Specialists*</b>	
GP consultations, per consultation	EUR 220 / GBP 175 / USD 235
Chinese doctor consultation (if charged separately), per consultation	EUR 30 Maximum per policy year EUR 300 GBP 22 Maximum per policy year GBP 220 USD 30 Maximum per policy year USD 300
Eye and ear <b>specialists</b> /other <b>specialists</b> , per consultation	EUR 220 / GBP 175 / USD 235
Psychiatrists, per consultation	EUR 220 / GBP 175 / USD 235

## Module 1

### Non-Hospitalisation Benefits (continued)

<b>Psychologist and psychotherapist*</b>	
<b>Psychologist</b> and <b>psychotherapist</b> , per consultation	EUR 220 / GBP 175 / USD 235
*A combined maximum of 15 consultations within a 30-day period for GP/ <b>Specialists</b> and <b>Psychologist/Psychotherapist</b>	
<b>Therapists</b>	
Dietetic advice, speech therapy per consultation Maximum four consultations per policy year	EUR 50 / GBP 40 / USD 50
Physiotherapist, occupational therapist, per consultation	EUR 95 Maximum per policy year EUR 1,050 GBP 70 Maximum per policy year GBP 700 USD 95 Maximum per policy year USD 1,200
Chiropractor/osteopath (including Chinese bonesetter) all inclusive, per consultation	EUR 65 Maximum per policy year EUR 1,050 GBP 50 Maximum per policy year GBP 700 USD 65 Maximum per policy year USD 1,200
<b>Full health screening</b>	
Full health screening, all inclusive, per policy year	EUR 900 / GBP 800 / USD 1,000
<b>Examinations and other Medical Assistance</b>	
Laboratory test, analysis, maximum	100%
X-ray	EUR 450 / GBP 305 / USD 500
ECG	EUR 450 / GBP 305 / USD 500
Scan, per examination	EUR 1,020 / GBP 780 / USD 1,200
Injection and vaccination, per injection/vaccination	EUR 85 / GBP 65 / USD 100
Acupuncture and homeopathic <b>treatment</b> , performed by complementary medicine practitioners when they are appropriately qualified and registered to practice in the country where <b>treatment</b> is received. This includes the cost of both the consultation and <b>treatment</b> , including any complementary medicine prescribed or administered as part of <b>treatment</b> . Should any complementary medicines or <b>treatments</b> be supplied or carried out on a separate date to a consultation, these costs will be treated as a separate visit	EUR 55 / GBP 35 / USD 60

## Module 2

### Medicine and Appliances

Payments under this module are according to the list below. If you have chosen a **deductible**, please note that the **benefit limits** for the benefits listed in the Table of Benefits will be reduced by any remaining **deductible**. Once your **deductible** has been reached, all covered expenses will be paid in line with your **benefit limits**. One joint **deductible** applies per person per policy year for Hospital Plan, Module 1 and Module 2 (if chosen).

<b>Hearing Aids</b>	
Prescribed hearing aids, per <b>appliance</b> , maximum	Covered 50% up to EUR 300 / GBP 200 / USD 325
Maximum two <b>appliances</b> are reimbursed per policy year up to maximum	Covered 50% up to EUR 600 / GBP 400 / USD 650

<b>Other Appliances</b>	
Slings and bandages	100%
Arch support	100%
Medical <b>appliances</b>	100%

<b>Medicine</b>	
Prescribed medicine and traditional Chinese medicine	100%
Traditional Chinese medicine administered by a traditional Chinese practitioner (with the exception of the <b>treatment</b> listed in art 12.2 r)	Maximum per policy year EUR 375/GBP 260/USD 450 for traditional Chinese medicine
Limited to recognised traditional Chinese practitioners registered to practice locally	
Medicine and other <b>appliances</b> are reimbursed up to an annual maximum of	EUR 3,000 / GBP 2,000 / USD 3,300

## Module 3

### Medical Evacuation and Repatriation

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

<b>Medical Evacuation and Repatriation</b>	
Transportation expenses by aeroplane or helicopter	100%
Accompanying person	100%
Return journey to residential address abroad/home country within three months after completion of <b>treatment</b>	100%
Statutory arrangements in case of death, such as embalming and zinc coffin Transportation of the urn/coffin	100%

Expenses are covered up to the overall annual maximum of your policy.

In all circumstances, **we** must be notified before the transport takes place, either directly or through the attending **specialist**.

Medical Evacuation and Repatriation must be pre-authorised by the **Company**.



## Modules 4A and 4B Dental and Optical

Payments under these two modules are effected at 50-80%, but they will not in any event exceed the following amounts or the respective annual maximums of Module 4A: EUR 5,000 / GBP 3,500 / USD 5,000 and Module 4B: EUR 7,500 / GBP 5,000 / USD 7,500.

Eye check performed by optician/optometrist Module 4A and 4B maximum per policy year EUR 240 / GBP150 / USD 240.

Dental Treatment	Module 4A	Module 4B
Examinations, maximum	Covered 80% up to EUR 30 / GBP 25 / USD 30	Covered 80% up to EUR 50 / GBP 40 / USD 50
Tooth cleaning, maximum	Covered 80% up to EUR 50 / GBP 30/ USD 50	Covered 80% up to EUR 70 / GBP 40 / USD 70
Fillings per tooth, maximum	Covered 80% up to EUR 80 / GBP 55 / USD 80	Covered 80% up to EUR 130 / GBP 80 / USD 130
Root <b>treatment</b> per tooth, maximum	Covered 80% up to EUR 380 / GBP 245 / USD 380	Covered 80% up to EUR 540 / GBP 370 / USD 540
Tooth extractions per tooth, maximum	Covered 80% up to EUR 75 / GBP 40 / USD 75	Covered 80% up to EUR 145 / GBP 90 / USD 145
<b>Surgery</b> , maximum	Covered 80% up to EUR 160 / GBP 110 / USD 180	Covered 80% up to EUR 465 / GBP 320 / USD 520
X-ray, maximum	Covered 80% up to EUR 60 / GBP 30 / USD 60	Covered 80% up to EUR 70 / GBP 50 / USD 70
Anaesthesia, maximum	Covered 80% up to EUR 30 / GBP 20 / USD 30	Covered 80% up to EUR 50 / GBP 40 / USD 50

Special Dental Treatment	Module 4A	Module 4B
Bridgework Crowns Dental implants Periodontitis Orthodontics (tooth adjustment) (after a 24-month <b>waiting period</b> ) Dentures	Covered 50% Maximum per policy year for special dental <b>treatment</b> EUR 2,650 / GBP 2,000 / USD 2,650	Covered 50% Maximum per policy year for special dental <b>treatment</b> EUR 3,650 / GBP 2,750 / USD 3,650

Glasses and Contact Lenses	Module 4A	Module 4B
One pair of glasses (excl. frames)	80% Maximum per policy year EUR 160 / GBP 100 / USD 160	80% Maximum per policy year to EUR 220 / GBP 150 / USD 220
Contact lenses	80% Maximum per policy year EUR 100 / GBP 60 / USD 100	80% Maximum per policy year EUR 130 / GBP 80 / USD 130

Frames and sunglasses are not covered

Eye check	Module 4A	Module 4B
Eye check performed by optician/optometrist, per policy year	Maximum EUR 240 / GBP 150 / USD 240	Maximum EUR 240 / GBP 150 / USD 240

# Terms and Conditions

Words written in bold in the Terms and Conditions are "defined terms" which are specific terms relevant to your cover. Please check their meaning in the Glossary at the end of this membership guide.

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## Art. 1

### Acceptance of the insurance

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

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

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

1.3: In the event of a change in the **applicant's** state of health after the **application** has been signed and before the **Company's** approval thereof, the **applicant** shall contact the **Company** and tell **us** of the change immediately.

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

## Art. 2 Original date of joining

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

## Art. 3 Waiting periods in connection with new insurance contracts and extension of cover

3.1: When a new **insurance** contract is entered into, the right to payment under the new **insurance** contract shall only take effect four weeks after the **original date of joining** of the **insurance**.

However, this does not apply when the **policyholder** can prove simultaneous transference from an equivalent insurance with another international health insurance company.

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

3.1.2: The **waiting periods** listed will also apply for the **insurance** contract:

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

b) for expenses incurred for orthodontics the right to payment shall only take effect 24 months after the **original date of joining** of the **insurance**.

3.2 This contract lasts one year. The **policyholder** can ask to make changes to the **deductible** and to optional modules. To do this they must give the **Company** one month's notice. Any changes take effect on the next **policy anniversary**. The currency the **policyholder** chose cannot change. 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.

3.3 To improve their cover, they will need to complete a medical history form. This means that **we** may add new special restrictions or exclusions to your new cover. These are personal to you.

3.4: Any improved cover has a **waiting period** of four weeks. During the **waiting period**, the previous cover applies. If a benefit has a **waiting period** of longer than four weeks, that longer **waiting period** applies.

3.4.1: **We** won't apply the four-week **waiting period** if you have:

- an **acute serious illness**, or
- a **serious injury**.

## Art. 4

### Who is covered by the insurance?

4.1: The **insurance** shall cover the **customer(s)** named in the **insurance certificate**, including children registered therein.

4.2: Children under 10 years of age can be insured at no extra cost with identical coverage of the paying adult if the requirements for acceptance on **standard terms**, see also Art. 1.2, are met. A maximum of two children at no extra cost per paying adult, and a total maximum of four children at no extra cost per **insurance** apply.

4.2.1: Cover at no extra cost for children depends on:

- the child being registered with the **Company**, and
- one of the **customers** having legal custody of the child, and
- the child being registered at the same address as the **customer** having legal custody of the child.

4.3: An **application** must be submitted for each person the **policyholder** wishes to add to the **insurance**, including newborn children.

4.3.1: If the **insurance** of one of the parents has been valid for a minimum of 12 months, newborn children of the parent can be insured, irrespective of Art. 1.2, without submitting an **application**, see also however, Art. 12.2 f). A copy of the birth certificate must, however, be submitted within three months after the birth.

If the birth certificate is not submitted to the **Company** within three months after the birth, a Medical Questionnaire must be submitted for the child who has to undergo the standard underwriting procedure according to Art. 1.2. Registration of the child will take place from the date the Medical Questionnaire has been signed.

4.3.2: In case of adoption and for children born as a result of infertility treatment and/or born by a surrogate, the **customer** must submit a Medical Questionnaire for such children.

## Art. 5

### Where is cover provided?

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

## Art. 6

### What is covered by the insurance?

6.1: The **insurance** shall cover the medical expenses incurred by the **customer** in accordance with the cover chosen and the applicable Table of Benefits. The benefits for which expenses are covered and the **benefit limits** are stated in the Table of Benefits.

6.2: Payment shall be paid following **our** approval of the expenses as being covered by the **insurance** after the receipted and itemised invoices, provided with the **membership** number and claim form, have been received by **us**. (see also 'Quick Reference Guide').

6.3: Once the covered expenses have met the annual **deductible**, the amount payable will be paid. If your claim is for an amount higher than the value of your **deductible** or remaining **deductible**, we will pay for covered expenses after the **deductible** has been met in full. Once your **deductible** has been reached, all covered expenses will be paid in line with your **benefit limits**. The **deductible** shall apply per person per policy year.

6.3.1: In case of an accident where three or more **family members** insured with the **Company** are involved, only one **deductible**, the highest, is applied.

6.4: Medical practitioners performing **treatment** must have authorisation in the country of practice. Medical providers and facilities must also be authorised (see also art. 12.2 n).

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

**customer** and the **Company**.

6.6: Payments shall be limited to the usual, **reasonable and customary** charges in the area or country in which the **treatment** is provided.

6.7: Any discount which has been negotiated directly between the **Company** and providers will be specifically used by the **Company** for the overall benefit of the **customers** within the **insurance** product as a whole.

6.8: Any ex-gratia payments are at the **Company's** discretion. If the **Company** makes a payment to which the **customer** is not entitled under the **insurance**, this will still count toward the annual maximum per person per policy year.

6.8.1: The **Company** will not pay for any **treatment** or condition that is not covered by the **customer's insurance** cover, even if the **Company** has paid an earlier claim for similar or identical **treatments** or conditions, including where such earlier payment was made at the **Company's** error.

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

## Art. 7

### Hospital Plan

7.1: The Hospital Plan must be taken out before any other optional module(s) can be added. The following terms shall also apply:

7.1.1: The Hospital Plan shall cover the medical expenses incurred by the **customer's hospitalisation** in accordance with the **deductible** chosen and the applicable **benefit limits** as stated in the Table of Benefits. The **customer** must be hospitalised in order to get payment under this plan.

7.1.2: The **Company** shall be notified immediately of any stays in hospital in accordance with Art. 13.3.

7.1.3: Maternity benefits are covered in accordance to the **benefit limits** listed in the List of Table of Benefits and include routine postnatal care for the newborn. Routine postnatal care includes **treatment** of physiological jaundice if not caused by an underlying disease and the newborn's hospital stay does not exceed the mother's hospital stay.

## Art. 8

### Module 1: Non-Hospitalisation Benefits

8.1: If the **insurance** has been extended to include Module 1, the following terms shall also apply:

8.1.1: Module 1 can only be taken out as a supplement to the Hospital Plan.

8.1.2: Module 1 shall cover the **customer's** expenses in accordance with the **deductible** chosen and the applicable **benefit limits** as stated in the Table of Benefits.

8.1.3: Any invoice for expenses incurred by **out-patient treatment** shall be reported by submitting the receipted and itemised invoices provided with the **membership** number and claim form to **us**. **Specialists'** invoices must also include a diagnosis of the illness being treated.

## Art. 9

### Module 2: Medicine and Appliances

9.1: If the **insurance** has been extended to include Module 2, the following terms shall also apply:

9.1.1: Module 2 can only be taken out as a supplement to the Hospital Plan.

9.1.2: Module 2 shall cover the expenses in accordance with the **deductible** chosen and the applicable **benefit limits** as stated in the Table of Benefits.

9.1.3: Any invoice for expenses incurred by **out-patient** medicine and **appliances** shall be reported by submitting the receipted and itemised invoices provided with the **membership** number and claim form to **us**. Invoices for medicine should also be accompanied by a copy of the prescription.

## Art. 10

### Module 3: Medical Evacuation and Repatriation

10.1: If the **insurance** has been extended to include Module 3, the following terms shall also apply:

10.1.1: Module 3 can only be taken out as a supplement to the Hospital Plan.

10.1.2: Module 3 shall cover the reasonable expenses incurred for the **customer's** medical evacuation/repatriation in the event of **acute serious illness**, **serious injury** or death in accordance with the applicable **benefit limits** as stated in the Table of Benefits.

10.1.3: Cover shall be provided depending on the attending **specialist** and the **Company's** medical consultant agreeing on the necessity of transferring the **customer** and agreeing whether the **customer** should be transferred to his/her **country of residence**/home country or to the nearest appropriate place of **treatment**. In case of disagreement, the decision of the **Company's** medical consultant shall prevail.

The evacuation expenses for transportation are only covered if the transportation is arranged or pre-authorised by the **Company**.



10.1.4: The expenses for transportation covered under the **insurance**, but not arranged by the **Company**, shall only be compensated with an amount equivalent to the expenses the **Company** would have incurred, had the **Company** arranged the transportation.

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

10.1.6: One transportation is covered in connection with one course of an illness.

10.1.7: Module 3 shall only apply if the illness is covered under the **insurance**.

10.1.8: In the event that the **customer** is evacuated/repatriated for the purpose of receiving **treatment**, he/she and the accompanying person, if any, shall be reimbursed for the expenses for a return journey to the **customer's** place of residence/home country. The return journey shall be made within three months after **treatment** has been completed. Cover shall only be provided for travel expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

10.1.9: In the event that the **customer** has received **treatment** covered by the **insurance**, but now has reached the **terminal phase**, he/she and the accompanying person, if any, shall be reimbursed for the expenses of the return journey to the **customer's** place of residence.

10.1.10: In the event of death, expenses shall be reimbursed for home transportation of the deceased and for statutory arrangements such as embalming and a zinc coffin.

The next of kin have the following options:

a) cremation of the deceased and home transportation of the urn, or

b) home transportation of the deceased.

10.1.11: The **Company** cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition

beyond the **Company's** control.

## Art. 11 Modules 4A and 4B: Dental and Optical

11.1: If the **insurance** has been extended to include Module 4, the following terms shall also apply:

11.1.1: Module 4 can only be taken out as a supplement to the Hospital Plan.

11.1.2: Module 4 shall cover the **customer's** expenses for dental **treatments** and glasses and lenses in accordance with the applicable **benefit limits** as stated in the Table of Benefits.

11.1.3: Any invoice for expenses incurred by dental **treatment** and glasses and lenses shall be reported by submitting the receipted and itemised invoices provided with the **membership** number and claim form to **us**.

## Art. 12 Exceptions to cover

12.1: The **insurance** shall not cover expenses incurred for any disease, illness or injury known to the **policyholder** and/or the dependant at the time of **application**, unless agreed upon with the **Company**.

12.2: Furthermore, the **Company** shall not be liable for any expenses which concern, are due to or are incurred as a result of:

a) non-medically essential or cosmetic **surgery** and **treatment, treatment** of keloid scars and/or scar revision, even if the scar is causing a functional problem,

b) **treatment** for, or needed as a result of obesity,

c) any harmful or hazardous use of alcohol, drugs and/or medicines: **treatment** for or arising directly or indirectly, from the deliberate, reckless (including where the **customer** has displayed a blatant disregard for his/her personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and in any event, from the illegal use of any such substance,

d) contraception, including sterilisation,

e) induced abortion unless medically prescribed,

f) any kind of infertility test and/or **treatment**, including hormone **treatment**, insemination or examinations and any procedures related hereto, including expenses for pregnancy, pre- and postnatal **treatments** of the mother and the newborn child/children. An **application** must therefore be submitted for children born as a result of infertility **treatment** and/or born by a surrogate mother. The **application** will undergo the standard underwriting procedure, according to Art. 1.

g) sexual problems and gender issues: sexual problems, such as impotence, whatever the cause, or sex changes or gender reassignments,

h) hospital stay when it is used solely or primarily for any of the following purposes: receiving general nursing care or any other services which do not require the **customer** to be in a hospital and could be provided in a nursing home or other establishment that is not at hospital; receiving services which would not normally require trained medical professionals (eg help in walking and bathing) and pain management,

i) **treatment** by naturopaths or homoeopaths and naturopathic or homoeopathic medications and other alternative methods of **treatment**, unless specified in the Table of Benefits,

j) health certificates,

k) **treatment** of diseases during military service,

l) **treatment** for sickness or injuries directly or indirectly caused by the **customer** putting him/herself in danger by entering a **known area of conflict** as listed below:  
war, invasion, acts of a foreign enemy, hostilities (whether war has been declared or not), civil war, terrorist acts, rebellion, revolution, insurrection, civil commotion, military or usurped power, martial law, riots or the acts of any lawfully constituted authority, or army, naval or air services operations whether war has been declared or not,

m) nuclear reactions or radioactive fallout,

n) **treatment** performed by an **unrecognised medical practitioner, provider or facility**,

o) **treatment** or **surgery** to correct refractive errors in the eyesight (due to eg myopia, hyperopia/hypermétropia, astigmatism and presbyopia) such as laser **treatment**, refractive keratotomy and photorefractive keratectomy, clear lens extraction, or accommodative intraocular lenses,

p) any **experimental or unproven treatment**, including diagnostic investigation, testing or **treatment** (including medicine) which is experimental due to lack of **acceptable current clinical evidence**,

q) any **treatment** or medicine which is not proven to be effective based on **acceptable current clinical evidence**,

r) any of the following traditional Chinese medicines: cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American Ginseng; Radix Ginseng Silvestris; antelope horn powder; placenta hominis; Agaricus blazei murill; musk; and pearl powder, rhinoceros horn and substances from Asian Elephant, Sun Bear, and Tiger or other endangered species,

s) in-patient **treatment** for more than 90 continuous days for permanent neurological damage or when the **customer** is in a **persistent vegetative state**. This article only applies to **insurances** with an **original date of joining** on or after 1 January 2017.

t) Artificial Life Maintenance, including mechanical ventilation, when the patient is in a state of profound unconsciousness and/or with no sign of awareness or a functioning mind, where such **treatment** will not or is not expected to result in the **customer's** recovery or restore the **customer** to the **customer's** previous state of health. This means, eg cover is not provided when the **customer** is unable to feed and breathe independently and requires percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days. This article only applies to **insurances** with an **original**

**date of joining** on or after 1 January 2017.

u) any genetic testing, unless medically necessary

- as the result of the test will directly impact the **treatment** of an existing covered disease, or
- for prenatal testing due to suspicion of fetal abnormality.

## Art. 13 Making a claim

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

13.2: 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.

13.2.1: **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.

13.3: **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.

13.4: **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**.

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

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

13.6.1: **We** only make payments to the:

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

13.6.2: **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.

13.6.3: 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.

13.6.4: **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.

13.6.5: 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.

13.7: 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.

13.7.1: 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.

13.8: 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.

13.8.1: If the **customer** makes a fraudulent claim, **we** can cancel the policy. This will be from the date of that claim.

13.8.2: If a dependant makes a fraudulent claim, **we** can cancel their cover. This will be from the date of that claim.

13.8.3: 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.

## Art. 14

### Cover by third parties

14.1: 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.

14.1.1: When **we** receive an itemised statement from another insurer and a copy of the invoices the **Company** will apply the amount reimbursed by that other insurer to write down the existing **deductible** and/or co-insurance on the **customer's Bupa Global health insurance** plan(s) if the reimbursed benefits would have been covered by **Bupa Global**.

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

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

14.1.3: If the claim is covered in whole or in part by any scheme, programme or similar, funded by any Government, the **Company** shall not be liable for the amount covered.

14.1.4: Where there is cover by another insurance policy or healthcare plan, **we** must be told when claiming payment, and the cover under this **insurance** will be secondary to any other insurance policy or healthcare plan.

14.2: **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.

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

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

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

## Art. 15 Payment of premium

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

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

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

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

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

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

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

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

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

## Art. 16 Information necessary to the Company

16.1: The **policyholder** and/or the dependant shall be under the obligation to tell the **Company** by email, letter or phone of any changes of name or address, change in residency, and changes in health insurance cover with another company, including a consolidated company. The **policyholder** should immediately tell the **Company** if any of the **customers** become a permanent resident of the U.S., as described under Article 17.7. The **Company** must also be notified in the event of death of the **policyholder** or a dependant. The **Company** shall not be liable for the consequences if the **policyholder** and/or the dependant fails to tell the **Company** in such events.

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

16.3: The **Company** will also be entitled to ask for information about the **customer's** state of health and to contact any hospital or **specialist** who is treating or has been treating the **customer** for physical or mental illnesses or disorders. The **Company** will also be entitled to ask for any medical records or other written reports and statements about the **customer's** state of health.

16.4: The **Company** fully complies with applicable data protection legislation (see also art. 19.1). Generally, **we** therefore cannot disclose any personal or sensitive information (eg. medical information) nor discuss cases with anyone not authorised by the **customer** in question. It is therefore recommended that the **customer** authorises any person he or she wants to share information with. A third party authorisation form will be provided by the **Company** on request.

## Art. 17 Assignment, cancellation, termination and expiry

17.1: Without the prior written consent of the **Company**, no party shall be entitled to create a charge on or assign the rights under the **insurance**.

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

17.2.1: The **insurance** may be terminated by the **policyholder** with effect from 30 days' prior notice by email, letter or phone.

**17.2.2: The policyholder has the right to withdraw from the purchase of the insurance. The period during which the insurance can be withdrawn lasts 28 days and begins on the date on which the policyholder has entered into the insurance agreement. This will normally be on the date on which the policyholder has purchased the insurance and/or received**

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

17.3: When applying for the **insurance** or any time after, the **policyholder** and/or the dependant has fraudulently changed original **documents** or disclosed incorrect information or withheld facts which may be regarded as being of importance to the **Company**, the **insurance** contract shall be void and shall not be binding on the **Company**.

17.4: When applying for the **insurance** or any time after, the **policyholder** and/or the dependant has disclosed incorrect information, the **insurance** contract shall be void, and the **Company** shall not be liable if the **Company** would not have accepted the **insurance** if the correct information had been disclosed. If the **Company** would have accepted the **insurance** but on other terms, the **Company** shall be liable to the extent to which the **Company** would have undertaken the obligations in accordance with the agreed premium.

17.4.1: In the event that the **insurance** contract is void, according to Art. 17.3 or Art 17.4, the **Company** shall be entitled to a service charge which is set as a specified percentage of the premium paid.

17.5: Where upon taking out the **insurance**, the **policyholder** and/or the dependant neither knew nor should have known that the information disclosed by him/her was incorrect, the **Company** shall be liable as if such in-correct information had not been disclosed.

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

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

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

'Permanent resident' shall mean a person residing in the U.S. who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in the U.S., and 'U.S.' shall include the Commonwealth of Puerto Rico for this purpose.

This Art. 17.7 only applies to **insurances** with an **original date of joining** after 31 December 2015.

17.8: Sanction clause

The **Company** will not provide cover nor pay claims under this **insurance** policy if the **Company's** obligations (or the obligations of the **Company's** group companies and administrators) under the laws of any relevant jurisdiction, including

UK, European Union, the United States of America, or international law, prevent the **Company** from doing so. The **Company** will normally tell the **policyholder** if this is the case unless this would be unlawful or would compromise the **Company's** reasonable security measures. This **insurance** policy does not provide cover to the extent that such cover would expose the **Company** (or the **Company's** group companies and administrators) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, UK or United States of America, or under other relevant international law. This Art. 17.8 only applies to **insurances** with an **original date of joining** on or after 1 January 2016.

17.9: The **Company's** liability in connection with the **insurance**, including liability for payment for medical expenses for ongoing **treatment**, after-effects or consequential damages in connection with an injury or illness incurred or treated during the **insurance** period, shall automatically cease upon expiry, cancellation or termination of the **insurance**.

Accordingly, upon expiry, cancellation or termination of the **insurance**, a **customer's** right to claim payment shall cease. Claims for payment of medical expenses incurred during the **insurance** period must be filed within six months of the date of expiry, cancellation or termination of the **insurance** in order to be paid.

## Art. 18 Complaints

18.1: How can I make a complaint?

- call **us**: +44 (0) 1273 323 563
- email: [info@bupaglobal.com](mailto: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.

18.2: External appeal

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

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

- writing to them at Anker Heegaards Gade 2, 1, DK-1572 Copenhagen V, Denmark
- calling them on +45 33 15 89 00

More details can be found on their website [www.ankeforsikring.dk](http://www.ankeforsikring.dk)

For more information about the UK 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](mailto:complaint.info@financial-ombudsman.org.uk)

For more details go to: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

## Art. 19 Confidentiality

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

## Art. 20 The Financial Services Compensation Scheme (FSCS)

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

## Art. 21 Applicable Law

21.1: The policy is governed by Danish law. Any dispute that cannot otherwise be resolved will be dealt with by courts in Denmark. If any dispute arises as to the interpretation of this **document**, then the English version of this **document** shall be conclusive and take precedence over any other language version of this **document**. A copy can be obtained at any time by contacting **our** Customer Service on +44 (0) 1273 323563 or write an email to info@bupaglobal.com.

# Privacy Notice

**Last updated:** March 2022

**We** are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information **we** collect about you and how **we** use and protect it. It also provides information about your rights. The information **we** process about you, and **our** reasons for processing it, depends on the products and services you use. You can find more details in **our** full privacy notice available at:

www.bupaglobal.com/privacypolicy. If you do not have access to the internet and would like a paper copy of the full privacy notice, or if you have any questions about how **we** handle your information, please contact the **Bupa Global** service team on +44 (0) 1273 323 563. Alternatively, you can email or write to the team via info@bupaglobal.com or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom.

## Information about Bupa Global

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

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

### 1. What this privacy notice covers

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

### 2. How we collect personal information

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

### 3. Categories of personal information

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

screening activity).

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

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

### 5. Profiling and automated decision-making

Like many businesses, **we** sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information **we** think will interest you (including discounts on **our** products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in **our** full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

### 6. Sharing your information

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

### 7. International transfers

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

### 8. How long we keep your personal information

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

### 9. Your rights

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

## 10. Data protection contacts

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

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

## Glossary

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

Defined term	Description
<b>Acceptable current clinical evidence:</b>	International medical and scientific evidence which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people and clinical trials which are not registered.
<b>Active treatment for cancer</b>	<b>Active treatment for cancer</b> is chemotherapy, radiotherapy and immunotherapy.
<b>Acute serious illness:</b>	An " <b>acute serious illness</b> " shall be determined to exist only after review and agreement by both the attending <b>specialist</b> and the <b>Company's</b> medical consultant.
<b>Advanced therapy medicinal products (ATMPs)</b>	<b>Treatments</b> that are based on genes, tissues or cells, for example Chimeric Antigen Receptor (CAR) T-cell <b>treatment</b> .
<b>Appliances:</b>	Durable medical equipment that: <ul style="list-style-type: none"> <li>○ can be used more than once</li> <li>○ is not disposable</li> <li>○ is used to serve a medical purpose</li> <li>○ is not used in the absence of a disease, illness or injury</li> <li>○ is fit for use in the home.</li> </ul>
<b>Applicant:</b>	A person named on the <b>Application</b> Form and the Medical Questionnaire as an <b>applicant</b> for <b>insurance</b> .
<b>Application:</b>	The <b>Application</b> Form and Medical Questionnaire.
<b>Benefit limits:</b>	The maximum amount of money which will be paid by way of payment of medical expenses as detailed in the Table of Benefits.
<b>Bupa Global (incl. we/us/our):</b>	Bupa Insurance Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.

Defined term	Description
<b>Bupa Group</b>	<b>Bupa Global</b> , Bupa Insurance Services Limited and all other companies in the <b>Bupa Group</b> , and those companies which provide any administration of this policy on behalf of <b>Bupa Global</b> .
<b>Company, the</b>	Bupa Insurance Limited, a company registered in England No. 3956433 – the sole insurer of this plan. <b>Our</b> address is: Bupa, 1 Angel Court, London EC2R 7HJ, UK
<b>Country of residence:</b>	The country where the <b>customer</b> is living/spending most of his/her time. This should be the country in which the relevant authorities (such as tax authorities) will treat the <b>customer</b> as a resident for the duration of the <b>insurance</b> .
<b>Customer:</b>	The <b>policyholder</b> and/or all other insured persons as listed in the valid <b>insurance certificate</b> .
<b>Deductible:</b>	The total amount of money noted in the <b>insurance certificate</b> which each <b>customer</b> agrees to pay each policy year before being reimbursed by the <b>Company</b> .
<b>Documents:</b>	Any written information related to the <b>insurance</b> including invoices, <b>insurance certificates</b> and the like.
<b>Due date:</b>	Date on which a premium is due to be paid.
<b>End date:</b>	The date shown on the <b>insurance certificate</b> that the policy is renewed, marking the end of the <b>insurance</b> period but not the end of the <b>insurance</b> cover.

Defined term	Description
<b>Experimental or unproven treatment:</b>	Clinical tests, <b>treatments</b> , equipment, medicines, devices or procedures that are unproven or investigational with regards to safety and efficacy.  This includes: <ul style="list-style-type: none"> <li>○ any test, <b>treatment</b>, equipment, medicine, device or procedure that is not in standard clinical use but is (or should, in <b>Bupa Global's</b> reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy.</li> <li>○ any tests, <b>treatment</b>, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by <b>Bupa Global</b> in line with its criteria for standard clinical use.</li> </ul>
	Standard clinical use includes: <ul style="list-style-type: none"> <li>○ <b>treatment</b> agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved though the UK Cancer Drugs Fund), Royal Colleges or equivalent national <b>specialist</b> bodies in the country of <b>treatment</b>;</li> <li>○ the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or Bupa's in-house Clinical Effectiveness team) indicate that the <b>treatment</b> is safe and effective;</li> <li>○ where the <b>treatment</b> has received full regulatory approval by the licensing authority (e.g. U.S. Food and Drug Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency) in the location where the <b>customer</b></li> </ul>



has requested **treatment**, and is duly licensed for the condition and patient population being requested (please note – full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or

- tests, **treatments**, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which **treatment** is requested.

Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not 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.

**Family members:** Persons of a family relationship (related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.

**Hospital accommodation:** Coverage of a room that is no more expensive than the hospital's standard single room with a private bathroom. Charges for the **customer's** standard meals and refreshments are also covered. The charges will be paid for the length of stay that is medically appropriate for the procedure the **customer** is admitted for and any accompanying relative (if covered under the **insurance** plan).

Defined term	Description
<b>Hospital cash benefit:</b>	This benefit is paid instead of any other benefit for each night you receive eligible in-patient <b>treatment</b> without charge or at a minor admission/service fee at a public hospital.  To claim this benefit, the <b>customer</b> needs to ask the hospital to sign and stamp a letter or claim form stating that the <b>customer</b> was treated with no charge or at a minor admission/service fee.
<b>Hospitalisation:</b>	<b>Surgery</b> or medical <b>treatment</b> in a hospital or clinic as an in-patient when it is medically necessary to occupy a bed overnight.
<b>Insurance Certificate:</b>	Policy details showing the type of <b>insurance</b> purchased, <b>deductible</b> and any <b>special terms</b> .
<b>Insurance:</b>	The <b>Terms and Conditions</b> and <b>insurance certificate</b> representing the <b>insurance</b> contract with the <b>Company</b> and setting out the scope of the <b>insurance</b> terms, the premium payable, <b>deductible</b> and <b>benefit limits</b> .
<b>Known area of conflict:</b>	<b>Known area of conflict</b> is a country or part of a country, which the <b>customer's</b> resident country's Foreign Ministry classify in the red category (or equivalent category) and warns its people not to go. If in doubt, the advice of the UK government's website prevails.
<b>Membership:</b>	Your <b>insurance</b> with <b>Bupa Global</b> .
<b>Mental health treatment:</b>	<b>Treatment</b> of mental conditions, including eating disorders.
<b>Original date of joining:</b>	The date on which the <b>insurance</b> commences, unless otherwise stated in the <b>terms and conditions</b>
<b>Out-patient:</b>	<b>Treatment</b> provided at a hospital, <b>out-patient</b> clinic or associated facility where it is not medically necessary to occupy a bed overnight.

Defined term	Description
<b>Persistent vegetative state</b>	<b>Persistent vegetative state:</b> • state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and • the person does not respond to stimuli such as calling their name, or touching.  The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.
<b>Policy anniversary:</b>	Each anniversary of the date the <b>policyholder</b> joined the <b>insurance</b> .
<b>Policyholder:</b>	The person shown as the <b>policyholder</b> on the <b>Application Form</b> .
<b>Pre-existing condition:</b>	The medical history, including the illnesses and conditions listed in the Medical Questionnaire or declared in your <b>application</b> , which may affect the <b>Company's</b> decision to insure or not to insure or to impose <b>special terms</b>
<b>Psychologist and psychotherapist:</b>	A person who is legally qualified and is permitted to practice as such in the country where the <b>treatment</b> is received.
<b>Reasonable and Customary</b>	The 'usual', or 'accepted standard' amount payable for a specific healthcare <b>treatment</b> , procedure or service in a particular geographical region, and provided by 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 <b>our</b> experience of usual, and most common, charges in that region.
<b>Recognised mental health providers:</b>	Psychiatrist, <b>psychologist</b> and <b>psychotherapist</b> .
<b>Renewal:</b>	The automatic <b>renewal</b> of the <b>insurance</b> as per the <b>policy anniversary</b> .

Defined term	Description
<b>Serious injury:</b>	A " <b>serious injury</b> " shall be determined to exist only after review and agreement by both the attending <b>specialist</b> and the <b>Company's</b> medical consultant.
<b>Special terms:</b>	Restrictions, limitations or conditions applied to the <b>Company's standard terms</b> as detailed in the <b>insurance certificate</b> .
<b>Specialist</b>	A surgeon, anaesthetist or physician who: <ul style="list-style-type: none"> <li>○ is legally qualified to practise medicine or <b>surgery</b> following attendance at a recognised medical school, and</li> <li>○ is recognised by the relevant authorities in the country in which the <b>treatment</b> is received as having specialised qualification in the field of, or expertise in, the <b>treatment</b> of the disease, illness or injury being treated.</li> </ul> <p>By 'recognised medical school' <b>we</b> mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.</p>
<b>Standard terms:</b>	The <b>Company's</b> standard <b>insurance</b> terms with no special restrictions, limitations or conditions.
<b>Start date:</b>	The date shown on the <b>insurance certificate</b> on which the <b>insurance</b> period starts.
<b>Subrogation:</b>	The insurer's right to enforce a remedy which the <b>customer</b> has against a third party and the insurer's right to require the <b>customer</b> to repay the insurer if the insurer has paid expenses recouped by the <b>customer</b> from a third party.
<b>Surgery:</b>	A medical procedure that involves the use of instruments or equipment which are inserted into the body.
<b>Terminal phase:</b>	When the advent of death is highly probable and medical opinion has rejected active therapy in favour of the relief of symptoms and support of both patient and family. This decision must be confirmed by the <b>Company's</b> medical consultants.

Defined term	Description
<b>Terms and Conditions:</b>	The <b>terms and conditions</b> of the <b>insurance</b> purchased.
<b>Treatment:</b>	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.
<b>Unrecognised medical practitioner, provider or facility:</b>	<p>An <b>unrecognised medical practitioner, provider or facility</b> includes:</p> <ul style="list-style-type: none"> <li>○ <b>treatment</b> provided by a medical practitioner, <b>provider or facility</b> who is not recognised by the relevant authorities in the country where the <b>treatment</b> takes place as having specialised knowledge, or expertise in, the <b>treatment</b> of the disease, illness or injury being treated.</li> <li>○ <b>treatment</b> by any medical practitioner, provider or in any facility to whom <b>we</b> have sent a written notice that <b>we</b> no longer recognise them for the purposes of <b>our</b> plans.</li> <li>○ <b>treatment</b> provided by the <b>customer</b>, any <b>family members</b> or anyone with the same residence as the <b>customer</b>, or an enterprise owned by one of the above mentioned persons</li> </ul> <p>An updated list of unrecognised medical providers can be downloaded as a pdf file here: <a href="http://www.bupaglobal.com/en/facilities/finder">www.bupaglobal.com/en/facilities/finder</a></p>
<b>Waiting period:</b>	A period of time from the <b>original date of joining</b> where the <b>insurance</b> provides no cover unless as per specification in Art. 3.

