



A GUIDE TO YOUR PREMIER GLOBAL HEALTH PLAN

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



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HELLO

With a **health plan** from **Bupa Global** and **Blue Cross Blue Shield Global**, you benefit from the combined strength, scale, and expertise of two of the most respected names in global healthcare.

Within this **guide**, you'll find easy to understand information about **your health plan**, including:

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

To make the most of **your health plan**, please read the 'Table of benefits' and 'General exclusions' sections carefully to get a full understanding of **your** cover, along with **your** 'Terms and Conditions' also enclosed in **your** welcome pack.

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

YOUR INSURER	Bupa Global is the sole insurer of this plan.
YOUR GEOGRAPHICAL AREA FOR COVERAGE IS WORLDWIDE	As long as it is covered by your health plan , you can have your treatment at any recognised medical practitioner, hospital or clinic in the world. To view a summary of hospitals visit Facilities Finder at https://bupaglobal.com/facilitiesfinder .
BOLD WORDS	Any words written in bold are defined terms that are relevant to your cover. You can check their meaning in the 'Glossary'.
TREATMENT THAT WE COVER	Your Premier Global Health Plan covers the treatment cost for a disease, illness or injury that leads to the conservation of your condition, your recovery or you getting back to your previous state of health. This includes treatment for chronic, congenital and hereditary conditions that may be covered, depending on underwriting. Your treatment is covered if it is: <ul style="list-style-type: none"> o covered under the health plan o at least consistent with generally accepted standards of medical practice in the country in which treatment is being received o clinically appropriate in terms of type, duration, location and frequency Your Premier Global Health Plan also provides a range of preventive benefits to help keep you healthy. You can find these in the 'Table of benefits'.
ACCESSING CARE IN THE U.S	As part of your health plan , you have access to the broadest coverage in the U.S. via Blue Cross Blue Shield's networks . To find out more please visit https://bupaglobalaccess.com

ANY QUESTIONS? **We'll** be happy to help.
Get in touch using the details printed on **your** insurance cards.

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



WHEN YOU'RE AWAKE, WE'RE AWAKE

You can call **us** at any time of the day or night for healthcare advice, support and assistance by medically trained people who understand **your** situation.

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

- general medical information
- finding local medical facilities
- arranging medical second opinions
- travel information
- security information
- information on inoculation and visa requirements
- **emergency** message transmission
- interpreter and embassy referral

You can ask **us** to arrange evacuations, 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.

Easier to read information

If **you** would like to receive **your** product literature in large print, audio or Braille format, please contact **us** using the number on **your** membership card.

NEED TREATMENT?

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

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

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

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

The pre-authorization process

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

We also send **you** a pre-authorization statement. This can be used as a claim form to send back to **us** if **you** receive any invoices or are asked to pay for any aspect of **your treatment** yourself. More detail is provided on the claims process on the next page.

From time to time **we** may ask **you** for more detailed medical information, for example, to rule out any relation to a **pre-existing condition**.

Remember we can offer a second medical opinion service

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



Our approach to costs

When **you** are in need of a **benefits provider**, **our** dedicated team can help **you** find a **Recognised medical practitioner, hospital or healthcare facility** within **network**. Alternatively, **you** can view a summary of **benefits providers** on Facilities Finder at <https://bupaglobal.com/en/facilities/finder> Where **you** choose to have **your treatment** and services with a **benefits provider** in **network**, **we** will cover the costs of any **covered benefits**, once any applicable **co-insurance** or deductible amount which **you** are responsible to pay has been taken from the total claimed amount.

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

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

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

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

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

Pre-authorization complete and now going for treatment?

Always remember to keep **your** insurance cards with **you** and present the appropriate card to **your benefits provider** when **you** arrive.

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

These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by **our** experience of usual, and most common, charges in that region.

Treatment in the U.S.

If **you** need **treatment** in the U.S. and **you** know or think one of the below applies to **you**, **you** must contact **us** for pre-authorization before **you** receive **your treatment**. If **you** don't pre-authorise the following **we** will not cover the cost:

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

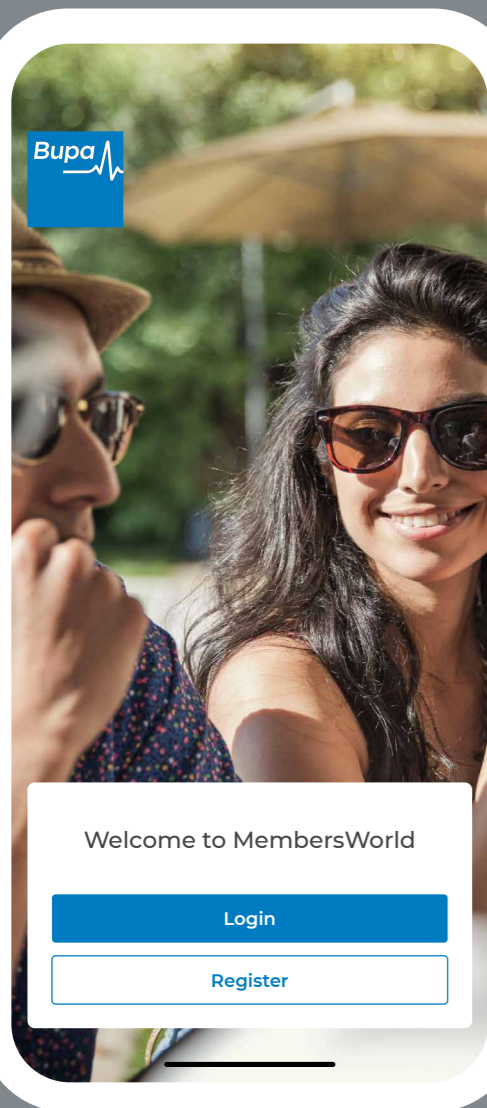
We have arrangements in place if **you** need to have **treatment**, attend a **hospital** or visit a **doctor** in the U.S.. **You** can access a **network** of **hospitals** and medical providers and as long as **you** pre-authorise **your treatment**, **your** covered costs will be paid in accordance with the 'Table of benefits' and settled directly wherever possible.

We accept that it may not always be possible for **you** to be treated at a **network hospital** when for example it is over 30 miles/50km away from **your** address or the **treatment** isn't available. If this happens to **you** **we** will still look to cover the costs.

Of course **we** understand that there are times when **you** simply cannot get pre-authorization, such as in an **emergency**. If **you** are taken to **hospital** in an **emergency**, it is important that **you** ask the **hospital** to contact **us** within 48 hours of **your** admission. **We** can then make sure **you** are getting the right care, in the right place.

If **you** have been taken to a **hospital** that is not part of the **network** (and if it is the best thing for **you**) **we** will arrange for **you** to be moved to a **network hospital** to continue **your treatment** once **you** are stable.

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.

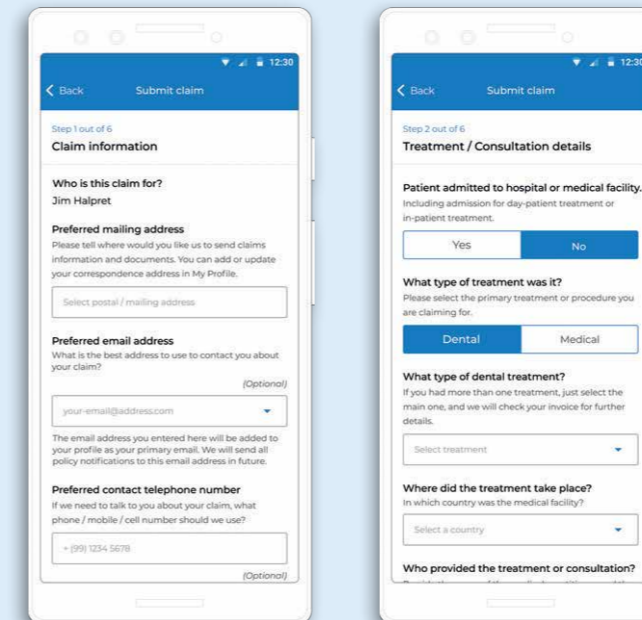
Search for "MembersWorld" on the App Store or Google Play and download to **your** device for access to **your** account on-the-go



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

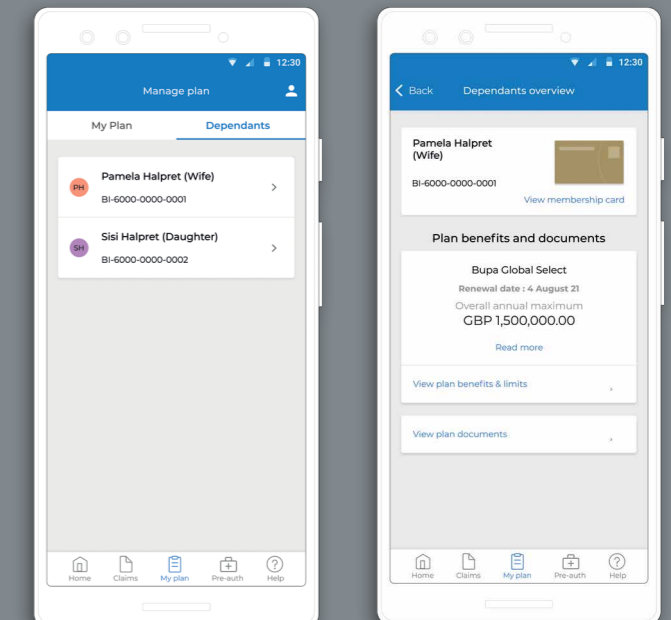
Claims and pre-authorisations

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



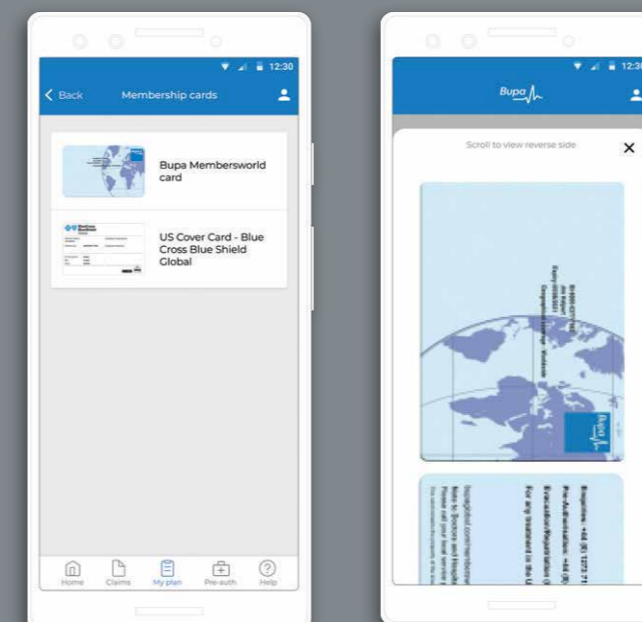
Dependants

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



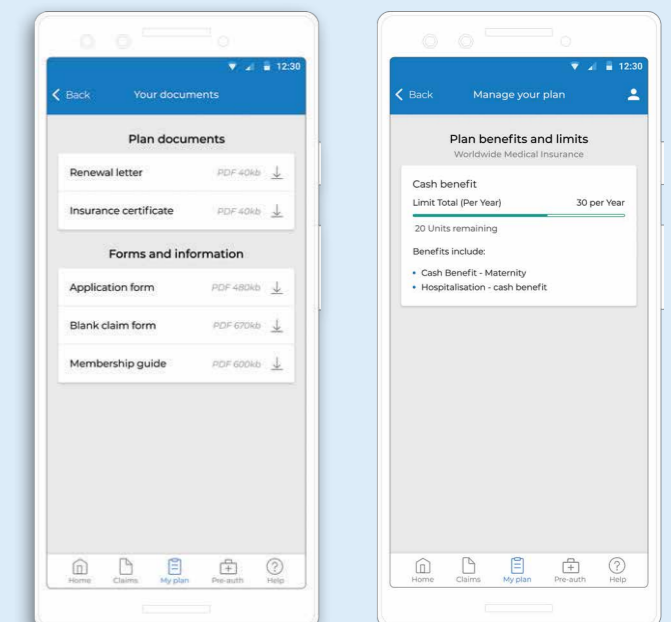
Membership cards

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



Policy documents

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



WELLBEING SERVICES

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

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

Your Wellbeing

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

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

Second Medical Opinion*

As a **Bupa Global** customer, **you** can access a second medical opinion from a team of world leading international **specialist doctors**.

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

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

Global Virtual Care*

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

Features include (depending on local regulations):

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

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

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



Virtual Care



THE CLAIMING PROCESS

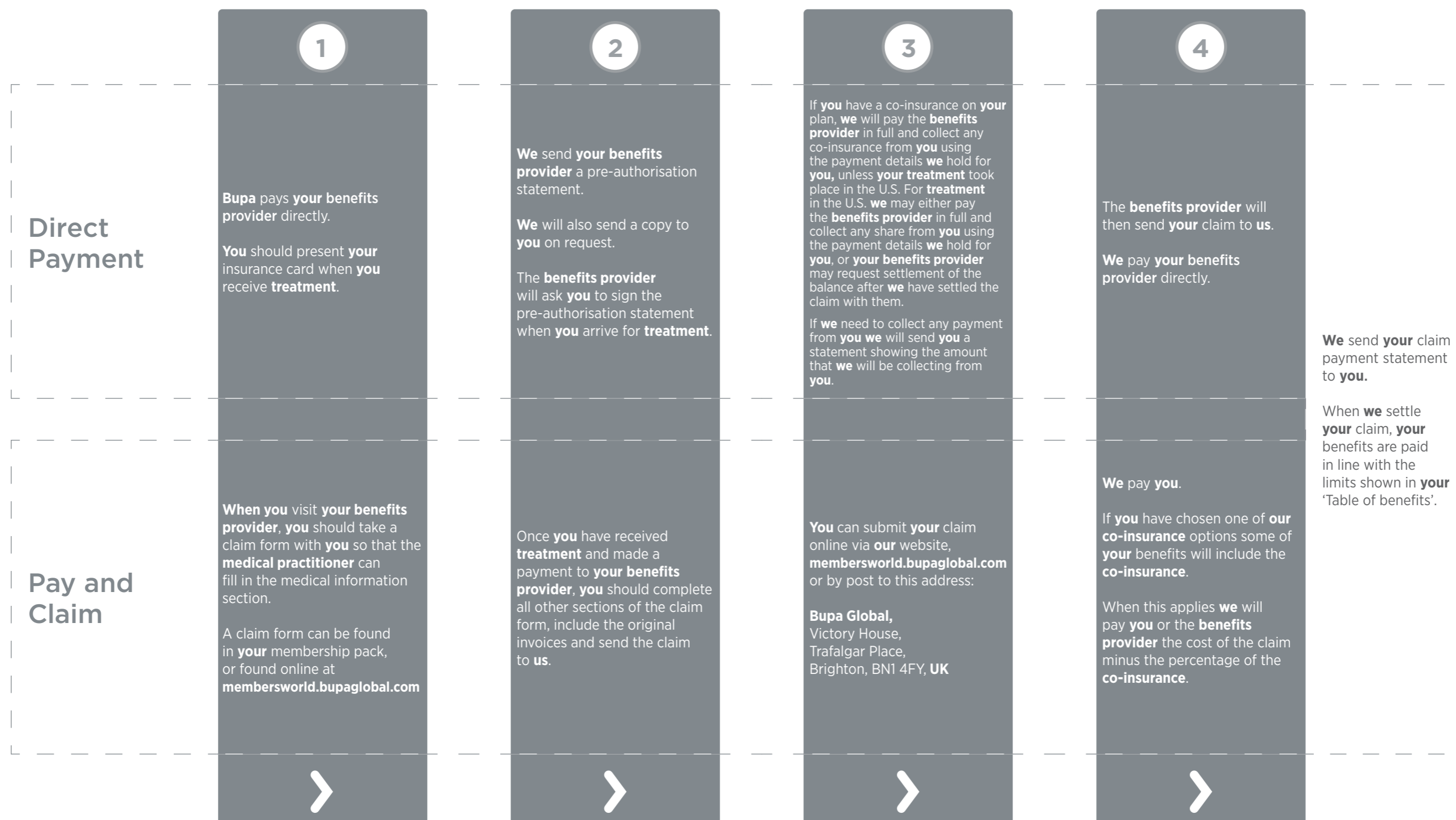
Whether **you** choose direct payment or 'pay and claim' **we** provide a quick and easy claims process. **We** aim to arrange direct settlement wherever possible, but it has to be with the agreement of whoever is providing the **treatment**. In general, direct settlement can only be arranged for **in-patient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

How to make a claim

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

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

- Call **us** on **+44 (0) 1273 718 3799**
- Email **info@bupaglobal.com**



WANT TO ADD MORE PEOPLE TO YOUR HEALTH PLAN?

You can apply to include **dependants**, including newborn children, to this **health plan** by filling in an application form

You can download this easily from <https://membersworld.bupaglobal.com>. If **you** are adding **your** newborn child please complete the, newborn application form' or **you** can contact **us** and **we** will send one to you.

It is possible to add dependants or newborn children on to a different health plan and/or include a different co-insurance for each person.

When **you** apply, the **dependant's** medical history will be reviewed by **our** medical team which may result in cover for **pre-existing conditions** or exclusions or **we** may decline to offer cover. The cover will start on the date **our** medical team accept **your** application to join. Any special restrictions or exclusions are personal to the person **you** add and will be shown on **your** insurance certificate.

Adding your newborn child?
Congratulations on **your** new arrival!

To add **your** newborn baby **you** will need to send **us** a completed newborn application form. If:

- either parent has been a **Bupa Global** member for at least 10 months before the baby's birth and
- **we** receive the application form within 30 days of the baby's birth

we will add the baby to the **policy** from its date of birth and not apply any personal exclusions to the baby's cover.

However, if:

- neither parent has been a **Bupa Global** member for at least 10 months before the baby's birth, or
- **we** receive the application form more than 30 days after the baby was born, or
- the baby was born in the U.S.,

the baby's medical history will be reviewed by **our** medical team which may result in cover for pre-existing conditions, special restrictions or exclusions, or **we** may decline to offer cover. This means that if the baby has medical conditions that need **treatment**, these might not be covered by the **policy**. Cover will start on the date that **we** receive the application form.

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



YOUR HEALTH PLAN BENEFITS

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

Benefit limits

There are three kinds of benefit limits shown in this table:

1. The 'overall annual maximum' – the maximum amount **we** will pay in total for all benefits, for each person, in each **policy year**.
2. Annual limits for a group of benefits – the maximum amount **we** will pay in total for all of the benefits in that group, such as **out-patient** day to day care.
3. Individual benefit limits – the maximum amount **we** will pay for individual benefits such as **rehabilitation**.

All benefit limits apply per person. Some apply each **policy year**, which means that once a limit has been reached, the benefit will no longer be available until **you** renew **your health plan**. Others apply per lifetime, which means that once a limit has been reached, no more benefits will be paid, regardless of the **renewal** of **your health plan**.

Currencies

All the benefit limits and notes are set out in three currencies: EUR, GBP and USD. The currency in which **you** pay **your** premium is the currency that applies to **your health plan** for the purpose of the benefit limits.

Waiting periods

You will notice that waiting periods apply to some of the benefits. This means that **you** cannot make a claim for that particular benefit until **you** have been covered for the full duration of the waiting period stated.

How does the co-insurance work?

Your co-insurance will be shown on **your** insurance certificate and **your** insurance card. Each person on **your** plan can have a different **co-insurance** so remember to check.

The **co-insurance** on this **health plan** is the percentage of all **out-patient** day to day care expenses that **you** share with **us** – please refer to **your** 'Table of benefits'.

EXAMPLE

With 15% **co-insurance**, so **you** always pay 15% of **your out-patient** day to day care

You have a consultation with your doctor which costs £80	15% out-patient day to day care co-insurance applied is £12
---	--

Amount paid by **us** is **£68**

Later in the year you stay in hospital for 5 days which costs £8,000	As this is in-patient care the co-insurance applied is £0
---	--

Amount paid by **us** is **£8,000**

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

TABLE OF BENEFITS PREMIER HEALTH PLAN

BENEFIT AND EXPLANATION	LIMITS
ALL BENEFITS BELOW, EVEN THOSE PAID IN FULL WILL CONTRIBUTE TO THE OVERALL ANNUAL POLICY MAXIMUM LIMIT	
ALL BENEFITS BELOW, EVEN THOSE PAID IN FULL WILL CONTRIBUTE TO THE OVERALL ANNUAL POLICY MAXIMUM LIMIT	Overall annual policy maximum GBP 1,500,000 EUR 1,875,000 USD 2,550,000
MANDATORY PRE-AUTHORISATION NEEDED FOR:	
<ul style="list-style-type: none"> obesity surgery prophylactic surgery internal cardiac defibrillator reconstructive surgery rehabilitation cancer treatment Advanced Therapy Medicinal Products (ATMPs) transportation (evacuation and repatriation) all in-patient stays over 5 days 	
OUT-PATIENT DAY TO DAY CARE	
*PAID IN FULL UP TO THE ANNUAL MAXIMUM OF OUT-PATIENT DAY TO DAY CARE LIMIT OF GBP 15,000, EUR 18,750 OR USD 25,500	Annual maximum GBP 15,000, EUR 18,750 or USD 25,500
Co-insurance Options: No co-insurance Optional 15% Optional 25% Please see your insurance certificate for details of any co-insurance that applies to your out-patient day to day care benefits	
OUT-PATIENT SURGICAL OPERATIONS	Paid in full*
When carried out by a specialist or a doctor .	
PATHOLOGY, RADIOLOGY AND DIAGNOSTIC TESTS	Paid in full*
When recommended by your specialist or doctor to help diagnose or assess your condition: <ul style="list-style-type: none"> pathology such as blood test(s) radiology such as ultrasound or X-ray(s) diagnostic tests such as electrocardiograms (ECGs) 	

BENEFIT AND EXPLANATION	LIMITS
SPECIALIST CONSULTATIONS AND DOCTOR'S FEES	
Consultations with your specialist or doctor , for example to: <ul style="list-style-type: none"> receive or arrange treatment follow up on treatment already received receive routine baby/childhood check-ups receive pre- and post-hospital consultations/treatment receive prescriptions for medicines, or diagnose your symptoms Any vaccinations/immunisations given along with the consultation are paid for from the vaccinations benefit. Such consultations may take place in the specialist's or doctor's office, by telephone or using the internet.	
QUALIFIED NURSES	
Costs for nursing care, for example injections or wound dressings by a qualified nurse .	
MENTAL HEALTH	
Consultation fees with psychiatrists, psychologists and psychotherapists to: <ul style="list-style-type: none"> receive or arrange treatment receive pre- and post-hospital treatment, or diagnose your illness 	
PHYSIOTHERAPISTS, OSTEOPATHS AND CHIROPRACTORS	
Consultations and treatment with physiotherapists , osteopaths , chiropractors for physical therapies aimed at restoring your normal physical function.	
OCCUPATIONAL THERAPIST AND ORTHOPTIST	
Consultations and treatment with occupational therapists and orthoptists. Note: Occupational therapy for developmental issues, including sensory deficits, is not covered.	
FOOTCARE	
Treatment by a podiatrist, orthopaedic specialist , or chiropodist. Treatment for corns, calluses or thickened misshapen nails will <u>only</u> be covered if you have diabetes.	
DIETETIC ADVICE	
We pay for consultations with a dietician for dietary advice relating to a diagnosed disease or illness, such as diabetes.	
PRESCRIBED MEDICINES AND DRESSINGS	
Medicines and dressings prescribed by your medical practitioner , needed to treat a disease, illness or injury.	
	Paid in full* up to 4 visits each policy year
	Up to GBP 2,000, EUR 2,500 or USD 3,400 each policy year

BENEFIT AND EXPLANATION	LIMITS
<p>DURABLE MEDICAL EQUIPMENT</p> <p>Durable medical equipment that:</p> <ul style="list-style-type: none"> ◦ can be used more than once ◦ is not disposable ◦ is used to serve a medical purpose ◦ is not used in the absence of a disease, illness or injury and ◦ is fit for use in the home <p>For example oxygen supplies or wheelchairs.</p>	Please see previous page for shared limit.
PREVENTIVE TREATMENT	
<p>HEALTH SCREENING AND WELLNESS (WAITING PERIOD 10 MONTHS)</p> <p>Once you have been covered on this health plan for 10 months.</p> <p>A health screen generally includes various routine tests performed to assess your state of health and could include tests to check cholesterol and blood sugar (glucose) levels, liver and kidney function tests, a blood pressure check, and a cardiac risk assessment. You may also have the specific screening tests for breast, cervical, prostate, colorectal and skin cancer or bone densitometry. The actual tests you have will depend on those supplied by the benefit provider where you have your screening.</p>	Up to GBP 500, EUR 620 or USD 850 each policy year
<p>VACCINATIONS</p> <p>The following are covered:</p> <ul style="list-style-type: none"> ◦ Vaccinations which are recommended as part of the national childhood immunisation programme in the country of residency ◦ Human papilloma virus (HPV) vaccination to protect against cervical cancer ◦ Influenza (seasonal flu) vaccination <p>Travel vaccinations are not covered under this benefit.</p>	Up to GBP 500, EUR 620 or USD 850 each policy year
<p>EYE TEST</p> <p>One eye test each policy year, which includes the cost of your consultation and sight/vision testing.</p>	Paid in full 1 test each policy year
DENTAL TREATMENT AND HEARING AIDS/OPTICAL	
DENTAL TREATMENT	
<p>PREVENTIVE DENTAL (WAITING PERIOD 6 MONTHS)</p> <p>Once you have been covered on this health plan for 6 months:</p> <ul style="list-style-type: none"> ◦ check-ups/exams ◦ X-rays/bitewing/single view/Orthopantomogram (OPG) ◦ scale and polish/tooth cleaning ◦ gum shield/mouth guard <p>Treatment must be provided by a dental practitioner.</p>	Paid in full 2 visits each policy year
<p>ACCIDENT RELATED DENTAL TREATMENT</p> <p>We pay for accident related dental treatment that you receive from a dental practitioner for treatment during an emergency visit following accidental damage to any tooth.</p> <p>Until you have been covered on this health plan for 6 months we only pay any accident related dental treatment taking place up to 30 days after the accident.</p> <p>Treatment must be provided by a dental practitioner.</p>	50% up to GBP 1,000, EUR 1,250 or USD 1,700 each policy year

BENEFIT AND EXPLANATION	LIMITS
<p>ROUTINE DENTAL (WAITING PERIOD 6 MONTHS)</p> <p>Once you have been covered on this health plan for 6 months:</p> <ul style="list-style-type: none"> ◦ fillings ◦ root canal treatment ◦ x-ray ◦ tooth extraction ◦ anaesthesia <p>Treatment must be provided by a dental practitioner.</p>	Please see previous page for shared limit.
<p>MAJOR RESTORATIVE (WAITING PERIOD 6 MONTHS)</p> <p>Once you have been covered on this health plan for 6 months:</p> <ul style="list-style-type: none"> ◦ bridges ◦ crowns ◦ dental implants ◦ dentures <p>Treatment must be provided by a dental practitioner.</p>	
HEARING AIDS/OPTICAL	
<p>HEARING AIDS</p> <p>Costs for prescribed hearing aids.</p>	
<p>SPECTACLE FRAMES AND LENSES AND CONTACT LENSES</p> <p>Spectacle and contact lenses which are prescribed to correct a sight/vision problem such as short or long sight.</p>	
IN-PATIENT CARE: FOR ALL IN-PATIENT AND DAY-PATIENT TREATMENT COSTS	
<p>HOSPITAL ACCOMMODATION, ROOM AND BOARD</p> <p>When:</p> <ul style="list-style-type: none"> ◦ there is a medical need to stay in hospital ◦ the treatment is given or managed by a specialist ◦ the length of your stay is medically appropriate <p>We will not pay the extra costs of a deluxe, executive or VIP suite. If the cost of treatment is linked to the type of room, we pay the cost of treatment at the rate which would be charged if you occupied a room type appropriate for this health plan.</p> <p>For in-patient stays of 5 nights or more, you or your specialist must send us a medical report before the fifth night, confirming your diagnosis, treatment already given, treatment planned and discharge date.</p> <p>We will also pay up to GBP 10 / EUR 13 / USD 17 each day for personal expenses such as newspapers, television rental and guest meals when you have had to stay overnight in hospital.</p>	Paid in full Standard private room
<p>PARENT ACCOMMODATION IN HOSPITAL</p> <p>We pay room and board costs for a parent staying in hospital with their child when:</p> <ul style="list-style-type: none"> ◦ the costs are for one parent or legal guardian only ◦ the parent or guardian is staying in the same hospital as you, ◦ the child is under the age of 18 years old, and ◦ the child is receiving treatment that is covered 	Paid in full

BENEFIT AND EXPLANATION	LIMITS
<p>OPERATING ROOM, MEDICINES AND SURGICAL DRESSINGS</p> <p>Costs of the:</p> <ul style="list-style-type: none"> operating room recovery room medicines and dressings used in the operating or recovery room medicines and dressings used during your hospital stay 	Paid in full
<p>INTENSIVE CARE</p> <p>Costs for treatment in an intensive care unit when it is medically necessary or an essential part of treatment.</p>	Paid in full
<p>SURGERY, INCLUDING SURGEONS' AND ANAESTHETISTS' FEES</p> <p>Surgery, including surgeons' and anaesthetists' fees, as well as treatment needed immediately before and after the surgery on the same day.</p>	Paid in full
<p>SPECIALISTS CONSULTATION FEES</p> <p>When you require medical treatment during your stay in hospital.</p>	Paid in full
<p>PATHOLOGY, RADIOLOGY AND DIAGNOSTIC TESTS:</p> <ul style="list-style-type: none"> pathology such as blood test(s) radiology such as ultrasound or X-ray(s) diagnostic tests such as electrocardiograms (ECGs) <p>when recommended by your specialist to help diagnose or assess your condition when you are in hospital.</p>	Paid in full
<p>MENTAL HEALTH</p> <p>Mental Health treatment, where it is medically necessary for you to be treated as a day-patient or in-patient to include room, board and all treatment costs related to the mental health condition.</p> <p>Any Mental Health treatment overnight in hospital and as a day-patient for 5 days or more will need pre-authorization. Benefit will not be paid unless pre-authorization has been provided.</p>	Paid in full
<p>PHYSIOTHERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS AND DIETICIANS</p> <p>Treatment provided by therapists (such as occupational therapists), physiotherapy and dietician or speech therapy if it is needed as part of your treatment in hospital, meaning this is not the sole reason for your hospital stay.</p>	Paid in full

BENEFIT AND EXPLANATION	LIMITS
<p>OBESITY SURGERY (WAITING PERIOD OF 24 MONTHS)</p> <p>Once you have been covered on this health plan for 24 months, we may pay, depending on Bupa Global's medical policy criteria, for bariatric surgery, if you:</p> <ul style="list-style-type: none"> have a body mass index (BMI) of 40 or over and have been diagnosed as being morbidly obese can provide documented evidence of other methods of weight loss which have been tried over the past 24 months and have been through a psychological assessment which has confirmed that it is appropriate for you to undergo the procedure <p>The bariatric surgery technique needs to be evaluated by our medical teams and is depending on Bupa Global's medical policy criteria.</p> <p>In some cases, you may qualify for weight-loss surgery if your BMI is between 35 and 40 and you have a serious weight-related health problem, such as type 2 diabetes. The decision for Bupa Global to cover this will be entirely made by our medical teams.</p> <p>Please contact us for pre-authorization before proceeding with treatment. Benefit will not be paid unless pre-authorization has been provided.</p>	Paid in full
<p>PROPHYLACTIC SURGERY</p> <p>We may pay depending on Bupa Global's medical policy criteria, for example, a mastectomy when there is a significant family history and/or you have a positive result from genetic testing.</p> <p>Please contact us for pre-authorization before proceeding with treatment. Benefit will not be paid unless pre-authorization has been provided.</p>	Paid in full
<p>PROSTHETIC DEVICES</p> <p>The initial prosthetic device needed as part of your treatment. By this we mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is needed at the time of your surgical procedure.</p> <p>We do not pay for any replacement prosthetic devices for adults including any replacement devices needed for a pre-existing condition. We will pay for the initial and up to two replacements per device for children under the age of 18.</p>	Per device up to GBP 2,500, EUR 3,100 or USD 4,200
<p>PROSTHETIC IMPLANTS AND APPLIANCES</p> <p>Covered prosthetic implants and appliances shown in the following lists.</p> <p>Prosthetic implants:</p> <ul style="list-style-type: none"> to replace a joint or ligament to replace a heart valve to replace an aorta or an arterial blood vessel to replace a sphincter muscle to replace the lens or cornea of the eye to control urinary incontinence or bladder control to act as a heart pacemaker (internal cardiac defibrillator may be available depending on Bupa Global's medical policy criteria. Please contact us for pre-authorization) to remove excess fluid from the brain cochlear implant – provided the initial implant was provided when you were under the age of five, we will pay ongoing maintenance and replacements to restore vocal function following surgery for cancer <p>Appliances:</p> <ul style="list-style-type: none"> a knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament a spinal support which is an essential part of a surgical operation to the spine an external fixator such as for an open fracture or following surgery to the head or neck 	Paid in full

BENEFIT AND EXPLANATION	LIMITS
<p>RECONSTRUCTIVE SURGERY</p> <p>Treatment to restore your appearance after an illness, injury or surgery. We may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during your current continuous cover.</p> <p>Please contact us for pre-authorisation before proceeding with any reconstructive surgery. Benefit will not be paid unless pre-authorisation has been provided.</p>	Paid in full
<p>ACCIDENT RELATED DENTAL TREATMENT</p> <p>We pay for dental treatment that is needed in hospital after a serious accident.</p>	Paid in full
<p>HOSPICE AND REHABILITATION</p>	
<p>HOSPICE AND PALLIATIVE CARE</p> <p>Hospice and palliative care services if you have received a terminal diagnosis and can no longer have treatment which will lead to your recovery:</p> <ul style="list-style-type: none"> ◦ hospital or hospice accommodation ◦ nursing care ◦ prescribed medicines ◦ physical, psychological, social and spiritual care 	Up to GBP 25,000, EUR 31,000 or USD 42,000 per lifetime
<p>REHABILITATION (MULTIDISCIPLINARY REHABILITATION)</p> <p>We pay for rehabilitation, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. We do not pay for room and board for rehabilitation when the treatment being given is solely physiotherapy.</p> <p>We pay for rehabilitation only when you have received our pre-authorisation before the treatment starts, for up to 30 days treatment per policy year. For treatment in hospital one day is each overnight stay and for day-patient and out-patient treatment, one day is counted as any day on which you have one or more appointments for rehabilitation treatment.</p> <p>We only pay for multidisciplinary rehabilitation where it:</p> <ul style="list-style-type: none"> ◦ starts within 6 weeks after the end of your treatment in hospital for a condition which is covered by your health plan (such as trauma or stroke), and ◦ arises as a result of the condition which needed the hospitalisation or is needed as a result of such treatment given for that condition <p>Note: in order to give pre-authorisation, we must receive full clinical details from your specialist; including your diagnosis, treatment given and planned and proposed discharge date if you stayed in hospital to receive rehabilitation.</p>	Paid in full Up to 30 days each policy year
<p>IN-PATIENT AND/OR OUT-PATIENT CARE</p>	
<p>ADVANCED IMAGING</p> <p>Such as:</p> <ul style="list-style-type: none"> ◦ magnetic resonance imaging (MRI) ◦ computed tomography (CT) ◦ positron emission tomography (PET) <p>when recommended by your specialist to help diagnose or assess your condition.</p>	Paid in full

BENEFIT AND EXPLANATION	LIMITS
<p>CANCER TREATMENT</p> <p>Once it has been diagnosed, including fees that are related specifically to planning and carrying out treatment for cancer. This includes tests, diagnostic imaging, consultations and prescribed medicines.</p> <p>Please contact us for pre-authorisation before proceeding with treatment. Benefit will not be paid unless pre-authorisation has been provided.</p> <p>If your treatment involves advanced therapy medicinal products (ATMP), this will be paid from the ATMP benefit.</p>	Paid in full
<p>ADVANCED THERAPY MEDICINAL PRODUCTS (ATMPs)</p> <p>We pay for ATMP treatment if it is:</p> <ul style="list-style-type: none"> ◦ administered by a specialist in the country where you receive it, and; ◦ approved by the licensing authority in the country where you receive it, for your condition, stage of disease and stage of treatment that you have, and; ◦ endorsed by an independent specialist appointed by Bupa Global who confirms it: <ul style="list-style-type: none"> ◦ as medically appropriate, based on established medical practice, or ◦ is provided under a registered and ethically approved study (in this case we will not apply the 'experimental or unproven treatment' exclusion). <p>Please contact us for pre-authorisation before proceeding with treatment.</p>	Paid in full, one course of treatment for each condition per lifetime
<p>TRANSPLANT SERVICES</p> <p>All medical expenses, including consultations with a doctor or specialist and medical treatments whether staying in hospital overnight, as a day-patient or an out-patient for the following transplants, if the organ has come from a relative or a certified and verified source of donation:</p> <ul style="list-style-type: none"> ◦ cornea ◦ small bowel ◦ kidney ◦ kidney/pancreas ◦ liver ◦ heart ◦ lung, or ◦ heart/lung transplant <p>Costs for anti-rejection medicines and medical expenses for bone marrow transplants and peripheral stem cell transplants, with or without high dose chemotherapy when treating cancer, are covered under the cancer treatment benefit.</p> <p>Donor expenses, for each condition needing a transplant whether the donor is insured or not, including:</p> <ul style="list-style-type: none"> ◦ the harvesting of the organ, whether from a live or deceased donor ◦ all tissue matching fees ◦ hospital/operation costs of the donor, and ◦ any donor complications, but to a maximum of 30 days post-operatively only 	Each condition up to GBP 400,000, EUR 500,000 or USD 680,000
<p>KIDNEY DIALYSIS</p> <p>Provided as an in-patient, day-patient or as an out-patient.</p>	Paid in full

BENEFIT AND EXPLANATION	LIMITS
<p>TREATMENT FOR OR RELATED TO GENDER DYSPHORIA</p> <p>This benefit is paid instead of any other benefit for all hormonal and surgical treatment for or related to gender dysphoria.</p> <p>Any mental health treatment for or related to gender dysphoria is paid from the mental health benefit to the limits that apply to the mental health benefit.</p> <p>All treatment under this benefit must be pre-authorised.</p> <p>Please refer to the 'Your Exclusions' section.</p>	<p>Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people</p> <p>GBP 48,000 USD 80,000 EUR 64,000 per membership year</p> <p>Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people</p> <p>GBP 48,000 USD 80,000 EUR 64,000 per membership year</p>

TRANSPORTATION/TRAVEL
<p>Evacuation covers you for reasonable transport costs to the nearest appropriate place of treatment, when the treatment you need is not available nearby.</p> <p>For all medical transfers:</p> <ul style="list-style-type: none"> you must contact us for pre-authorisation before you travel the treatment must be recommended by your specialist or doctor the treatment is not available locally the treatment must be covered under your health plan we must agree the arrangements with you, and benefit is applicable for hospital treatment, either overnight or as a day-patient <p>Evacuation may also be authorised if you need advanced imaging or cancer treatment such as radiotherapy or chemotherapy</p> <p>We will only pay if all arrangements are agreed and approved in advance by Bupa Global. Should you arrange transportation covered under the health plan yourself we shall only compensate your expenses to the equivalent cost if we had arranged your transportation.</p> <p>Note:</p> <ul style="list-style-type: none"> we do not pay for extra nights in hospital when you are no longer receiving active treatment which requires you to be hospitalised, for example when you are awaiting your return flight. we will not approve a transfer which in our reasonable opinion is inappropriate based on established clinical and medical practice, and we are entitled to conduct a review of your case, when it is reasonable for us to do so. Evacuation will not be authorised if it is against the advice of the Bupa Global medical team. we will not arrange evacuation or repatriation in cases where the local situation, including geography, makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. Such intervention depends upon local and/or international resource availability and must remain within the scope of national and international law and regulations. Interventions may depend on the attainment of necessary authorisations issued by the various authorities concerned, which may be outside of the reasonable control or influence of Bupa Global or our service partners. we cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond our control. Bupa Global is not the provider of the transportation and other services set out in the transportation/travel section, but will arrange those services on your behalf. In some countries we may use service partners to arrange these services locally, but Bupa Global will always be here to support you.

BENEFIT AND EXPLANATION	LIMITS
<p>EVACUATION</p> <p>Transport costs for an evacuation:</p> <ul style="list-style-type: none"> to the nearest appropriate place where the necessary treatment is available. (This could be to another part of the country that you are in or to another country), and for the return journey to the place you were transferred from <p>When this is authorised in advance by us.</p> <p>The costs we pay for the return journey will be either:</p> <ul style="list-style-type: none"> the reasonable cost of the return journey by land or sea, or the cost of an economy class air ticket whichever is the lesser amount <p>We do not pay any other costs related to the evacuation such as travel costs or hotel accommodation. In some cases, it may be more appropriate for you to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, we will pay for taxi fares.</p>	Paid in full
<p>TRAVEL COST FOR AN ACCOMPANYING PERSON</p> <p>Reasonable travel costs for a close relative (spouse/partner, parent, child, brother or sister) to accompany you if there is a reasonable need for you to be accompanied. By 'reasonable need' we mean that you need someone to accompany you for one of the following reasons:</p> <ul style="list-style-type: none"> you need assistance to board or disembark from transport you need to be transferred over a long distance (over at least 1000 miles or 1600 KM) there is no medical escort in the case of serious acute illness <p>The accompanying person may travel in a different class from the person receiving treatment depending on medical requirements.</p> <p>Reasonable travel costs for the return journey to the place you were transferred from when this is authorised in advance by Bupa Global.</p> <p>The costs we pay for the return journey will be either:</p> <ul style="list-style-type: none"> the reasonable cost of the return journey by land or sea, or the cost of an economy air ticket whichever is the lesser amount <p>We do not pay for someone to travel with you when the evacuation is for you to receive out-patient treatment.</p>	Paid in full
<p>TRAVEL COST FOR THE TRANSFER OF CHILDREN</p> <p>Reasonable travel costs for children to be transferred with you in the event of an evacuation or repatriation, provided they are under the age of 18 when:</p> <ul style="list-style-type: none"> it is medically necessary for you as their parent or guardian to be evacuated or repatriated your spouse, partner, or other joint guardian is accompanying you, and they would otherwise be left without a parent or guardian 	Paid in full
<p>LIVING ALLOWANCE</p> <p>Costs towards living expenses for a relative (spouse/partner, parent, child, brother or sister) who is authorised to travel with you:</p> <ul style="list-style-type: none"> following an evacuation, and for up to 10 days, or your date of discharge whichever is the earlier, while away from their usual specified country of residence <p>We do not pay for someone to travel with you when evacuation is for out-patient treatment only.</p>	10 days each policy year up to GBP 100, EUR 120 or USD 170 per day

BENEFIT AND EXPLANATION	LIMITS
<p>LOCAL AIR AMBULANCE:</p> <ul style="list-style-type: none"> from the location of an accident to a hospital, or for a transfer from one hospital to another <p>When a local air ambulance is:</p> <ul style="list-style-type: none"> medically necessary used for short distances of up to 100 miles/160 KM, and related to treatment that is covered that you need to receive in hospital <p>A local air ambulance may not always be available in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. We do not pay for mountain rescue.</p>	Paid in full
<p>LOCAL ROAD AMBULANCE:</p> <ul style="list-style-type: none"> from the location of an accident to a hospital for a transfer from one hospital to another, or from your home to the hospital <p>When a local road ambulance is:</p> <ul style="list-style-type: none"> medically necessary, and related to treatment that is covered that you need to receive in hospital 	Paid in full
<p>REPATRIATION OF MORTAL REMAINS</p> <p>Reasonable costs for the transportation of your body or cremated mortal remains to your home country or to your specified country of residence:</p> <ul style="list-style-type: none"> in the event of your death while you are away from home, and depending on airline requirements and restrictions <p>We will only pay statutory arrangements, such as cremation and an urn or embalming and a zinc coffin, if this is needed by the airline authorities to carry out the transportation.</p> <p>We do not pay for any other costs related to the burial or cremation, the cost of burial caskets or the transport costs for someone to collect or accompany your mortal remains.</p>	Paid in full

YOUR EXCLUSIONS

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

Do you have cover for pre-existing conditions?

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

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

If **we** have not applied a personal exclusion or restriction to **your** insurance certificate, this means that any **pre-existing conditions** that **you** told **us** about in **your** application are covered under **your health plan**.

General exclusions

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

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

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

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

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

GENERAL EXCLUSIONS	
Administration / registration fees	Administration and/or registration fees (unless we , at our reasonable discretion, agree that such fees are proper and usual accepted practice in the relevant country).
Advance payments / deposits	Advance payments and/or deposits towards the costs of any covered benefits .
Artificial life maintenance	We will not pay for artificial life maintenance for more than 90 days - including mechanical ventilation, where such treatment will not or is not expected to result in your recovery or restore you to your previous state of health. Example: We will not pay for artificial life maintenance when you are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 days.

Birth control	Contraception, sterilisation, vasectomy, termination of pregnancy (unless there is a threat to the mother's health), family planning, such as meeting your doctor to discuss becoming pregnant or contraception. We will not pay for a pregnancy or HCG test if this is carried out solely to determine if you are pregnant or not.
Complementary therapists	Treatment and medicine by Complementary therapists including any Chinese medicine practitioner.
Conflict and disaster	<p>We shall not be liable for any claims which concern, are due to or are incurred as a result of treatment for sickness or injuries directly or indirectly caused by you putting yourself in danger by entering a known area of conflict (as listed below) and/or if you were an active participant or you have displayed a blatant disregard for your personal safety in a known area of conflict:</p> <ul style="list-style-type: none"> ◦ nuclear or chemical contamination ◦ war, invasion, acts of a foreign enemy ◦ civil war, rebellion, revolution, insurrection ◦ terrorist acts ◦ military or usurped power ◦ martial law ◦ civil commotion, riots, or the acts of any lawfully constituted authority ◦ hostilities, army, naval or air services operations whether war has been declared or not
Convalescence and admission for treatment that could take place as a day-case or out-patient , general care, or staying in hospital for	<ul style="list-style-type: none"> ◦ convalescence, pain management, supervision, or ◦ receiving only general nursing care, or ◦ therapist or complementary therapist services, or ◦ domestic/living assistance such as bathing and dressing
Cosmetic treatment	Non-medically essential surgery and treatment to alter your appearance including abdominoplasty or treatment related to or arising from the removal or addition of non-diseased or surplus or fat tissue is not covered. We do not pay for treatment of keloid scars. We also do not pay for scar revision, even if the scar is causing a functional problem.
Developmental problems	<p>Treatment for, or related to developmental problems, including:</p> <ul style="list-style-type: none"> ◦ learning difficulties, such as dyslexia ◦ developmental problems treated in an educational environment or to support educational development

Experimental or unproven treatment	<p>Clinical tests, treatments, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy.</p> <ul style="list-style-type: none"> ◦ We do not pay for any test, treatment, equipment, medicine, device or procedure that is not considered to be in standard clinical use but is (or should, in Bupa's reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy. ◦ We do not pay for any tests, treatment, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by Bupa Global in line with its criteria for standard clinical use. <p>Standard clinical use includes:</p> <ul style="list-style-type: none"> ◦ treatment agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved through the UK Cancer Drugs Fund), Royal Colleges or equivalent national specialist bodies in the country of treatment; ◦ the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or Bupa's in-house Clinical Effectiveness team) indicate that the treatment is safe and effective; ◦ where the treatment has received full regulatory approval by the licensing authority (e.g. US Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency) in the location where the member has requested treatment, and is duly licensed for the condition and patient population being requested (please note – full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or ◦ tests, treatments, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which treatment is requested. <p>Notes:</p> <ul style="list-style-type: none"> ◦ Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not considered appropriate evidence to demonstrate a test, treatment, equipment, medicine, device or procedure should be used in standard clinical use. ◦ Where licensing authority approval to market tests, treatment, equipment, medicines, devices or procedures does not, in Bupa's reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.
Eyesight	Treatment equipment or surgery to correct eyesight, such as laser treatment , refractive keratotomy (RK) and photorefractive keratotomy (PRK).
Genetic testing	<p>Genetic tests, when such tests are performed to determine whether or not you may be genetically likely to develop a medical condition.</p> <p>Example: We do not pay for tests used to determine whether you may develop Alzheimer's disease, when that disease is not present.</p>
Harmful or hazardous use of alcohol, drugs and/or medicines	<ul style="list-style-type: none"> ◦ directly or indirectly, from the deliberate, reckless (including where you have displayed a blatant disregard for your personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and ◦ in any event, from the illegal use of any such substance

Health hydros, nature cure clinics or any establishment that is not a hospital	Treatment or services received in a health hydro, nature cure clinic, spa, or any similar establishment that is not a hospital .
Illegal activity	We will not pay for treatment which arises, directly or indirectly, as result of your deliberate or reckless participation (whether actual or attempted) in any illegal act, including road traffic offenses.
Infertility treatment	<p>Treatment to assist reproduction such as:</p> <ul style="list-style-type: none"> ◦ in-vitro fertilisation (IVF) ◦ gamete intrafallopian transfer (GIFT) ◦ zygote intrafallopian transfer (ZIFT) ◦ artificial insemination (AI) ◦ prescribed drug treatment ◦ embryo transport (from one physical location to another), or ◦ donor ovum and/or semen and related costs <p>Note: we pay for reasonable investigations into the causes of infertility if:</p> <ul style="list-style-type: none"> ◦ you had not been aware of any problems before joining, and ◦ you have been a member of this plan (or any Bupa administered plan which included cover for this type of investigation) for a continuous period of two years before the investigations start <p>Once the cause is confirmed, we will not pay for any more investigations in the future.</p>
Maternity and childbirth	<p>Treatment for maternity including childbirth for any condition arising from maternity or childbirth except the following conditions and treatments:</p> <ul style="list-style-type: none"> ◦ abnormal cell growth in the womb (hydatidiform mole) ◦ foetus growing outside of the womb (ectopic pregnancy) ◦ other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant
Mechanical or animal donor organs	Mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function while awaiting transplant, purchase of a donor organ from any source or harvesting or storage of stem cells when a preventive measure against possible future disease.
Obesity	<p>Treatment for or as a result of obesity such as: slimming aids or drugs, or slimming classes.</p> <p>Note: We may cover costs associated with obesity surgery as detailed in the 'Table of benefits', depending on Bupa Global's medical policy criteria.</p>
Persistent vegetative state (PVS) and neurological damage	We will not pay for treatment while staying in hospital for more than 90 continuous days for permanent neurological damage or if you are in a persistent vegetative state .
Sexual problems	Sexual problems, such as impotence, whatever the cause.
Sleep disorders	Treatment , including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.
Stem cells	<p>Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.</p> <p>Note: We pay for bone marrow transplants and peripheral stem cell transplants when carried out as part of the treatment for cancer. This is covered under the cancer treatment benefit.</p>
Surrogacy	Treatment directly related to surrogacy. This applies to you if you act as a surrogate, or to anyone else acting as a surrogate for you .

Temporomandibular joint (TMJ) disorders	Disorders of the Temporomandibular joint (TMJ) and related complications.
Treatment for or related to gender dysphoria	<p>We do not pay for:</p> <ul style="list-style-type: none"> ◦ any surgical treatment (including cosmetic treatment) for or related to gender dysphoria unless: <ul style="list-style-type: none"> ◦ you have lived continuously for at least 12 months in the gender role that is congruent with your gender identity; and ◦ we have received referral letters from two independent psychologists and/or psychiatrists detailing your personal and treatment history, progress and eligibility and confirming that such treatment is medically necessary for treating gender dysphoria; and, in any event ◦ any treatment (surgical or non-surgical) for or related to gender dysphoria where such treatment is unlawful and/or gender dysphoria is not a clinically recognised condition in the country of treatment.
Treatment outside of the network	Treatment in the U.S. received outside of the network .
Unrecognised medical practitioner, hospital or healthcare facility	<ul style="list-style-type: none"> ◦ Treatment provided by a medical practitioner, hospital or healthcare facility which are not recognised by the relevant authorities in the country where the treatment takes place as having specialist knowledge, or expertise in, the treatment of the disease, illness or injury being treated. ◦ Self treatment or treatment provided by anyone with the same residence, family members (persons of a family, related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ◦ Treatment provided by a medical practitioner, hospital or healthcare facility which are to whom we have sent a written notice that we no longer recognise them for the purposes of our health plans. You can contact us by telephone for details of benefit providers we have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder.

TERMS AND CONDITIONS

No	CLAUSE
1.	Your policy
1.1	The definitions set out in the "Glossary" in the Guide to your Bupa Global Health Plan apply to these Terms and Conditions and are marked in bold.
1.2	This policy is an insurance contract between you the policyholder and Bupa Global for each policy year . If the policy is renewed a new insurance contract is formed on the same terms as the previous policy year but with a new premium and any amendments we have notified you the policyholder of at the time of renewal .
1.3	No other persons, including any dependants , may enforce any legal rights under this insurance contract. Dependants may use our complaints process set out in clause 15 below.
1.4	This insurance contract is set out in: <ul style="list-style-type: none"> ◦ these Terms and Conditions; ◦ the Guide to your Bupa Global health plan; ◦ the information and declarations in your application form; and ◦ the insurance certificate.
1.5	If you the policyholder add dependants to this policy , those dependants will be covered by this policy from the date shown on the updated insurance certificate sent to you the policyholder .
2.	Your cover
2.1	We will pay for the cost of any covered benefits in accordance with the terms of this policy .
2.2	Your health plan may include a mandatory annual deductible, which will be shown in the Guide to your Bupa Global health plan . You may also have an optional annual deductible, if available and selected by you the policyholder in your application form. Your deductibles will be shown on your insurance certificate and your insurance card. All annual deductibles apply to you the policyholder and each of the dependants separately. You the policyholder and each dependant may have different annual deductible amounts. You will have a new annual deductible if this policy renews. If an annual deductible applies, you must pay the cost of any covered benefits received directly to the provider until you have reached the level of your annual deductible. Costs in excess of the maximums shown in the Guide to your Bupa Global health plan will not count towards your annual deductible. The cost of any covered benefits you receive which are covered by your annual deductible (excluding costs in excess of the maximums shown in the Guide to your Bupa Global health plan), count towards the maximum cover limits shown in the Guide to your Bupa Global health plan . Even if the amount you are claiming is less than the amount of your annual deductible, you should still submit a claim to us so we know when you have reached the level of your annual deductible. As this is an annual deductible, if your first claim is towards the end of the policy year and your covered benefits continue over your renewal date, the annual deductible is payable separately for the covered benefits received in each policy year .
2.3	Your health plan may include a mandatory co-insurance , which will be shown in the Guide to your Bupa Global health plan . You may also have an optional co-insurance , if available and selected by you the policyholder in your application form. Your co-insurance will be shown on your insurance certificate and your insurance card. You must pay for the co-insurance proportion of the cost of any covered benefits to which the co-insurance applies directly to the benefits provider .

No	CLAUSE
2.4	Should we have to, for any reason, pay a benefits provider an amount which is covered by any annual deductible or co-insurance we will then collect payment from you for that amount. You authorise us to take this payment from you under the direct debit agreement or credit card authority you have given to us in your application form or as updated. If this policy has an annual deductible or co-insurance you must make sure that we always have a valid direct debit agreement or credit card authority that allows us to take payment of any annual deductible or coinsurance we have paid. You must update the direct debit agreement or credit card authority you have given to us when necessary or when requested by us . Otherwise it may cause delays in our paying claims. We will not pay claims until we have received any outstanding annual deductible or co-insurance payments.
2.5	You must obtain pre-authorization for any covered benefits where it is stated that this is needed in the Guide to your Bupa Global health plan . Details of how to pre-authorise covered benefits are available in the Guide to your Bupa Global health plan .
2.6	Before we pre-authorise any covered benefits or pay any claim, we are entitled to request more information, such as medical reports, and we may require that you have a medical examination by an independent medical practitioner appointed by us (at our cost) who will then provide us with a medical report. If this information is not provided in time once requested this may result in a delay in pre-authorization and to your claims being paid. If this information is not provided to us at all this may result in your claims not being paid.
2.7	If we make a payment to you for a benefit you are not covered for, it does not mean that we will pay identical or similar costs in the future. Any payment that we may make on this basis will still count towards the overall annual maximum limit that applies to this policy .
3.	Premium and Payment
3.1	You should pay your premiums direct to Bupa Global . If you pay your premiums to anyone else, such as an intermediary, we are not responsible for ensuring those persons pass the premium on to us . Premiums are collected by Bupa Insurance Services Limited who act as our intermediary for the purpose of receiving and holding premiums, making claims and refunds. Your premiums are protected by an agreement between us and Bupa Insurance Services Limited . The amount and method of payment is shown in your insurance certificate.
3.2	If we do not receive your premium (or any instalment) or any other payment you owe us under this policy by the due date, we will write to you the policyholder requesting payment by a specific date, which will be not less than 30 days after the date we issue our letter or email to you . If we do not receive payment by that date, this policy will be cancelled and all rights under this policy will cease from the original date on which your premium (or the first missed instalment) or other payment should have been received. We will not pay any claims until all overdue payments have been paid, unless the reason for non-payment is an error outside of your control, such as a bank error.
3.3	If we incorrectly make any payment to either a benefits provider for treatment or benefits received by you but not covered by this policy , or to you , we may deduct the amount we incorrectly paid from your future claims or seek repayment from you .
4.	Where another person has caused your condition or you hold other insurance cover
4.1	If any person is to blame for any injury, disease, illness, condition or other event where you receive any covered benefits , we may make a claim in your name. You must provide us with any assistance we reasonably require to help make such a claim, for example: <ul style="list-style-type: none"> ◦ providing us with any documents or witness statements; ◦ signing court documents; and ◦ submitting to a medical examination. We may exercise our rights to bring a claim in your name before or after we have made any payment under the policy . You must not take any action, settle any claim or otherwise do anything which adversely affects our rights to bring a claim in your name.

No	CLAUSE
4.2	<p>If you have other insurance which also covers your covered benefits you must let us know and provide details of the other insurance company, including on pre-authorisation and when making a claim.</p> <p>We will only pay for our share of the cost of any covered benefits.</p>
5.	Making a claim
5.1	<p>We aim to pay the benefits provider directly for any covered benefits covered by this policy whenever possible.</p> <p>Otherwise you must pay the benefits provider and then send a completed claim form to us, with copies of all valid invoices, relevant letters and other documents relating to the covered benefits you are claiming for. Where requested, original invoices must be provided to us.</p> <p>We are not obliged to pay for any covered benefits if the claim form is received by us more than 2 years after the covered benefits were provided to you, unless there is a good reason why it was not possible for you to make the claim earlier.</p> <p>We cannot return any original documents, but we can send you copies if you request.</p>
5.2	<p>Where you have paid the benefits provider and you have made a valid claim, we will pay you the policyholder. We may pay a dependant only where the dependant received the covered benefits, they are over 18 and we have their current bank details.</p> <p>We only pay by electronic transfer direct to your bank account or by cheque payable to you.</p> <p>We pay the administration costs for making electronic transfers. If your local bank charges you an administration fee, we will refund you on receipt of proof you have paid such fees. All other bank charges or fees, such as currency exchange, are your responsibility, unless you are charged because we made a mistake.</p>
5.3	<p>We will reimburse you in the currency:</p> <ul style="list-style-type: none"> ◦ in which we receive the premium ◦ of the invoices you send us, or ◦ of your bank account. <p>Sometimes banking rules may not let us pay you in the currency you would like. So, we will pay you in the currency we receive the premium in.</p> <p>Very rarely, paying in a certain currency may be illegal or expose us (or the Bupa Group) to United Nations sanctions. If so:</p> <ul style="list-style-type: none"> ◦ we may not be able to pay you immediately, or ◦ will pay you in a currency which we are allowed to and able to. <p>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.</p>
5.4	<p>We will not provide cover and we shall not be liable to pay any claim or provide any benefit under this Policy to the extent that such cover, payment of a claim(s) or benefits would:</p> <ul style="list-style-type: none"> ◦ cause us to breach any United Nations resolutions or the trade or economic sanctions, laws or regulations of any jurisdiction to which we are subject (which may include without limitation those of the European Union, United Kingdom and/or United States of America). ◦ expose us to the risk of being sanctioned by any relevant authority or competent body; and/or ◦ expose us to the risk of being involved in conduct (either directly or indirectly) which any relevant authority or competent body would see as prohibited. <p>Where any resolutions, sanctions, laws or regulations referred to in this clause are, or become, applicable to this Policy, we reserve all of our rights to take all and any such actions believed to be necessary in our absolute discretion, to allow us to continue to be compliant. You acknowledge that this may restrict or delay our obligations under this Policy and we may not be able to pay any claim(s) in the event of a sanctions-related concern.</p>

No	CLAUSE
6.	Renewal
6.1	<p>We will write to let you know if this policy will renew for the next year in advance of the renewal date.</p> <p>Each policy year we may change how we calculate your premiums, how we determine premiums, what you have to pay and the method of payment. We may also change the Guide to your Bupa Global health plan (including which covered benefits are covered and the limits for covered benefits) and the terms this policy.</p> <p>We will issue you a notice in advance of the renewal date, with details of the new premium, any changes to the renewed policy and the reasons for those changes. If you do not want to renew this policy you must contact us within 30 days following the start of the renewed policy.</p> <p>Unless you contact us to tell us not to, we will continue to take payment of the new premium using the payment details you have given us.</p>
6.2	<p>We may not renew this policy at our discretion for any reason. If so, we will issue you a notice at least 30 days before the end of the policy year.</p>
6.3	<p>If we decide to renew this policy, we won't add any new personal restrictions or exclusions (those that appear on your insurance certificate) to your renewed policy. However, should you move to a different health plan, we may add new personal restrictions or exclusions.</p>
6.4	<p>Please contact us before your renewal date if you or your dependants have personal exclusion(s) or cover for pre-existing conditions and would like us to review this.</p> <p>We may remove your exclusion or the increased premium applied for the pre-existing condition if, in our opinion, no more treatment will be either directly or indirectly needed for the condition, or for any related condition. There are some personal exclusions that, due to their nature, we will not review.</p> <p>To carry out a review, we may ask for an up to date medical report from your family doctor or consultant. Any costs incurred in obtaining these details are not covered under your plan and are your responsibility</p>
7.	Changes to your policy
7.1	<p>Only we and the policyholder can agree to make changes. Changes will take effect only when we confirm them in writing.</p>
7.2	<p>This policy lasts one year:</p> <ul style="list-style-type: none"> ◦ the policyholder can only make changes at renewal ◦ any waiting periods would not re-start.
7.3	<p>We may make changes to the policy before renewal:</p> <ul style="list-style-type: none"> ◦ if laws or regulators say we must, or ◦ to improve cover for all members with the same product. <p>If so, we will write to tell you about the changes.</p>
7.4	<p>If we reasonably consider that by continuing this policy we or you may breach any:</p> <ul style="list-style-type: none"> ◦ law ◦ regulation ◦ code or ◦ court order <p>we can end the policy immediately.</p> <p>This policy does not provide cover if this would expose us (or the Bupa group) to any:</p> <ul style="list-style-type: none"> ◦ sanction, prohibition or restriction under United Nations resolutions or ◦ trade or economic sanctions, laws or regulations of the European Union, UK or U.S.
7.5	<p>If you ask to add a new dependant to this policy, we will review that person's medical history. We may not agree to add the person to this policy, or we may add special restrictions or exclusions to the cover for that new dependant. We may, at our discretion, agree to provide cover for certain pre-existing conditions of the new dependant. You must pay any additional premium. Children may be added without medical history or additional premium being required where this is provided for (and in accordance with any relevant requirements) in your Guide to your Bupa Global health plan. For certain health plans, we may not be able to add dependants who are over a certain age at the time we receive the request for them to be added to this policy.</p>

No	CLAUSE
8.	Your country of residence
8.1	<p>You must tell us straight away if you move to a different country or your specified country of residence or specified country of nationality changes.</p> <p>This policy will terminate if the law of the country in which you are located, or your country of residence or nationality, or any other law which applies to us or this policy, prohibits the provision of healthcare cover by us to local nationals, residents or citizens.</p> <p>Without limitation to the foregoing, we will not be able to renew your health plan at the next policy renewal if you become a permanent resident of the U.S., and, if any other people covered under your policy become a resident of the U.S., we will not be able to renew their cover under their health plan at the next policy renewal date. 'Permanent resident' shall mean a person residing in the U.S. who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in the U.S., and 'U.S.' shall include the Commonwealth of Puerto Rico for this purpose.</p>
8.2	<p>You must tell us straight away if you change your correspondence address or other contact details as we will use the last address and contact details you gave us until you tell us otherwise.</p>
9.	Ending this policy
9.1	<p>The policyholder can at any time:</p> <ul style="list-style-type: none"> cancel the entire policy, which will end cover for everyone; or cancel cover for a dependant. <p>To do this, please tell us by telephone, email or post.</p> <p>The change will take effect 14 days after the policyholder tells us about the change. Please note:</p> <ol style="list-style-type: none"> we will not back-date the cancellation date and will not pay claims for treatment which takes place after the policy ends.

No	CLAUSE
9.2	<p>The refund of any premium will depend on the date the policyholder cancels the entire policy or the policy of a dependant. There are two scenarios:</p> <p>A. Cancellation within the first 30 days of the policy; or B. Cancellation after the first 30 days of taking out the policy.</p> <p>A. Cancellation within the first 30 days of cover:</p> <p>If the policyholder cancels the entire policy:</p> <ul style="list-style-type: none"> within the first 30 days of cover starting for that policy year, and there have been no claims for treatment which took place in that 30-day period <p>we will refund all premiums paid for that policy year.</p> <p>If the policyholder cancels cover for a dependant:</p> <ul style="list-style-type: none"> within the first 30 days of cover starting for that dependant for that policy year, and there have been no claims for treatment for that dependant which took place in that 30-day period <p>we will refund all premium paid for that dependant for that policy year.</p> <p>Important: In either case, where a claim has been made in the first 30 days of cover either by the policyholder or a dependant, we will treat this as acceptance to have a policy with us. This means if you wish to cancel the policy, it will be treated as cancellation taking place after the first 30 days (section B below).</p> <p>B. Cancellation after the first 30 days of cover:</p> <p>If the policyholder cancels the entire policy:</p> <ul style="list-style-type: none"> after the first 30 days of cover for that policy year, or there have been claims for treatment which took place in the first 30 days of cover <p>we will cancel the policy 14 days from the date the policyholder asked us (as mentioned in section 9.1 above). And we will refund any premiums already paid for after the 14-day cancellation period.</p> <p>For example, if the policyholder cancels the entire policy on 1 March, we will refund any premium paid for 15 March onwards.</p> <p>If the policyholder cancels cover for a dependant:</p> <ul style="list-style-type: none"> after the first 30 days of cover for that policy year, or there have been claims for treatment for that dependant which took place in those first 30 days of cover <p>we will refund any premium already paid for that dependant for after the 14-day cancellation period.</p> <p>For example, if the policyholder cancels the cover for a dependant on 1 March, we will refund any premium paid for 15 March onwards.</p>
9.3	<p>We will refund you on the same method you used to pay premium. This means the refund will go back into your bank account, credit card, debit card or via a cheque.</p> <p>Please be aware that if you have any outstanding payments with us, we may deduct this from the refund.</p>
9.4	<p>If:</p> <ul style="list-style-type: none"> a dependant dies – The policyholder should tell us within 30 days. the policyholder dies – Any dependants on the policy, or family members of the policyholder, should tell us within 30 days. <p>After we have been informed of the death, we will end the policy.</p> <p>Where the policyholder has died, a dependant aged 18 or over can apply to be the policyholder and can add more dependants to the policy. If there is no new policyholder, the policy will end.</p> <p>In either case, where there have been no claims, we will refund the premium for the period after the policy ended.</p>
10.	Our role under this policy and appointment as your intermediary
10.1	<p>Our role under this policy is to provide you with insurance cover and sometimes to make arrangements (on your behalf) for you to receive any covered benefits. It is not our role to provide you with the actual covered benefits.</p>
10.2	<p>You the policyholder, on behalf of yourself and the dependants, appoint us to act as intermediary for you, to make appointments or arrangements for you to receive covered benefits which you request. We will use reasonable care when acting as your intermediary.</p>

No	CLAUSE
10.3	<p>You the policyholder, on behalf of yourself and the dependants, authorise us as your intermediary, if for any reason you are not available to give us instructions with regard to any covered benefits (for example if you are incapacitated), to:</p> <ul style="list-style-type: none"> ◦ take such action as we reasonably believe to be in your best interests (in accordance with the cover you have under this policy); ◦ provide any information about you to your benefits provider as we reasonably believe to be appropriate in the circumstances; and/or ◦ take instructions from the person we reasonably believe to be the most appropriate person (for example a family member, your treating doctor or your employer).
10.4	When acting as your intermediary we may act via our Bupa group of companies and administrators .
11.	Our liability to you
11.1	We (and our Bupa group of companies and administrators) shall not be liable to you or anyone else for any loss, damage, illness and/or injury that may occur as a result of your receiving any covered benefits , nor for any action or failure to act of any benefits provider or other person providing you with any covered benefits . You should be able to bring a claim directly against such benefits provider or other person.
11.2	Your statutory rights are not affected.
12.	Fraudulent Claims
12.1	In this clause 12, where we refer to ' you ' or ' you the policyholder ' this includes anyone acting on your behalf, where we refer to ' dependant ' this includes anyone acting on behalf of any dependant .
12.2	<p>You the policyholder and any dependant must not:</p> <ul style="list-style-type: none"> ◦ make a fraudulent or exaggerated or falsely stated claim under this policy; ◦ send us fake or forged documents or other false evidence, or make a false statement in support of a claim(s); and/or ◦ provide us with information which you the policyholder or any dependant knows would otherwise allow us to refuse to pay a claim(s) under this policy; and/or ◦ refuse to cooperate or fail to provide information/documents reasonably requested by us to validate your claim(s), whether outstanding or paid (including but not limited to proof of payment, medical reports and original invoices).
12.3	<p>In the event of failure to comply with clause 12.2 above, we may:</p> <ul style="list-style-type: none"> ◦ refuse to pay the whole of the claim and any other claim(s) submitted since the date of that claim; and/or ◦ recover any payments we have already made in respect of the claim and/or other claim(s) submitted since that claim. <p>In addition, if you the policyholder breach clause 12.2 then we will let you, the policyholder, know that this policy has terminated from the date of the breach of clause 12.2, and not refund any premium for the policy.</p> <p>If only a particular dependant has breached clause 12.2 then we will let you, the policyholder, know that the cover under this policy for that particular dependant has terminated from the date of the breach of clause 12.2 above, and not refund any premium for that cover under the policy.</p>
13.	Provision of accurate and complete information
13.1	In this clause 13, where we refer to ' you ' or ' you the policyholder ' this includes anyone acting on your behalf, where we refer to any ' dependant ' this includes anyone acting on behalf of any dependant .

No	CLAUSE
13.2	<p>You and any dependant must take reasonable care to make sure that all information provided to us is accurate and complete, at the time you take out this plan, and at each renewal and variation of this plan. You and any dependant must also tell us if any of the answers to the questions in the application form change prior to this plan starting. Otherwise, the following apply with effect from the date the plan was taken out, renewed or varied (depending on when we were provided with inaccurate or incomplete information).</p> <p>A. We may treat this plan as if it had not existed if you deliberately or recklessly give us inaccurate or incomplete information.</p> <p>B. Where you negligently or carelessly give us inaccurate or incomplete information, or where A. applies but we choose not to rely on our rights under A, we may treat the plan and any claims in a way which reflects what we would have done if we had been provided with accurate and complete information, as follows:</p> <ul style="list-style-type: none"> ◦ if we would have refused to cover you at all, we may treat this plan as if it had not existed; ◦ if we would have provided you with cover on different terms, then we may apply those different terms to this plan. This means a claim will only be paid if it is covered by and/or if you have complied with such different terms - for example your plan may contain new personal restrictions or exclusions; and/or ◦ if we would have charged you a higher premium, we may reduce the amount payable on any claim by comparing the higher premium to the original premium. For example, we will only pay half of a claim, if we would have charged double the premium.
13.3	<p>Where it is a dependant (or you on their behalf) who has provided incomplete or inaccurate information, the same rules apply but only to that part of the plan which applies to the dependant, or to claims made by that dependant.</p> <p>The same rules apply if someone else provides us with information on your behalf or any dependant's behalf.</p>
14.	Data Processing Notice
14.1	Please see Bupa Global's Privacy Notice.
15.	Complaints
15.1	<p>How can I make a complaint?</p> <ul style="list-style-type: none"> ◦ call us: +44 (0) 1273 323 563 ◦ email: info@bupaglobal.com ◦ write to: Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, UK. <p>You can also ask for a copy of our complaints process.</p>
15.2	<p>If we can't settle your complaint within eight weeks or you don't agree with our final decision, you may be able to refer it to the Financial Ombudsman Service:</p> <ul style="list-style-type: none"> ◦ write to them: <ul style="list-style-type: none"> ◦ Financial Ombudsman Service, Exchange Tower, London, E14 9SR, UK ◦ call them: <ul style="list-style-type: none"> ◦ 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 them: <ul style="list-style-type: none"> ◦ complaint.info@financial-ombudsman.org.uk <p>For more details go to: www.financial-ombudsman.org.uk</p>
16.	Financial Services Compensation Scheme
16.1	We are covered by the Financial Services Compensation Scheme (FSCS). In the unlikely event that we cannot meet our financial obligations, you may be entitled to compensation from the FSCS, if you are usually resident in the EEA (European Economic Area), the Channel Islands or the Isle of Man. More information is available from the FSCS by calling the Freephone number: 0800 678 1100 or 020 7741 4100 or on its website fscs.org.uk .
17.	The law of this policy and where you can bring court action
17.1	This policy is governed by English law. Any dispute that cannot otherwise be resolved may be dealt with by courts in England and Wales.

No	CLAUSE
17.2	If any dispute arises as to the interpretation of this policy as between different language versions, then the English version shall be treated as conclusive and take precedence over any other versions.

PRIVACY NOTICE

We are committed to protecting **your** privacy when dealing with **your** personal information. This privacy notice provides details about the information **we** collect about **you**, how **we** use it and how **we** protect it. It also provides information about **your** rights (see section 13 'your rights').

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**.

Last updated: August 2020

1. Information about **us**
2. Scope of **our** privacy notice
3. How **we** collect personal information
4. Categories of personal information
5. What **we** use **your** personal information for and **our** legal reasons for doing so
6. Legitimate interests
7. Marketing and preferences
8. Profiling and automated decision-making
9. Sharing **your** information
10. Anonymised and combined information
11. Transferring information outside the European Economic Area (EEA)
12. How long **we** keep **your** personal information
13. **Your** rights
14. Data-protection contacts

1. Information about us

Summary: In this privacy notice, '**we**', '**us**' and '**our**' means **Bupa Global** and **Bupa Global Travel**. Please see 'More information' below for company contact details.

More information: Depending on which of **our** products and services **you** ask **us** about, buy or use, different companies within **our** organisation will process **your** information.

Bupa Global and **Bupa Global Travel** are trading names of **Bupa Insurance Limited** and **Bupa Insurance Services Limited** which are registered in England and Wales at Companies House under numbers 3956433 and 3829851 respectively. The registered offices are 1 Angel Court, London, EC2R 7HJ.

Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. **Bupa Insurance Limited** is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The Financial Conduct Authority does not regulate the activities of **Bupa Insurance Limited** that take place outside of the **UK**. The PRA and FCA regulation numbers of **Bupa Insurance Limited** and **Bupa Insurance Services Limited** are 203332

and 312526 respectively.

2. Scope of our privacy notice

Summary: This privacy notice applies to anyone who interacts with **us** about **our** products and services ('**you**', '**your**'), in any way (for example, by email, through **our** website, by phone, through **our** app). **We** will give **you** further privacy information if necessary for specific contact methods or in relation to specific products or services. For example, if **you** use **our** apps, **we** may give **you** privacy notices which apply just to a particular type of information which **we** collect through that app.

More information: This privacy notice applies to **you** if **you** ask **us** about, buy or use **our** products and services. It describes how **we** handle **your** information, regardless of the way **you** contact **us** (for example, by email, through **our** website, by phone, through **our** app and so on). **We** will provide **you** with further information or notices if necessary, depending on the way **we** interact with each other, for example if **you** use **our** apps **we** may give **you** privacy notices which apply just to a particular type of information which **we** collected through that app.

If **you** have any questions about this, please contact **us** at info@bupaglobal.com

3. How we collect personal information

Summary: **We** collect personal information from **you** and from third parties (anyone acting on **your** behalf, for example, brokers, health-care providers and so on).

Where you provide us with 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.

More information: **We** collect personal information from **you**:

- through **your** contact with **us**, including by phone (**we** may record or monitor phone calls to make sure **we** are keeping to legal rules, codes of practice and internal policies, and for quality assurance purposes), by email, through **our** websites, through **our** apps, by post, by filling in application or other forms, by entering competitions, through social media or face-to-face (for example, in medical consultations, diagnosis and **treatment**).

We also collect information from other people and organisations.

For all our customers, we may collect information from:

- **your** parent or guardian, if **you** are under 18 years old;
- a **family member**, or someone else acting on **your**

- behalf;
- **doctors**, other clinicians and health-care professionals, **hospitals**, clinics and other health-care providers;
- any service providers who work with **us** in relation to **your** product or service, if **we** don't provide it to **you** direct, such as providing **you** with apps, medical **treatment**, dental **treatment** or health assessments;
- organisations who carry out customer-satisfaction surveys or market research on **our** behalf, or who provide **us** with statistics and other information (for example, about **your** interests, purchases and type of household) to help **us** to improve **our** products and services;
- fraud-detection and credit-reference agencies; and
- sources which are available to the public, such as the edited electoral register or social media.

If we provide you with insurance products and services, we may collect information from:

- the **policyholder**, if **you** are a **dependant** under a family insurance **policy**;
- **your policyholder** (usually **your** employer), if **you** are covered by an insurance **policy** they have taken out on **your** behalf;
- brokers and other agents (this may be **your** broker if **you** have one, or **your** employer's broker if they have one); and
- other third parties **we** work with, such as agents working on **our** behalf, other insurers and reinsurers, actuaries, auditors, solicitors, translators and interpreters, tax advisers, debt-collection agencies, credit-reference agencies, fraud-detection agencies (including health-insurance counter-fraud groups), regulators, data-protection supervisory authorities, health-care professionals, other health-care providers and medical-assistance providers.

4. Categories of personal information

Summary: For all **our** services, **we** process the following categories of personal information about **you** and (where this applies) **your dependants**:

- 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; and
- information about criminal convictions and offences (**we** may get this information when carrying out fraud or money laundering checks, or other background screening to prevent crime).

More information:

Standard personal information includes:

- contact information, such as **your** name, username, address, email address and phone numbers;
- the country **you** live in, **your** age, **your** date of birth and national identifiers (such as **your** National Insurance number or passport number);
- information about **your** employment;
- details of any contact **we** have had with **you**, such as any complaints or incidents;
- financial details, such as details about **your** payments and **your** bank details;

- the results of any credit or any anti-fraud checks **we** have made on **you**;
- information about how **you** use **our** products and services, such as insurance claims; and
- information about how **you** use **our** website, apps or other technology, including IP addresses or other device information (please see **our** Cookies **Policy** available at <https://www.bupaglobal.com/en/legal/cookies> for more details).

Special category information includes:

- information about **your** physical or mental health, including genetic information or biometric information (**we** may get this information from application forms **you** have filled in, from notes and reports about **your** health and any **treatment** and care **you** have received or need, or it may be recorded in details of contact **we** have had with **you** such as information about complaints or incidents, and referrals from **your** existing insurance provider, quotes and records of medical services **you** have received);
- information about **your** race, ethnic origin and religion (**we** may get this information from **your** medical or care-home preferences to allow **us** to provide care that is tailored to **your** needs); 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).

Criminal offences and convictions information includes:

- information collected as a result of fraud and money-laundering checks.

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

Summary: **We** process **your** personal information for the purposes set out in this privacy notice. **We** have also set out some legal reasons why **we** may process **your** personal information (these depend on what category of personal information **we** are processing). **We** normally process standard personal information if this is necessary to provide the services set out in a contract, it is in **our** or a third party's legitimate interests or it is required or allowed by any law that applies. Please see below for more information about this and the reasons why **we** may need to process special category information and criminal offence and conviction information.

More information: By law, **we** must have a lawful reason for processing **your** personal information. **We** process standard personal information about **you** if this is:

- **necessary to provide the services set out in a contract** – if **we** have a contract with **you**, **we** will process **your** personal information in order to fulfil that contract (that is, to provide **you** and **your dependants** with **our** products and services);
- **in our or a third party's legitimate interests** – details of those legitimate interests are set out in more detail in section 6 'legitimate interests' below.
- **required or allowed by law.**

We process special category information about **you** because:

- **it is necessary for the purposes of preventive or occupational medicine**, to assess whether **you** are able to work, medical diagnosis, to provide health or social care or **treatment**, or to manage health-care or social-care systems (including to monitor whether **we** are meeting expectations relating to **our** clinical and non-clinical performance);
- **it is necessary for an insurance purpose** (for example, advising on, arranging, providing or managing an insurance contract, dealing with a claim made under an insurance contract, or relating to rights and responsibilities arising in connection with an insurance contract or law);
- **it is necessary to establish, make or defend legal claims** (for example, claims against **us** for insurance);
- **it is necessary for the purposes of preventing or detecting an unlawful act** in circumstances where **we** must carry out checks without **your** permission so as not to affect the outcome of those checks (for example, anti-fraud and anti-money-laundering checks or to check other unlawful behaviour, or carry out investigations with other insurers and third parties for the purpose of detecting fraud);
- **it is necessary for a purpose designed to protect the public against dishonesty, malpractice or other seriously improper behaviour** (for example, investigations in response to a safeguarding concern, a **policyholder's** complaint or a regulator (such as the Care Quality Commission or the General Medical Council) telling **us** about an issue);
- **it is in the public interest, in line with any laws that apply**;
- **it is information that you have made public**; or
- **we have your permission.** As is best practice, **we** will only ask **you** for permission to process **your** personal information if there is no other legal reason to process it. If **we** need to ask for **your** permission, **we** will make it clear that this is what **we** are asking for, and ask **you** to confirm **your** choice to give **us** that permission. If **we** cannot provide a product or service without **your** permission (for example, **we** can't manage and run a health trust without health information), **we** will make this clear when **we** ask for **your** permission. If **you** later withdraw **your** permission, **we** will no longer be able to provide **you** with a product or service that relies on having **your** permission.

We process criminal offence and conviction information as part of money laundering checks to comply with financial crime requirements.

6. Legitimate interests

Summary: **We** process **your** personal information for a number of legitimate interests, including managing all aspects of **our** relationship with **you**, for marketing, to help **us** improve **our** services and products, and in order to exercise **our** rights or handle claims. More detailed information about **our** legitimate interests is set out below.

More information: Legitimate interest is one of the legal reasons why **we** may process **your** personal information.

Taking into account **your** interests, rights and freedoms, legitimate interests which allow **us** to process **your** personal information include:

- to manage **our** relationship with **you**, **our** business and third parties who provide products or services for **us** (for example, to check that **you** have received a service that **you're** covered for, to validate invoices and so on);
- to provide health-care services on behalf of a third party (for example, **your** employer);
- to make sure that claims are handled efficiently and to investigate complaints (for example, **we** may ask **your benefits provider** for information to make sure **we** receive accurate information and to monitor the quality of **your treatment** and care);
- to keep **our** records up to date and to provide **you** with marketing as allowed by law;
- to develop and carry out marketing activities and to show **you** information that is of interest to **you**, based on **our** understanding of **your** preferences (**we** combine information **you** give **us** with information **we** receive about **you** from third parties to help **us** understand **you** better);
- for statistical research and analysis so that **we** can monitor and improve products, services, websites and apps, or develop new ones;
- to contact **you** about market research **we** are carrying out;
- to monitor how well **we** are meeting **our** clinical and non-clinical performance expectations in the case of health-care providers;
- to enforce or apply **our** website terms of use, **our policy** terms and conditions or other contracts, or to protect **our** (or **our** customers' or other people's) rights, property or safety;
- to exercise **our** rights, to defend ourselves from claims and to keep to laws and regulations that apply to **us** and the third parties **we** work with; and
- to take part in, or be the subject of, any sale, purchase, merger or takeover of all or part of the **Bupa** business.

7. Marketing and preferences

We may use **your** personal information to send **you** marketing by post, by phone, through social media, by email and by text.

We can only use **your** personal information to send **you** marketing material if **we** have **your** permission or a legitimate interest as described above.

If **you** don't want to receive emails from **us**, **you** can click on the 'unsubscribe' link that appears in all emails **we** send. If **you** don't want to receive texts from **us** **you** can tell **us** by contacting **us** at any time. Otherwise, **you** can always contact **us** to update **your** contact preferences. See section 14 'data protection contacts' for details of how to contact **us**.

You have the right to object to direct marketing and profiling (the automated processing of **your** information to help **us** evaluate certain things about **you**, for example, **your** personal preferences and **your** interests) relating to direct marketing. Please see section 13 'your rights' below for more details.

8. Processing for profiling and automated decision-making

Summary: Like many businesses, **we** sometimes use automation to provide **you** with a quicker, better, more consistent and fair service, and marketing information **we** think will be of interest to **you** (including discounts on **our** products and services). This will involve evaluating information about **you** and, in some cases, using technology to provide **you** with automatic responses or decisions (automated decisions). Please see 'more information' below for further details.

You have the right to object to direct marketing and profiling relating to direct marketing (see section 13 'your rights' for more information). **You** may also have the right to object to other types of profiling and automated decision-making set out below. In these cases, **you** have the right to ask **us** to make sure that one of **our** advisers reviews an automated decision, to let **us** know how **you** feel about it and to ask **us** to reconsider the decision. **You** can contact **us** to exercise these rights. See section 14 'data protection contacts' for full contact details.

More information:

By law, **we** must tell **you** about:

- automated decision-making (making a decision using technology, without any person being involved); and
- profiling (automated processing of **your** information to help **us** evaluate certain things about **you**, for example, **your** personal preferences and **your** interests).

This is because **you** have certain rights relating to both automated decision-making and profiling. **You** have the right to object to profiling relating to direct marketing. If **you** do this, **we** will no longer carry out profiling for direct marketing purposes. **You** also have the right to object to profiling in other circumstances set out below.

When **we** make decisions using only automated processing which produce legal effects which concern **you** or which have a significant effect on **you**, **we** will let **you** know. **You** then have 21 days to ask **us** to reconsider **our** decision or to make a new decision that is not based only on automated processing. If **we** receive a request from **you**, within 21 days of receiving **your** request, **we** will:

- consider the request, including any information **you** have provided that is relevant to it;
- meet **your** request; and
- let **you** know in writing what **we** have done to meet **your** request, and the outcome.

You can contact **us** (see section 14 'data protection contacts' for details) to ask about these rights (see section 13 'your rights' for more details).

Profiling and automated decision-making

The processes set out below involve both profiling and automated decision-making.

- Depending on the type of insurance product that **you** want to benefit from, to help **us** decide what level of cover **we** can offer **you**, **we** will ask **you** to provide information about **your** medical history. **We** may use software to review this information to find out whether **you** have any previous or existing health conditions which **we** cannot cover **you** for and which will be

excluded from **your** policy.

- **We** may use software to help **us** calculate the price of products and services based on what **we** know about **you** and other customers. For example, **our** technology may analyse information about **your** claims history and compare it with the information **we** hold about previous claims to evaluate how likely **you** are to need to make a claim. **We** may also evaluate **your** age, where **you** live and other details relating to **your** health (such as existing health conditions and whether **you** smoke) to calculate prices for community-rated products which are based on predefined groups with similar risk profiles.

Profiling

The processes set out below involve profiling.

- In order to improve outcomes and be more efficient, and allow **us** to offer advice about different **treatment** paths (for example, alternatives to surgery or other invasive **treatments**), **we** may use software to evaluate medical history and information about the general population in an area to identify customers who are likely to need that advice most.
- When **your** policy is due for **renewal**, **our** software tells **us** this and may also evaluate **your** payment and claims history, information about the general information in a particular area, other information **you** have given **us** about yourself, and other information from third parties to automatically provide **you** with information about what incentives **we** can offer **you** and the marketing messages **you** will receive.
- **We** ask other organisations to carry out some of **our** consumer and market analysis to improve **our** marketing processes. This involves sharing personal information relating to **our** customers with third parties who specialise in profiling and segmenting people (putting people into groups of different types of customer, based on different kinds of information collected about them, to help **us** to better target **our** products to them). These companies match the information **we** give them with information they get from other sources to improve the accuracy of their analysis. **We** use the results of this analysis to help **us** target marketing and offers.
- **We** may use information about the products **you** have bought, and information about what other customers who have bought the same products **you** have bought, to make sure **we** send **you** information about the products **you** are most likely to be interested in.
- **We** may share **your** personal information (including **your** name, date of birth, sex and the country **you** live in) with third-party companies **we** use to carry out fraud checks. **We** will review any matches from this process. (**We** will not use automated decision-making for this.)

9. Sharing your information

Summary: **We** share **your** information within the **Bupa Group**, with relevant **policyholders** (including **your** employer if **you** are covered under a group scheme), with funders arranging services on **your** behalf, with people acting on **your** behalf (for example, brokers and other agents) and with others who help **us** provide services to **you** (for example, health-care providers and medical-

assistance providers) or who **we** need information from to allow **us** to handle or confirm claims or entitlements (for example, professional associations). **We** also share **your** information in line with the law. For more information about who **we** share **your** information with and why, please see below.

More information: **We** sometimes need to share **your** information with other people or organisations for the purposes set out in this privacy notice. The exact information **we** share depends on the reason **we** are sharing it. For example, if **we** need to share information in order to provide health care, **we** will share special categories of information, such as medical details, with the **treatment** provider.

For all our customers, we share your information with:

- other members of the **Bupa Group** of companies in order to provide **our** products and services;
- other organisations **you** belong to, or are professionally associated with, in order to confirm **your** entitlement to claim discounts on **our** products and services;
- **doctors**, clinicians and other health-care professionals, **hospitals**, clinics and other health-care providers;
- suppliers who help deliver products or services on **our** behalf;
- people or organisations **we** have to, or are allowed to, share **your** personal information with by law (for example, for fraud-prevention or safeguarding purposes, including with the Care Quality Commission);
- the police and other law-enforcement agencies to help them perform their duties, or with others if **we** have to do this by law or under a court order;
- organisations that carry out surveys on **our** behalf;
- if **we** (or any member of the **Bupa group**) sell or buy any business or assets, the potential buyer or seller of that business or those assets; and
- a third party who takes over any or all of the **Bupa Group's** assets (in which case personal information **we** hold about **our** customers or visitors to the website may be one of the assets the third party takes over).

If we provide insurance or manage a health-care trust, we share your information with:

- the **policyholder** or their agent if **you** are not the main member under an individual **policy** (**we** will send them all membership documents and confirmation of how **we** have dealt with a claim, and all people who are insured on the **policy** may have access to correspondence and other information **we** provide through **our** online portal);
- **your** employer (or their broker or agent) for product or service administration purposes if **you** are a member or beneficiary under **your** employer's group scheme;
- **your** broker or agent (or both);
- other third parties **we** work with to provide **our** products and services, such as agents working on **our** behalf, other insurers and reinsurers, actuaries, auditors, solicitors, translators and interpreters, tax advisers, debt-collection agencies, credit-reference agencies, fraud-detection agencies (including insurance counter-fraud groups), regulators, data-protection supervisory authorities, health-care professionals, health-care providers and medical-assistance providers; and
- organisations who provide **your** **treatment** and other benefits, including travel-assistance services.

If **we** share **your** personal information, **we** will make sure appropriate protection is in place to protect **your** personal information in line with data-protection laws.

10. Anonymised and combined information

We support ethically approved clinical research. **We** may use anonymised information (with all names and other identifying information removed) or information that is combined with other people's information, or reveal it to others, for research or statistical purposes. **You** cannot be identified from this information and **we** will only share the information in line with legal agreements which set out an agreed, limited purpose and prevent the information being used for commercial gain.

11. Transferring information outside the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, **we** transfer **your** personal information to countries outside the EEA (the EU member states plus Norway, Liechtenstein and Iceland) 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 data-protection laws. Often, this protection is set out under a contract with the organisation who receives that information. For more information about this protection, please contact **us** at info@bupaglobal.com.

12. How long we keep your personal information

We keep **your** personal information in line with set periods calculated using the following criteria.

- How long **you** have been a customer with **us**, the types of products or services **you** have with **us**, and when **you** will stop being **our** customer.
- How long it is reasonable to keep records to show **we** have met the obligations **we** have to **you** and by law.
- Any time limits for making a claim.
- Any periods for keeping information which are set by law or recommended by regulators, professional bodies or associations.
- Any relevant proceedings that apply.

If **you** would like more information about how long **we** will keep **your** information for, please contact **us** at info@bupaglobal.com.

13. Your rights

Summary: **You** have the right to access **your** information and to ask **us** to correct any mistakes and delete and restrict the use of **your** information. **You** also have the right to object to **us** using **your** information, to ask **us** to transfer of information **you** have provided, to withdraw permission **you** have given **us** to use **your** information and to ask **us** not to use automated decision-making which will affect **you**.

More information: **You** have the following rights (certain

exceptions apply).

- **Right of access:** You have the right to make a written request for details of **your** personal information and a copy of that personal information.
- **Right to rectification:** You have the right to have inaccurate information about **you** corrected or removed.
- **Right to erasure ('right to be forgotten'):** You have the right to have certain personal information about **you** deleted from **our** records.
- **Right to restriction of processing:** You have the right to ask **us** to use **your** personal information for restricted purposes only.
- **Right to object:** You have the right to object to **us** processing (including profiling) **your** personal information in cases where **our** processing is based on a task carried out in the public interest or where **we** have let **you** know it is necessary to process **your** information for **our** or a third party's legitimate interests. You can object to **us** using **your** information for direct marketing and profiling purposes in relation to direct marketing.
- **Right to data portability:** You have the right to ask **us** to transfer the personal information **you** have given **us** to **you** or to someone else in a format that can be read by computer.
- **Right to withdraw consent:** You have the right to withdraw any permission **you** have given **us** to handle **your** personal information. If **you** withdraw **your** permission, this will not affect the lawfulness of how **we** used **your** personal information before **you** withdrew permission, and **we** will let **you** know if **we** will no longer be able to provide **you** with **your** chosen product or service.
- **Right in relation to automated decisions:** You have the right not to have a decision which produces legal effects which concern **you** or which have a significant effect on **you** based only on automated processing, unless this is necessary for entering into a contract with **you**, it is authorised by law or **you** have given **your** permission for this. **We** will let **you** know if **we** make automated decisions, **our** legal reasons for doing this and the rights **you** have.

Please note: Other than **your** right to object to **us** using **your** information for direct marketing (and profiling for the purposes of direct marketing), **your** rights are not absolute. This means they do not always apply in all cases, and **we** will let **you** know in **our** correspondence with **you** how **we** will be able to meet **your** request relating to **your** rights.

If **you** make a request, **we** will ask **you** to confirm **your** identity if **we** need to, and to provide information that helps **us** to understand **your** request better. **We** have 21 days to respond to requests relating to automated decisions. For all other requests **we** have one month from receiving **your** request to tell **you** what action **we** have taken.

If **we** do not meet **your** request, **we** will explain why.

In order to exercise **your** rights, please contact **us** at info@bupaglobal.com.

14. Data-protection contacts

If **you** have any questions, comments, complaints or suggestions in relation to this notice, or any other concerns about the way in which **we** process information about **you**, please contact **our** service team on +44 (0)1273 323 563.

Alternatively **you** can email or write to **our** Data Protection Officer or Privacy Team at info@bupaglobal.com or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, **United Kingdom**.

We are regulated by 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). **You** have a right to make a complaint to them or to **your** local privacy supervisory authority.

GLOSSARY

Active treatment	Treatment from a medical practitioner of a disease, illness or injury that leads to your recovery, conservation of your condition or to restore you to your previous state of health as quickly as possible.
Advanced therapy medicinal products (ATMPs)	Treatments that are based on genes, tissues or cells, for example Chimeric Antigen Receptor (CAR) T-cell treatment .
Artificial life maintenance	Any medical procedure, technique, medication or intervention delivered to a patient in order to prolong life.
Assisted Reproduction Technologies	Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction.
Benefits provider	The recognised medical practitioner, hospital or clinic, or any other service provider, which provides you with any covered benefits .
Blue Cross Blue Shield Association / Blue Cross Blue Shield Global / BCBSA	The Blue Cross and Blue Shield Association is a national federation of 36 independent, community-based and locally-operated Blue Cross and Blue Shield companies. Blue Cross Blue Shield Global is a brand owned by Blue Cross Blue Shield Association .
Bupa	The British United Provident Association Limited, a UK limited liability company limited by guarantee, registered in England and Wales with company number 00432511, with registered office at Bupa , 1 Angel Court, London, EC2R 7HJ, England.
Bupa Global	Bupa Insurance Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.
Bupa Group	Bupa Global, Bupa Insurance Services Limited and all other companies in the Bupa Group , and those companies which provide any administration of this policy on behalf of Bupa Global .
Co-insurance	The percentage you have to pay towards those covered benefits to which co-insurance applies, as indicated in your membership certificate and membership guide.
Complementary therapist	Such as an acupuncturist, homeopath, reflexologist, naturopath or Chinese medicine practitioner who is fully trained and legally qualified and permitted to practise by the relevant authorities in the country in which the treatment is received.
Covered benefits	The treatment and benefits shown as covered in the Guide to your Bupa Global health plan .
Day-patient	Treatment which for medical reasons requires you to stay in a bed in hospital during the day only. We do not require you to occupy a bed for day-patient mental health treatment .

Dental practitioner	<p>A person who:</p> <ul style="list-style-type: none"> ◦ is legally qualified to practice dentistry, ◦ is recognised by the relevant authorities in the country in which the treatment takes place as having a specialised qualification following attendance at a recognised dental school, and ◦ is permitted to practice dentistry by the relevant authorities in the country where the dental treatment takes place <p>Examples of a specialised qualification in the field of dentistry may include (but are not limited to) periodontics or paediatric dentistry.</p>
Dependants	Any other people covered by this policy , as named on the insurance certificate.
Diagnostic tests	Investigations, such as X-rays or blood tests, to find the cause of your symptoms.
Dietician	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received.
Doctor	A person who: is legally qualified in medical practice following attendance at a recognised medical school to provide medical treatment , does not need a specialist's training, and is licensed to practise medicine in the country where the treatment is received. By recognised medical school we mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.
Emergency	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgment of a reasonable person, requires immediate treatment , generally within 24 hours of onset, and which would otherwise put your health at risk.
Europe	All EU countries, plus Norway, Iceland, Liechtenstein, Switzerland, Andorra, Isle of Man, Channel Islands, Monaco, San Marino, Turkey and the Vatican.
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.
Guide to your Premier Global health plan	The booklet entitled " Guide to your Premier Global health plan " for the health plan which is stated to apply to you on your insurance certificate. This sets out which treatments and benefits are included under and any exclusions that apply to this policy . Where you the policyholder have a different health plan to the dependants , a different " Guide to your health plan " will apply to each of you .
Health plan	Any insurance plans made available by Bupa Global from time to time.
Hospital	A centre of treatment which is registered, or recognised under the local country's laws, as existing primarily for carrying out major surgical operations , or providing treatment which only specialists can provide.
In-patient	Treatment which for medical reasons normally means that you have to stay in hospital bed overnight or longer.
Intensive care	Intensive care includes; High Dependency Unit (HDU): a unit that provides a higher level of medical care and monitoring, for example in single organ system failure. Intensive Therapy Unit/ Intensive Care Unit (ITU/ICU): a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation. Coronary Care Unit (CCU): a unit that provides a higher level of cardiac monitoring. Special care baby unit: a unit that provides the highest level of care for babies.

Medical practitioner	A specialist, doctor, psychologist, psychotherapist, physiotherapist, osteopath, chiropractor, dietician, speech therapist, complementary therapist or therapist who provides active treatment of a known condition.
Medically necessary:	treatment , medical service or prescribed drugs/medication which is: <ul style="list-style-type: none"> (a) consistent with the diagnosis and medical treatment for the condition; (b) consistent with generally accepted standards of medical practice; (c) necessary for such a diagnosis or treatment; (d) not being undertaken primarily for the convenience of the member or the treating medical practitioner
Mental health treatment	Treatment of mental conditions, including eating disorders.
Network	Hospitals , pharmacies or similar facilities, or Medical practitioner's that have an agreement in effect with Bupa Global or a service partner to provide you with covered treatment .
Out-patient	Treatment given at a hospital , consulting room, doctor's office or out-patient clinic where you do not stay overnight or as a day-patient to receive treatment .
Ovulation induction treatment	Treatment including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.
Persistent vegetative state:	A state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and the person does not respond to stimuli such as calling their name, or touching. The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.
Pharmacy	A facility where prescribed drugs are prepared or sold.
Physiotherapists, osteopaths and chiropractors	Practitioners must be fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the treatment is received.
Policy	Your contract of insurance with Bupa Global as described in Clause 1 of the Terms and Conditions.
Policy year	The 12 month period for which this policy is effective, as first shown on your insurance certificate and, if this policy is renewed, each 12 month period which follows the renewal date.
Policyholder	The main applicant set out in the application form and who will be the first person named on the insurance certificate.
Pre-existing condition	<ul style="list-style-type: none"> ◦ Any medical condition declared in your application for cover which has been noted on your membership certificate as a 'personal exclusion' or covered pre-existing condition. ◦ Any medical condition declared in your application for cover which has been accepted with no 'personal exclusion' or underwriting loading applied ◦ Any disease illness or injury for which you received medication, advice or treatment, or you had experienced symptoms of whether the condition was diagnosed or not, prior to becoming a member which was not disclosed on your application for cover <p>Where we have accepted your transfer to this plan from another insurance product on a continuous cover basis, the above reference to 'application for cover' shall mean your original application for cover under that previous insurance product.</p>
Prophylactic surgery	Surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland.

Psychologist and psychotherapist	A person who is legally qualified and is permitted to practice as such in the country where the treatment is received.
Qualified nurse	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the treatment is received.
Reasonable and Customary	Reasonable and Customary means the 'usual', or 'accepted standard' amount payable for a specific healthcare treatment , procedure or service in a particular geographical region, and provided by benefits providers of comparable quality and experience.
Recognised medical practitioner, hospital or healthcare facility	Any provider who is not an unrecognised medical practitioner, hospital or healthcare facility .
Rehabilitation (Multidisciplinary rehabilitation)	Treatment in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.
Renewal	Each anniversary of the date you joined the health plan .
Serious acute illness	A medical condition, or symptoms resulting from a disease, illness or injury which arises suddenly and in the reasonable opinion of the attending specialist and our medical consultants, requires immediate treatment , generally within 24 hours of onset, and which would otherwise put your health at serious risk.
Service partner	A company or organisation that provides services on behalf of Bupa Global . These services may include pre-authorisation of cover and location of local medical facilities.
Specialist	A surgeon, anaesthetist or specialist who: is legally qualified to practise medicine or surgery following attendance at a recognised medical school, is recognised by the relevant authorities in the country in which the treatment is received as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated. By 'recognised medical school' we mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.
Specified country of nationality	The country of nationality specified by you in your application form or as advised to us in writing, whichever is the later.
Specified country of residence	The country of residence specified by you in your application and shown in your insurance certificate, or as advised to us in writing, whichever is the later. The country you specify must be the country in which the relevant authorities (such as tax authorities) believe you to be resident for the duration of the policy .
Speech therapist	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received.
Surgical operation	A medical procedure that involves the use of instruments or equipment.
Therapists	An occupational therapist or orthoptist, who is legally qualified and is permitted to practise as such in the country where the treatment is received.
Treatment	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure disease, illness or injury.
UK	Great Britain and Northern Ireland.

Unrecognised medical practitioner, provider or facility	<ul style="list-style-type: none"> ◦ Treatment provided by a medical practitioner, hospital or healthcare facility which are not recognised by the relevant authorities in the country where the treatment takes place as having specialist knowledge, or expertise in, the treatment of the disease, illness or injury being treated. ◦ Self treatment or treatment provided by anyone with the same residence, Family Members (persons of a family, related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ◦ Treatment provided by a medical practitioner, hospital or healthcare facility which are to whom we have sent a written notice that we no longer recognise them for the purposes of our health plans. You can contact us by telephone for details of benefit providers we have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder
We/us/our	Bupa Global
You the policyholder	Just the policyholder .
You/your	The policyholder and/or any dependants .

General services:

+44 (0) 1273 323 563

Medical related enquiries:

+44 (0) 1273 333 911

Your calls may be recorded or monitored.

Bupa Global

Victory House
Trafalgar Place
Brighton
BN1 4FY

United Kingdom

Bupa Global offers you:

Global medical plans for
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bupaglobal.com

For services in the U.S.

Blue Cross Blue Shield Global

US Service Center
Palmetto Bay Village Center
17901 Old Cutler Road, Suite #400
Palmetto Bay, FL 33157

info@bupaglobalaccess.com
+1 786-257-4741

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