Worldwide Health Options

Membership Guide

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

From 1 November 2024

bupaglobal.com

Welcome

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

What's included

You should read this guide with **your** insurance certificate and application for cover. These set out the terms and conditions of **your** cover. To make the most of the plan, please read these sections:

- 'What is covered' and 'What is not covered', along with 'Explaining **your** benefits' to understand **your** cover and any benefit limits that might apply
- 'Pre-authorisation' and 'Making a claim' for advice on what to do when **you** need **treatment**
- 'Managing **your** plan' to understand the rules about **your** cover including when it will start, renew and end, and how **you** can change it
- The 'Glossary' to help understand the meaning of some of the terms used

Please keep this guide in a safe place. If **you** need another copy, **you** can call **us**, or view and download a copy any time in MembersWorld.

Bold words

Some words in this guide appear in bold type. These are words that have special meanings in this guide.

You can find these meanings in the 'Glossary'.

Sight or hearing difficulties?

Please let **us** know if **you** would like a copy of **your** documents in either braille, large print or audio format.

Contents

Where you are covered

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

You can find a summary of **hospitals** at www.bupaglobal.com/facilitiesfinder

Contact us

Available at any time of the day or night

You can access details about **your** plan any time of the day or night through MembersWorld.
You can also call **us** at any time for advice and support from people who can help **you**.

Healthline: +44 (0) 1273 323 563

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

- finding places and people to treat **you**. **We** try to do this within 48 hours
- access to a second medical opinion

We get information from a number of sources. **You** should check this information as **we** do not verify it. **We** can't be held responsible for any errors or omissions, or any loss, damage, illness or injury that may occur as a result of this information.

You can ask **us** to arrange a medical evacuation if **you** have cover for this.
This **can** include:

- air ambulance
- commercial flights, with or without medical escorts
- stretcher transport
- transport for **your** body or ashes
- travel for relatives and escorts.

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

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

Contact details changed?

It's very important that **you** let **us** know when **you** change **your** contact details (postal or email address or phone number). **We** need to keep in touch with **you** so **we** can give **you** important information about **your** plan or **your** claims. To update **your** details, simply log into MembersWorld or call, email or write to **us**.

Question about your plan?

MembersWorld is the first place to go for information about:

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

You can join at https://membersworld.bupaglobal.com or by downloading the MembersWorld mobile app. It's often the quickest way to contact **us**.

Other ways to contact **us**:

- Email: info@bupaglobal.com
- Phone: +44 (0) 1273 323 563
- Post: **Bupa Global**, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom

We may record or monitor **your** calls.

Welcome to MembersWorld

MembersWorld connects **you** to **Bupa Global** when **you** need **us**.

Overview

MembersWorld is for anyone on the plan aged 16 or over. If **you** are the **main member** and want to see details of **your dependants**, they will need to join MembersWorld and give their permission for **you** to do this.

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

How to access MembersWorld

You can join at https://membersworld.bupaglobal.com or by downloading the MembersWorld mobile app.

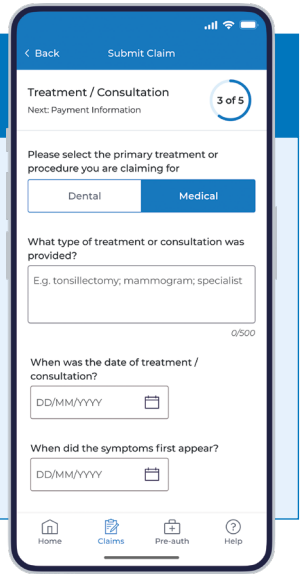
Just search '**Bupa Global** MembersWorld' on the App Store or Google Play Store.

Download on the App Store

GET IT ON Google Play

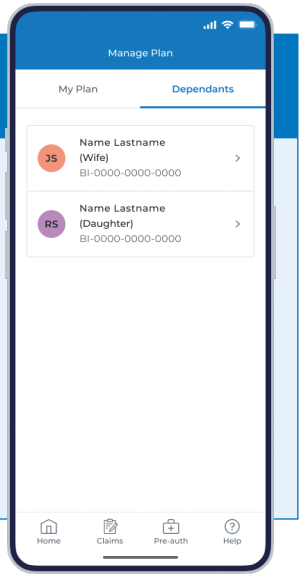
Claims and pre-authorisations

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



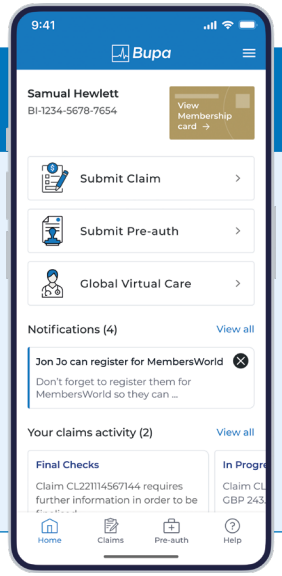
Dependants

- View **dependants'** plans, documents and membership cards
- Submit and view claims*
- **Main members** can manage a **dependant's** account



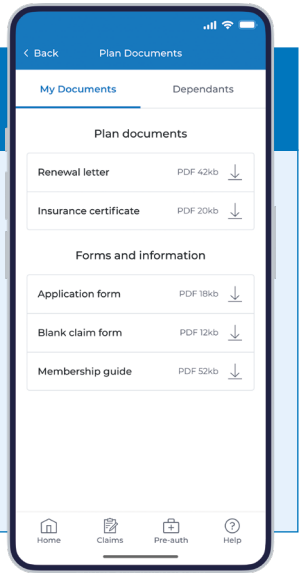
Membership cards

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



Policy documents

- View and download **your** plan documents



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

blua. Digital health by Bupa Global

At **Bupa Global, we** care about more than just physical health. Blua digital health by **Bupa Global** supports **you** and **your** family in all the moments that matter including **your** physical and mental health.

These services are free to use as soon as **your** plan starts.

Using them does not use any of **your** benefit limits.

You can access these services through the Blua digital health page on the MembersWorld app.

If **you** have any questions, please contact **us**.

Your Wellbeing

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

You can find news, articles and simple tips to help **you** and **your** family live longer, healthier, happier lives.

Second Medical Opinion*

With **Bupa Global**, **you** can always ask for a second medical opinion from leading **specialists**.

This can give **you** the peace of mind that **your treatment** is right for **you**. An independent team of **specialists** will look at **your** medical history and **treatment** and give **you** a detailed report on what should happen next.

You can ask for a second medical opinion on **your** MembersWorld app or by email at info@bupaglobal.com

Global Virtual Care*

You can request unlimited telephone or video consultations with international **doctors** at no extra cost, without affecting **your** benefits.

- Same day consultations are available
- A global team of general practitioners
- Multiple language options
- Consultation notes are stored securely in the app
- Prescriptions and referral letters are sent direct to **your** phone (where local regulations allow)
- Prescription delivery is available in selected locations

You can book appointments any time of the day or night in **your** MembersWorld app.

* These are not **Bupa Global** services - **we** have contracts with other companies to provide them to **you**. **We** can change or remove them at any time. **We** are not responsible for any information they give **you** or, if for any reason, they are not available.

The importance of pre-authorisation

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

Why you should pre-authorise treatment

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

We can then:

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

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

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

We may appoint an independent medical professional and ask **you** to have a medical examination with them. If **we** do this, **we** will pay for it. They will then give **us** a medical report.

Pre-authorised treatment with our network providers

When **you** have pre-authorised **treatment** with a provider that is in **our network**, **we** will cover the costs if, when **you** have it:

- the plan is in force
- **you** are covered by the plan
- premiums are paid up to date
- the pre-authorisation is still valid.

When **we** approve **treatment**, **we** will tell **you** how long the pre-authorisation will be valid for. If **you** need more **treatment** after this, **you** can request a new pre-authorisation.

How to pre-authorise treatment

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

If you need to go to hospital in an emergency

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

The claiming process

If you need assistance with a claim you can:

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

Our process

Whether **you** choose direct settlement or 'pay and claim' **we** provide a quick and easy claims process. **We** aim to arrange direct settlement wherever possible, but it has to be with the agreement of whoever is providing the **treatment**.

In general, **we** can only arrange direct settlement 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 **hospital** or healthcare facility in **our network**.

How to make a claim

The quickest way to make a claim is by using **your** MembersWorld account. **You** have the choice of making an online claim or uploading a completed claim form.

Make sure **we've** got all the information **we** ask for. The biggest delays to paying a claim are incomplete, missing or unreadable information.

Make sure **you** give **us your** correct bank details. Bank transfer is by far the quickest way to receive **your** payment.

Direct settlement	Pay and claim
Contact **us** for pre-authorisation through MembersWorld or by phone.	After **your** treatment, **your** medical provider should provide **you** with an itemised invoice. They may also give **you** other supporting documents. This could be a medical report, consultation notes, or test results.
We check if **your** treatment is covered and confirm with **you** and the provider if direct settlement can be applied. **We** send the provider a pre-authorisation statement. **We** will also send **you** a copy if **you** ask **us**.	**You** should log into MembersWorld to submit the claim. **Our** claim submission portal will guide **you** through the claim. **You** can submit the invoice for assessment along with any supporting documents there too.
We pay the provider directly.	**We** will pay **you** to the bank account with the details **you** have given **us**. Please make sure that **your** bank accepts **your** preferred payment currency.

When **we** have assessed and paid **your** claim, **you** will be able to see a payment statement in MembersWorld. This will show when and how **your** claim was paid, and who received the payment. This will include the details of any **co-insurance** or **deductible** applied to the claim.

How your modules work

Whether **you** are at home or abroad, **we** know that everyone wants something different from their health plan. Worldwide Health Options gives **you** the choice to tailor **your** plan to fit **your** personal needs.

Core cover

Worldwide Medical Insurance

Everyone on the plan has these benefits, depending on the terms and conditions of **your** plan and any prior underwriting.

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

Optional cover

(**You** can choose any combination of modules to go alongside the core cover)

Worldwide Medical Plus

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

Worldwide Medicines and Equipment

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

Worldwide Wellbeing

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

Worldwide Evacuation

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

Your final plan

Your personalised Worldwide Health Options plan

You can see **your** chosen modules and **deductibles** on **your** insurance certificate. These make up **your** personalised Worldwide Health Options plan.

Please see the 'Table of benefits' for the details of **your** chosen benefits.

Things you need to know about your health plan

About your membership

This plan is an insurance contract between **you** and **Bupa Global**. **Your** cover begins on the 'effective date' on **your** insurance certificate.

Please see 'Starting and renewing **your** cover' within the 'Managing **your** plan' section of this guide for information about renewing **your** plan.

There are three documents that set out the terms of **your** membership:

- **your** application for cover. This includes quote requests, forms for anyone covered, and anything declared when **you** applied for cover
- **your** rules and cover shown in this guide
- **your** insurance certificate. This shows the name of the insurer.

Although they're separate documents, **you** should read them together. Each time **your** plan renews, **we**'ll send **you** the updated versions of the membership guide and insurance certificate which will apply from **your** latest cover start date.

The agreement between you and us

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

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

Please read the 'Making a complaint' section of this guide.

Pre-authorisation

When **you** need **treatment we** want to make sure that everything runs as smoothly as possible. If **you** contact **us** before having **treatment**, **we** can explain **your** benefits and confirm if the **treatment** is covered by **your** plan. **We** can also offer any help or advice **you** may need, such as suggesting **hospitals**, clinics and **doctors**.

If **you** need **hospital treatment** (**in-patient treatment** or **day-case treatment**), contacting **us** also means that **we** can get in touch with the **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.

Direct settlement is where **we** pay the provider of **your treatment** directly. This makes things easier for **you** as **you** do not have to pay and then claim the costs back from **us**. **We** try to do this whenever possible, and the provider of the **treatment** has to agree to it. Direct settlement is usually only available for **in-patient** or **day-case treatment**.

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

If direct settlement is not possible, **you** will need to pay for **your treatment** and claim the costs back from **us**.

There are certain benefits which **you** must receive pre-authorisation for. **You** can see these in the 'Table of benefits'. **We** may not pay for **your treatment** if **you** haven't pre-authorised it first.

How to pre-authorise

You can pre-authorise **your treatment** on the MembersWorld app, by email, or by phone. When **we** have the details **we** need, **we** send a pre-authorisation statement to **your hospital** or clinic. **We** will send **you** a pre-authorisation statement if **you** ask **us** to.

When **you** contact **us**, please have **your** membership number ready. **We** will ask **you** questions. These could include:

- do **you** know the condition **you** have?
- when did **your** symptoms first start?
- when did **you** first see **your family doctor** about them?
- what **treatment** do **you** need?
- when will **you** have the **treatment**?
- what is the name of **your specialist**?
- where will **your** proposed **treatment** take place?
- how long will **you** need to stay in **hospital**?

If **we** pre-authorise **your treatment**, **we** will pay up to the limits of **your** plan if:

- the plan covers the **treatment**. **We** may ask **you** for more details. This could be, for example, to rule out any link to a **pre-existing condition**
- **you** are covered when the **treatment** takes place
- the premiums are paid up-to-date
- the **treatment you** have matches the **treatment we** authorised
- **you** have given **us** all the details of the condition and **treatment you** need
- **you** have enough benefit to cover the cost of the **treatment**
- the **treatment** is not for a **pre-existing condition** (see the 'What is not covered' section)
- the **treatment** is **medically necessary**.

If **we** do not receive the information **we** need, this may delay pre-authorisation and claims payment. **We** may ask an independent **medical practitioner** to examine **you** and give **us** a report. **We** will pay for this.

Staying in hospital

The pre-authorisation will include the number of nights in **hospital** that **we** will cover for **your in-patient treatment**. If **you** need to stay longer, **you** or **your doctor** must contact **us** to extend the pre-authorisation.

Important

Pre-authorisation is only valid if all the details of the **treatment we** authorise match the **treatment you** have. This includes when and where **you** have the **treatment**. If any detail changes, or **you** need more **treatment**, **we** need to pre-authorise the change. This means that **you** or **your doctor** must tell **us** the details. **We** can only approve **your treatment** based on the information **we** receive.

We may change **our** decision if the information **we** receive differs from what **we** were told when **we** first assessed **your treatment**. If **we** do not receive details that **we** have asked for, **we** may treat this as a sign of fraud. If this happens, **we** may pass information to third parties, which may include other insurers. The aim of this to prevent and detect fraud.

Using our network

If **you** choose to have **treatment** from a person or place (for instance a **doctor** or clinic) that is in **our network**, **we** will pay the costs (after taking into account any benefit limits, co-insurance or a **deductible** that may apply to the plan).

We can help **you** find a person or place that is in **our network**. **You** can also find **our network** at bupaglobal.com/en/facilities/finder

If **you** choose to have **treatment** from someone or in a place that is not part of **our network**, **we** will only cover costs that are **reasonable and customary**. This applies whether **we** pay them directly, or **you** pay the costs and claim this back from **us**. To calculate this **we** look at:

- costs that are the usual, or accepted standard amount payable for the **treatment you** have
- the quality and experience of the person or place that treated **you**
- the region where **you** have the **treatment**.

We may look at the usual and most common charges that **we** pay in that region. Some governments, medical bodies or insurance industry groups publish guidelines for fees and medical practice. These can include standard **treatment** plans which outline the best course of care for a given illness or **treatment**.

We may refer to these global guidelines when **we** assess and pay claims.

We will not pay costs from a provider that is not part of **our network** and which are higher than what is **reasonable and customary**. This means that:

- **you** will have to pay any costs which are higher than what is **reasonable and customary**. **You** will need to pay the provider directly
- **we** cannot control what the provider will charge **you**.

There may be times when it is not possible for **you** to be treated by a provider in **our network**, for instance in an **emergency**. When this happens, **we** ask that **you** or the provider, contact **us** within 48 hours (or as soon as possible afterwards). **We** may arrange for **you** to move and have **treatment** from a provider that is in **our network**. **We** will only do this if it is safe for **you**. If **you** decide not to move, **we** will pay **reasonable and customary** costs for **your treatment**.

In some countries there may be other processes that apply if **you** have **treatment** from a provider that is not part of **our network**.

Treatment in the U.S. (optional if chosen)

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

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

You must call **our** dedicated team on 800 554 9299 (from inside the U.S.), or +1 800 554 9299 (from outside the U.S.) to arrange any **treatment** in the U.S.

Treatment that has not been pre-authorised

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

We know that there are times when **you** can't pre-authorise **your treatment**, for example in an **emergency**. If **you** go to **hospital** in an **emergency**, it is important that the **hospital** contacts **us** within 48 hours. If this isn't possible, they should contact **us** as soon as they can. **We** can then make sure **you** are getting the right care and are in the right place. If **you** are in a **hospital** that is not part of **our network**, **we** may arrange for **you** to move and have **your treatment** in a **hospital** that is in **our network**. **We** would only do this when **you** are stable and if it is the best thing for **you**. If **you** decide to stay where **you** are, **we** will pay the **reasonable and customary** costs of any covered **treatment** or services that **you** have after the proposed date of the transfer.

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

Treatment outside our network

Even if **your treatment** in the U.S. has been pre-authorised, if **you** choose to use a **hospital**, clinic or **medical practitioner** that is not part of **our network**, **we** will pay **reasonable and customary** costs. Please see 'Using **our network**' in the 'Pre-authorisation' section of this membership guide.

There may be times when **you** cannot be treated at a **hospital** in **our network**. These include:

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

When this happens, **we** will not ask **you** to share the cost of **your treatment**.

Deductibles

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

What is a deductible?

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

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

The **deductible** applies to each person covered.

The amount of the **deductible** is shown on **your** insurance certificate. **You** can see this in MembersWorld. If **you** want to know the amount of **your** remaining **deductible**, please contact **us**.

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

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

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

Option: Worldwide Medical Plus
GBP £ 100
EUR € 125

USD $ 170

Option: Worldwide Medicines and Equipment
GBP £ 50
EUR € 60
USD $ 80

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

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

Then:

- **You** have physiotherapy for **your** broken leg (usually paid from **your** Worldwide Medical Plus option), which costs £300
- **Deductible** applied is £100 from Worldwide Medical Plus
- Amount paid by **us** is £200

How an annual deductible works

If a claim is smaller than any remaining **deductible**, **you** should still make a claim. **We** will not pay the claim, but it will count towards reaching **your deductible**. **We** will send **you** a statement to tell **you** how much is left.

If a covered claim is more than **your** remaining **deductible**, **we** will pay the amount of the claim minus the remaining **deductible**.

When **you** have paid the full **deductible**, **we** will pay all covered claims up to the limits of the plan.

How claims are paid to you

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

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

How we pay claims to a medical facility

If **you** have asked **us** to pay a **medical facility** directly:

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

You must pay the **deductible** in all circumstances.

Important

- the **deductible** applies separately to each person covered
- even if **your treatment** cost is less than the **deductible**, **you** should still make a claim
- this **deductible** applies each **membership year**. If **your** first claim is towards the end of a **membership year** and continues after **your renewal date**, **you** must pay the **deductible** again for that **treatment**. This is because it will be a new **membership year**.

Making a claim

We want it to be simple for **you** to make a claim. **We** recommend that **you** pre-authorise any **treatment** that **you** have. This is so **we** can confirm **you** have cover for it under **your** plan and tell **you** about any limits or restrictions that apply. Pre-authorising **your treatment** also makes it easier for **us** to pay the provider of **your treatment** through direct settlement.

There are some benefits which **you** must pre-authorise. **You** can see these in the 'Table of benefits'. **We** may not pay a claim if **we** have not pre-authorised it.

Claim forms

The claim form gives **us** the information **we** need to check that the plan covers **your** claim. Please make sure that **you** complete the form. If **we** may have to ask for more information, this can take time and delay any payment.

You can:

- complete a claim form on the MembersWorld app or website, or
- contact **us** and **we** will send **you** one.

You must make a separate claim for each:

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

What we need for your claim

As well as **your** completed claim form, **we** need the itemised invoice from **your** medical provider. If they have given **you** other supporting documents such as a medical report, consultation notes, or test results, please send **us** these too. **You** can send **us** copies of these documents. **We** can't send original documents back to **you**. If **you** do send **us** an original document, **we** can send **you** a copy if **you** ask **us**.

You must make a claim within two years of having the **treatment**. **We** only pay claims for **treatment** after two years if there is a good reason why **you** couldn't make the claim earlier.

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

- medical reports or other information about **your treatment** or condition
- the results of any medical examination by a **medical practitioner** who **we** appoint and pay for.

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

Important

We pay for **treatment**:

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

Tracking a claim

We will process **your** claim as quickly as **we** can. **You** can check MembersWorld to see the progress of a claim **you** have made.

Claim payment statement

When **we** have assessed and paid **your** claim, **you** will be able to see a statement in MembersWorld. This will show when and how **your** claim was paid, and who received the payment.

Paying your claim

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

Who we will pay

We can make payments to the:

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

We can pay a **dependant** if:

- they received the **treatment**
- they are aged 16 or over, and
- **we** have their bank details.

We do not make payments to anyone else.

If **you** are aged 16 or over, **we**'ll explain to **you** how **we** have dealt with **your** claim. For **dependants** aged 15 and under, **we** will contact the **main member**.

Payment method

We can transfer payment to **your** bank account. This is quick and secure. However, **we** can send a payment only if **we** know details of where to send the payment, for example the full account number, SWIFT code, bank address and (in Europe only) IBAN number.

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

Payment currency

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

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

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

Very rarely, paying in a certain currency may be illegal or expose **us** (or the **Bupa Group**) to sanctions. If so, **we** may not be able to pay **you** straight away. Or **we** will pay **you** in a currency which **we** are able and allowed to use.

How we convert one currency to another

We use the rate that is in place in the **UK** on the invoice date. If there is no invoice date, **we** will use **your treatment** date. The exchange rate **we** use will be from a leading market provider of rates. Please call **us** if **you** would like more details.

Other claim information

Payment of claims in error

This is if **we** pay too much for a claim, or pay a claim that is not covered. **We** can deduct from future claims the extra amount **we** have paid, or ask **you** to pay **us** back.

Discretionary payments

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

Claiming for treatment when others are at fault

You may need to claim for **treatment** that **you** need because something has happened that is someone else's fault, for example a road traffic accident. **You** will need to complete the relevant section of the claim form and take any reasonable steps **we** ask of **you**. This could be to help **us**:

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

We may make a claim in **your** name. **You** must give **us** any help **we** reasonably need to do this, for example:

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

You must not:

- take any action
- settle any claim or
- do anything which has a negative effect on **our** right to claim in **your** name.

Claiming with joint or double insurance

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

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

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

Detecting and preventing fraud

We check **your** details with:

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

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

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

Fraudulent claims

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

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

If the **main member** makes a fraudulent claim, **we** can cancel the plan from the date of that claim.

If a **dependant** makes a fraudulent claim, **we** can cancel their cover from the date of that claim.

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

Examples of fraudulent claims include:

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

Managing your plan

This section sets out the rules about **your** cover including when it will start, renew and end, and how **you** can change it.

Starting and renewing your cover

Your cover starts on the 'effective date'. This is shown on the first insurance certificate that **we** sent the **main member**, as long as there has been no break in cover since.

Your plan renewal falls on the anniversary of the effective date. **Your** membership will continue automatically each year, regardless of **your** age or current state of health, unless **you** tell **us** that **you** no longer require cover.

On **your renewal date**, a new insurance contract is formed on the same terms as the previous **membership year** but with a new premium and any amendments **we** notified the **main member** of at the time of renewal.

We will contact **you**, the **main member**, before **your renewal date** with details of the new premium, any changes to the renewed plan, and the reasons for those changes. Please contact **us** before the **renewal date** if **you**, the **main member**, do not want to renew **your** plan. If **you** do not contact **us** before the **renewal date**, **we** will continue to take payment of the new premium using the payment details **you** have given **us**.

Please note that after the **renewal date**, **you**, the **main member**, have a further 30 days to let **us** know if **you** do not want to renew **your** plan. Please see 'Ending **your** cover or removing **dependants** from cover' within the section 'Managing **your** plan' for more information.

When cover starts for others

A **dependant's** cover will start on their 'effective date'. This is shown on the first insurance certificate **we** sent for the current continuous period of cover which includes them. They can be covered for as long as the **main member** is covered on the plan.

If cover for the **main member** ends, their **dependants** can apply for cover in their own right.

Making changes to your cover

This plan lasts one year, and most changes to the plan can only be made at renewal. Only the **main member** can ask **us** to make changes to the plan. The **main member** can add or remove **dependants** at any time. The **main member** can also apply to add U.S. cover at any time.

If the **main member** wants to increase the cover at renewal, **we** may ask for a medical history form before **we** agree to the change. This means that **we** may apply personal terms to the new cover (these could be exclusions or restrictions).

The **main member** can ask to make changes which will affect the amount **you** pay. These changes can only be made at renewal.

The premium will be lower if they:

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

The premium will be higher if they:

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

Please contact **us** to discuss any changes **you** wish to make.

Please note: only **we** can make or confirm a change to **your** membership or cover. This will only be valid if **we** confirm it in writing. Only **we** can decide not to enforce any of **our** rights.

We will contact **you** using the details **we** hold for **you**. If **your** phone number, email or contact address changes, please tell **us** as soon as possible.

Your insurance certificate

We will send the **main member** a new insurance certificate if:

- they add a new **dependant** to the plan
- **we** need to record any other changes that **you** ask for or that **we** make.

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

If we make changes

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

Please read the 'Paying premiums and other charges' section for information about changes to **your** premiums.

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

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

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

- within 30 days of the date on which the changes take effect, or
- within 30 days of **us** telling **you** about the changes, whichever is later.

We may make changes to the plan before renewal:

- if laws or regulators say **we** must, or
- to improve cover for all members with the same product.

If this happens, **we** will write to tell **you** about the changes.

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

The **main member** must tell **us** straight away if **your country of residence** or **country of nationality** changes. **We** may need to end **your** cover if the change results in a breach of rules which govern the provision of health cover to local nationals, residents or citizens.

Rules vary from country to country and may change at any time.

In some countries **we** have local partners who are licensed to provide cover which is administered by **Bupa Global**. If **you** change **your country of residence** to a country where **we** have a local partner, in most cases **you** will be able to transfer to **our** partner's plan without any more medical underwriting. **You** may also be able to continue **your** cover; which means that for those benefits which have a waiting period, the time **you** were a member with **us** will count towards that. If **you** request a transfer to a local partner, **we** will have to share **your** personal information and medical history with them.

Adding people to the plan

You, the **main member** can apply to include **dependants** on this health plan. The **main member** will need to complete an application form. **You** can find this in MembersWorld or **you** can contact **us** and **we** will send one to **you**.

We will review the medical history for the person **you** wish to add. This may result in special restrictions or exclusions which are personal to them. These will be shown on **your** insurance certificate. **We** may decline to offer cover. Their cover will start on the date **our** medical team accept **your** application to join.

Adding your newborn baby

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

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

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

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

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 child is born as a result of **Assisted Reproduction Technologies**, **ovulation induction treatment**, adopted, or born to a surrogate, or
- the baby was born in the U.S.

any exclusions or restrictions will be applied from the date **we** receive **your** application to join.

Adding U.S. cover

You can apply to include coverage in the U.S. at any time following **your** original date of joining. To apply **you** will need to complete an application form. **You** can find this in MembersWorld or **you** can contact **us** and **we** will send one to **you**. **Your** application will be reviewed by **our** medical underwriters and may result in exclusions or restrictions specific to coverage in the U.S.

Please note that **your** premiums will be affected by changes made to **your** plan.

Ending your cover

Ending your cover or removing dependants from cover

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

- cancel the entire plan, which will end cover for everyone; or
- cancel cover for a **dependant**.

To do this, the **main member** must tell **us** by telephone, email or post.

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

- **we** will not back-date the cancellation date, and
- **we** will not pay claims for **treatment** which takes place after **your** cover ends.

Refund timeframes

The refund of any premium will depend on the date the **main member** cancels the entire plan or the plan of a **dependant**. There are two scenarios:

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

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

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

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

If the **main member** cancels cover for a **dependant**:

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

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

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

B. Cancellation after the first 30 days of cover
If the **main member** cancels the entire plan:

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

we will cancel the plan 14 days after the **main member** contacts **us**.

We will also refund any premiums already paid for after the 14-day cancellation period. For example, if the **main member** cancels the entire plan on 1 March, **we** will refund any premium paid for 15 March onwards.

If the **main member** cancels cover for a **dependant**:

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

we will refund any premium already paid for that **dependant** for after the 14-day cancellation period. For example, if the **main member** cancels the cover for a **dependant** on 1 March, **we** will refund any premium paid for 15 March onwards.

Refund of premiums

We will refund **you** using the same method and currency **you** used to pay premiums. This means the refund will go back into **your** bank account, credit card, debit card or **you** will receive a cheque.

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

If:

- the **main member** dies, a **dependant** or **family member** should tell **us** within 30 days
- a **dependant** dies, the **main member** should tell **us** within 30 days.

We will need a copy of the death certificate in both cases.

We will then backdate the cancellation to match the date on the certificate. If that member had made no claims that **membership year**, **we** will refund any premium paid after the date on the certificate.

We may decide to end **your** plan. If this happens, it will be at **your** next renewal. **We**:

- will notify **you** of **our** decision at least 3 months before **your** next renewal; and
- may offer **you** membership of another of **our** plans with the current insurer.

If **you** accept **our** proposed alternative plan, this new plan will take effect from **your renewal date** without a break in cover and without any new underwriting terms.

You may wish to discuss this with **us** before **your renewal date** or **you** may decide not to continue **your** cover with **us**.

Making a complaint

Occasionally things go wrong and when this happens, **we**'ll do **our** best to put things right quickly. **You** can:

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

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

Taking it further

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

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

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

Explaining your benefits

The 'Table of benefits' explains what is covered on **your** health plan and any limits. **We** will pay for the cost of any **covered benefits** in accordance with the terms of this policy.

What is covered

Treatment covered by this health plan must be:

- consistent with accepted standards of medical practice in the country in which **you** have it,
- clinically appropriate in terms of the type of **treatment**, how long it lasts, where **you** have it and how often **you** have it.

We do not pay for **treatment** which, in **our** reasonable view, is not appropriate. **We** base **our** view on established practice. **We** may conduct a review of **your treatment** when it is reasonable for **us** to do so.

Table of benefits

The table of benefits shows the benefits, limits and the detailed rules that apply to the plan. **You** also need to read the 'What is not covered' section. This explains the exclusions that apply to **your** cover.

How to read the 'Table of benefits'

Worldwide Medical Insurance is the core cover that is available to everyone on the plan. **You** may have chosen this cover on its own, or together with any combination of **our** options. Please check **your** insurance certificate for **your** chosen cover.

Benefit limits

The 'Table of benefits' has different types of limits:
1. the overall annual maximum. This is the amount up to which **we** will pay for all benefits in total for each member, every **membership year**.

2. some benefits (or groups of benefits) also have a limit. These limits can be the amount up to which **we** will pay, or how many times **we** will pay for something. There are two types:

- **membership year** limits. When a limit has been reached, **we** will no longer pay for that benefit until the next **membership year**. This will be after the plan renews
- lifetime limits. A lifetime limit applies to all Bupa plans **you** have been a member of in the past, or may be a member of in the future. The limit applies even if **you** have a break in cover. When a lifetime limit is reached, **we** will not pay for that benefit again.

All limits apply to each member.

Waiting periods

The plan doesn't cover **treatment you** have during a waiting period. **We** clearly show which benefits these apply to.

Currencies

All of the benefit limits in this 'Table of benefits' and notes are set out in more than one currency. The currency in which **we** receive premiums is the one that applies to **your** cover for the purpose of the benefit limits.

For example, if **your** sponsor pays **us** in USD, then the limits given in USD apply to **your** cover. The other limits do not apply to **you**.

Your insurance certificate will show:

- which level of cover **you** have
- the currency that applies to **your** cover
- if **you** have a **deductible** or co-insurance.

You can see this in MembersWorld. If **you** are not sure, please contact **us**.

Table of benefits

The table of benefits shows the benefits, limits and the detailed rules that apply to the plan. **You** also need to read the 'What is not covered' section. This explains the exclusions that apply to **your** cover.

Core cover: Worldwide Medical Insurance - everyone has this cover

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

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

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

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

Please contact **us** for pre-authorisation before proceeding with all **in-patient** and **day-case treatment**. Benefits may not be paid unless pre-authorisation has been provided.

Benefits	Level	Explanation of benefits
Overall annual maximum - GBP 1,700,000 / USD 2,890,000 / EUR 2,125,000*		* It is possible that not all currencies will be available to **you**. Please see **your** insurance certificate for the currency applicable to **your** contract.
Staying in **hospital** overnight or as a **day-case**	Paid in full	**We** pay **hospital** room and board costs when: ○ there is a medical need to stay in **hospital** ○ **your treatment** is given or managed by a **specialist** ○ **you** are staying in **hospital** ○ the length of **your** stay is medically appropriate for the procedure that **you** are admitted for. For example, unless medically essential, **we** do not pay for **day-case** accommodation for **out-patient treatment**, and **we** do not pay for **in-patient** accommodation for **day-case treatment**. ○ **you** occupy a standard single room with private bathroom. (This means **we** will not pay the extra costs of a deluxe, executive or VIP suite) ○ if **treatment** fees are charged in line with the room type, **we** will pay for **treatment** at the cost which would have been charged if **you** had stayed in a standard single room with private bathroom If **you** need to stay in **hospital** for longer than **we** have given prior approval, or if **your treatment** plan changes, **your specialist** must send **us** a medical report as soon as possible telling **us**: ○ **your** diagnosis ○ **treatment you** have already had ○ **treatment** that **you** need to have ○ how long **you** need to stay in **hospital** **We** will also pay up to GBP 10/USD 17/EUR 13 each day for personal expenses such as newspapers, television rental and guest meals when **you** have had to stay overnight in **hospital**. **We** do not pay **hospital** room and board charges if **you** are staying in **hospital** for any of the following reasons: ○ convalescence ○ general supervision ○ pain management ○ general nursing care without **specialist treatment**, except when in a hospice and receiving palliative care ○ services from a **therapist** or complementary **therapist**, physiotherapist, osteopath, chiropractor, **dietitian** or **speech therapist** ○ domestic services such as help in walking, bathing or preparing meals, or ○ receiving **treatment** that could have taken place as an **out-patient**

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

Benefits	Level	Explanation of benefits
Parent accommodation	Paid in full	**We** pay room and board costs for a parent staying in **hospital** with their child when: ○ the costs are for one parent or legal guardian only ○ the parent or guardian is staying in the same **hospital** as **you**, ○ the child is under the age of 18 years old, and ○ the child is receiving **treatment** that is covered
Nursing care	Paid in full	**We** pay for reasonable costs of a qualified **nurse** for **your treatment** if the **hospital** does not provide nursing staff. **We** do not pay for **nurses** hired as well as the **hospital's** own staff.
Operating room, medicines and surgical dressings	Paid in full	**We** pay for the costs of the: ○ operating room ○ recovery room ○ medicines and dressings used in the operating or recovery room ○ medicines and dressings for use during **your hospital** stay **We** do not pay medicines and dressings prescribed for use at home unless **you** have bought the Worldwide Medicines and Equipment option.
Intensive care, intensive therapy, coronary care and high dependency unit	Paid in full	**We** pay room and board costs if **you** are treated in an **intensive care**/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when it is the most appropriate place for **you** to receive **treatment** and: ○ it is an essential part of **your treatment** and is routinely needed by patients undergoing the same type of **treatment** as **you**, or ○ it is **medically necessary** in the event of unexpected circumstances, for example if **you** have an allergic reaction during **surgery**
In-patient, **day-case** and **out-patient surgical operations**, including surgeons' and anaesthetists' fees	Paid in full	**We** pay for **in-patient**, **day-case** and **out-patient surgical operations** and procedures including surgeons' and anaesthetists' fees, as well as **treatment** and consultations needed immediately before and after the **surgery** on the same day. This includes **surgical operations**/procedures such as dialysis performed whether staying in **hospital** overnight, as a **day-case** or as an **out-patient**. **We** also pay for investigative procedures (e.g. endoscopy) that use instruments and equipment and are provided at a **hospital** /consulting room, **doctors** office, **out-patient** clinic facility, whether staying in **hospital** overnight, as a **day-case** or as an **out-patient**. **We** do not pay for **out-patient treatment** received prior to **surgery** or as a follow-up afterwards unless **you** have bought the Worldwide Medical Plus option. Note: If **you** are not admitted as a **day-case** or as **in-patient** then pathology (e.g checking blood and urine samples), radiology (e.g. x-rays) and **diagnostic tests** (e.g. ECGs) are only covered if **you** have bought the Worldwide Medical Plus option.
Specialists' consultation fees	Paid in full	**We** pay for **specialists'** consultation fees during **your** stay in **hospital** when **you** have: ○ medical **treatment**, for example if **you** have pneumonia ○ meetings with **your specialist**, for example to discuss **your surgery** ○ **specialist** attendance when **medically necessary**, for example in the unlikely event that **you** have a heart attack during **surgery**

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

Benefits	Level	Explanation of benefits
Pathology, X-rays and **diagnostic tests**	Paid in full	**We** pay for: ○ pathology, such as checking blood and urine samples ○ radiology, such as X-rays ○ **diagnostic tests** such as electrocardiograms (ECGs) if recommended by **your specialist** to help diagnose or assess **your** condition when **you** are in **hospital**
Physiotherapy, chiropractor and osteopathy, **therapists**, complementary **therapists**, **dietitian** and **speech therapist**	Paid in full	**We** pay for **treatment** provided by **therapists** (such as occupational **therapists**), complementary **therapists** (such as acupuncturists), physiotherapy, osteopathy, chiropractor and **dietitian** or **speech therapist** if it is needed as part of **your treatment** in **hospital**, as long as this **treatment** is not the primary reason for **your hospital** stay.
Rehabilitation	**We** pay in full for up to 42 days each condition (which may be **in-patient treatment** or daycase **treatment**) each **membership year**	**We** pay for **rehabilitation**, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. **We** do not pay for room and board for **rehabilitation** when the **treatment** being given is solely physiotherapy. **We** pay for **rehabilitation**; only when **you** have received **our** pre-authorisation before the **treatment** starts, for up to 42 days **treatment** for each separate condition requiring **rehabilitation**. For **treatment** in **hospital** one day is each overnight stay and for **day-case** and **out-patient treatment**, one day is counted as any day on which **you** have one or more appointments for **rehabilitation treatment**. **We** only pay for **rehabilitation** where it: ○ starts within 6 weeks after the end of **your treatment** in **hospital** for a condition which is covered by **your** membership (such as trauma or stroke), and ○ arises as a result of the condition which needed the hospitalisation or is needed as a result of such **treatment** given for that condition Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided. 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**.
Advanced imaging	Paid in full	**We** pay for advanced imaging such as: ○ magnetic resonance imaging (MRI) ○ computed tomography (CT) ○ positron emission tomography (PET) if recommended by **your specialist** to help diagnose or assess **your** condition, whether **you** need this during a **hospital** stay overnight, as a **day-case** or as an **out-patient**.
Mental health treatment overnight in **hospital**, including room, board and **treatment** costs	Paid in full	**We** pay for **mental health treatment** overnight in **hospital** or as a **day-case**, to include room, board and **treatment** costs related to the mental health condition. **We** also pay for **mental health treatment** received as a **day-case** in **hospital**.
Mental health treatment as a **day-case**, including room, board and **treatment** costs	Paid in full	

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

Benefits	Level	Explanation of benefits
Prosthetic implants and appliances	Paid in full	**We** pay for prosthetic implants and appliances shown in the following lists. **Prosthetic implants:** ○ to replace a joint or ligament ○ to replace a heart valve ○ to replace an aorta or an arterial blood vessel ○ to replace a sphincter muscle ○ to replace the lens or cornea of the eye ○ to control urinary incontinence or bladder control ○ to act as a heart pacemaker ○ to remove excess fluid from the brain ○ cochlear implant – provided the initial implant was provided to the member when under the age of five, **we** will pay ongoing maintenance and replacements ○ breast reconstruction following **surgery** for cancer when the reconstruction was carried out as part of the original **treatment** for the cancer and **you** have obtained **our** written consent before receiving the **treatment** ○ to restore vocal function following **surgery** for cancer **Appliances:** ○ 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 ○ an air cast walker boot / pneumatic boot when used instead of **surgery** or following **surgery** or to stabilise a fracture
Prosthetic devices	Each device, up to GBP 2,000, USD 3,400 or EUR 2,500	**We** pay for the initial prosthetic device needed as part of **your treatment**. By this **we** mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of **your** surgical procedure. **We** do not pay for any regular maintenance or replacement prosthetic devices for adults including any replacement devices or regular maintenance required in relation to a **pre-existing condition**. **We** will pay for the initial and up to two replacements per device for children under the age of 16 years.

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

Benefits	Level	Explanation of benefits
Childbirth and **treatment** in **hospital**	Each **membership year**, up to GBP 8,000, USD 13,600 or EUR 10,000	**We** pay for maternity **treatment** and childbirth after the mother has been a member of this plan for 10/24 months (depending on the level of cover purchased. Please check **your** insurance certificate to confirm **your** waiting period), including: ○ **hospital** charges, obstetricians' and midwives' fees for normal childbirth ○ post-natal care needed by the mother immediately following normal childbirth, such as stitches **Treatment** for ○ abnormal cell growth in the womb (hydatiform mole) ○ foetus growing outside the womb (ectopic pregnancy) are not covered from this benefit but may be covered by **your** other benefits. (Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by **your** other benefits). **Note: routine care for your baby** **We** pay for routine care for the baby, for up to seven days following birth, from the mother's maternity benefit. Any non-routine care, if covered, is paid from the baby's newborn care benefit, not from the mother's maternity benefit. **Your** baby is also covered for up to seven days routine care following birth if **your** baby was born to a surrogate mother and **you**, as the intended parent, have been covered on the plan for 10/24 months (depending on the level of cover purchased. Please check **your** insurance certificate to confirm **your** waiting period) when the baby is born. Please see surrogate parenting in the 'What is not covered' section. Please also see 'Adding **your** newborn baby' in the 'Managing **your** plan' section. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.
Childbirth at home or **birthing centre**	Each **membership year**, up to GBP 650, USD 1,105 or EUR 810	**We** pay for midwives' or other **specialists'** fees for childbirth at home or **birthing centre** after the mother has been a member for 10 or 24 months, depending on the level of cover purchased. Please check **your** insurance certificate to confirm **your** waiting period. Please see surrogate parenting in the 'What is not covered' section. Please also see 'Adding **your** newborn baby' in the 'Managing **your** plan' section. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.

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

Benefits	Level	Explanation of benefits
Complications of maternity and childbirth	Paid in full	Once **you** have been covered on this health plan for 10 or 24 months (depending on the level of cover purchased. Please check **your** insurance certificate to confirm **your** waiting period): **Treatment** which is **medically necessary** as a direct result of pregnancy and childbirth complications. By complications **we** mean those conditions which only ever arise as a direct result of pregnancy or childbirth for example pre-eclampsia, threatened miscarriage, gestational diabetes, still birth. Please contact **us** for pre-authorisation where possible. If **you** require an **emergency** admission as a direct result of pregnancy and childbirth complications, please contact **us** within 48 hours of **your** admission. Please see surrogate parenting in the 'What is not covered' section. Please also see 'Adding **your** newborn baby' in the 'Managing **your** plan' section. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.
Medically essential Caesarean section	Each **membership year**, up to GBP 13,000, USD 22,100 or EUR 16,250	**We** pay for **hospital**, obstetricians' and other medical fees for the cost of the delivery of **your** baby by Caesarean section, after the mother has been a member of this plan for 10 or 24 months (depending on the level of cover purchased. Please check **your** insurance certificate to confirm **your** waiting period), when it is medically essential for a Caesarean section for example as a result of non progression during labour (eg dystocia, foetal distress, haemorrhage). Note: if **we** are unable to determine that **your** Caesarean section was medically essential, it will be paid from **your** maternity and childbirth benefit limit. **We** do not pay for **treatment** received as an **out-patient** before or after the birth unless **you** have bought the Worldwide Medical Plus option. Please see surrogate parenting in the 'What is not covered' section. Please also see 'Adding **your** newborn baby' in the 'Managing **your** plan' section.
Newborn care	Each **membership year** up to GBP 75,000 USD 127,500 or EUR 93,750 maximum benefit for all **treatment** received during the first 90 days following birth	All **treatment** (including routine preventive care, check-ups and immunisations) needed for a newborn during the first 90 days' following birth shall be covered by this newborn care benefit. The newborn care benefit is paid instead of any other benefit. Newborn children must have their own membership and must be registered on a **Bupa Global** plan before this benefit can be claimed. Please also see 'Adding **your** newborn baby' in the 'Managing **your** plan' section. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.

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

Benefits	Level	Explanation of benefits
Cancer **treatment**	Paid in full	If **you** are diagnosed with cancer, **we** will pay for costs related specifically to planning and carrying out **treatment** for the cancer. This includes: ○ **surgery** (including any prostheses needed) ○ **specialists'** fees ○ **diagnostic tests** ○ consultations with a **specialist** ○ chemotherapy ○ radiotherapy ○ **treatment you** need to relieve the side effects of cancer **treatment** ○ examples include antibiotics, anti-sickness drugs, pain relief, blood transfusions, cold cap **treatment** needed as a result of cancer **treatment**. ○ bone marrow and peripheral blood stem cell transplants (see the 'transplant services' benefit for details of what **we** cover) ○ one wig ○ consultations and **diagnostic tests** to monitor **your** condition after **your** cancer **treatment** has finished and **you** are still under the care of **your** cancer **specialist** **We** will also pay for **you** to have a chemotherapy at home where this is possible. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided. **Treatment** for cancer using **ATMPs** will be covered separately from the **ATMP** benefit.

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

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

Benefits	Level	Explanation of benefits
Transplant services	Each condition, up to GBP 150,000, USD 255,000 or EUR 187,500	**We** pay medical expenses for the following transplants if the organ has come from a relative or a certified and verified source of donation: ○ cornea ○ small bowel ○ kidney ○ kidney/pancreas ○ liver ○ heart ○ lung, or ○ heart/lung transplant **We** will also pay medical expenses for bone marrow transplants (either using **your** own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy when carried out for conditions other than cancer. **We** pay donor expenses, for each condition needing a transplant whether the donor is a member or not, including: ○ the harvesting of the organ, whether from live or deceased donor ○ all tissue matching fees ○ **hospital**/operation costs of the donor, and ○ any donor complications, but to a maximum of 30 days post-operatively only **We** do not pay for **treatment** received as an **out-patient** before or after the transplant for either **you** or **your** donor unless **you** have bought the Worldwide Medical Plus option. **We** do not pay for anti-rejection medicines unless **you** have bought the Worldwide Medicines and Equipment option three or more years before needing these medicines. **We** do not pay medical costs for **you** to have an organ harvested, when the intended recipient is not a member of a **Bupa Global** administered plan. Please read about transplant services under Worldwide Medical Plus. Please also read about donor organs in the 'What is not covered' section. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.
Hospice and palliative care	Lifetime limit of GBP 20,000, USD 34,000 or EUR 25,000	**We** pay for the following hospice and palliative care services if **you** have received a terminal diagnosis and can no longer have **treatment** which will lead to **your** recovery: ○ **hospital** or hospice accommodation ○ nursing care ○ prescribed medicines ○ physical, psychological, social and spiritual care The amount shown here is the total amount **we** shall pay for these expenses during the whole of **your** lifetime of Bupa, whether continuous or not.

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

Benefits	Level	Explanation of benefits
Local road ambulance	Paid in full	**We** pay for a local road ambulance: ○ from the location of an accident to a **hospital** ○ for a transfer from one **hospital** to another, or ○ from **your** home to the **hospital** When a local road ambulance is: ○ **medically necessary**, and ○ related to **treatment** that is covered that **you** need to receive in **hospital**
Local air ambulance	Each **membership year**, up to GBP 5,000, USD 8,500 or EUR 6,250	**We** pay for a local air ambulance: ○ from the location of an accident to a **hospital**, or ○ for a transfer from one **hospital** to another When a local air ambulance is: ○ **medically necessary** ○ used for short distances of up to 100 miles/160 kilometres, and ○ related to **treatment** that is covered that **you** need to receive in **hospital** 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. **We** do not pay for evacuation or repatriation if the **treatment you** need is not available locally unless **you** have bought the Worldwide Evacuation option.
Home nursing	Paid in full for 30 days each **membership year**	**We** pay for home nursing if **you** have had **treatment** in **hospital** which is covered under this plan, when it: ○ is prescribed by **your specialist** ○ starts immediately after **you** leave **hospital** ○ reduces the length of **your** stay in **hospital** ○ is provided by a qualified **nurse** in **your** home and ○ is needed to provide medical care, not personal assistance Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.
Hospitalisation cash benefit	Up to 30 nights each **membership year**, up to GBP 100, USD 170 or EUR 125 per night	**We** pay **hospital** cash benefit if **you**: ○ have received **treatment** in **hospital** which is covered under this plan ○ have not been charged for **your** room and board, and ○ have not been charged for **your treatment**

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

Benefits	Level	Explanation of benefits
Emergency dental **treatment**	Paid in full	**We** pay for **emergency** dental **treatment** when: ○ the **treatment** is needed as part of **your** overall **treatment** following a serious accident causing **you** to stay in **hospital**, and ○ it is not the primary reason for **you** to be in **hospital** This benefit is paid instead of any other dental benefits **you** may have, when **you** need **treatment** as a result of a serious accident requiring hospitalisation.
Treatment of congenital and hereditary conditions	Each **membership year**, up to GBP 20,000, USD 34,000 or EUR 25,000	**We** pay for **treatment** of congenital and hereditary conditions: ○ by congenital conditions **we** mean any abnormalities, deformities, diseases, illnesses or injuries present at birth, ○ by hereditary conditions **we** mean any abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of **your** family If **you** have bought Worldwide Medical Plus,Worldwide Medicines and Equipment, Worldwide Wellbeing or Worldwide Evacuation the stated limits will apply for benefits included under those options. If **you** are unsure whether **your** condition may be classed as congenital or hereditary, please contact **us** for more information.
Kidney dialysis	Paid in full	**We** pay for kidney dialysis - provided as **In-patient**, **day-case** or as on **out-patient**.

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

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

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

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

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

Benefits	Level	Explanation of benefits
Overall annual maximum - GBP 25,000 / USD 42,500 / EUR 31,250* (excluding transplant services benefits)		* It is possible that not all currencies will be available to **you**. Please see **your** insurance certificate for the currency applicable to **your** contract.
Specialists' consultation and **doctors'** fees	Paid in full up to 35 visits each **membership year**	**We** pay for consultations or meetings with **your specialist** or **doctor** to: ○ receive **treatment** ○ arrange **treatment** ○ as a follow-up to **treatment** already received, or ○ diagnose **your** illness or interpret **your** symptoms Such meetings may take place in the **specialist's** or **doctor's** office, by telephone or using the internet.
Physiotherapy, osteopathy and chiropractor **treatment**	Paid in full up to 30 visits each **membership year**	**We** pay for physiotherapy, osteopathy and chiropractor **treatments**, which are physical therapies aimed at restoring **your** normal physical functions.
Consultations and **treatment** with **therapists**, complementary **therapists** and qualified **nurses**	Paid in full up to 15 visits each **membership year**	**We** pay for nursing charges for general nursing care, for example injections or wound dressings by a qualified **nurse** and consultations and **treatment** with **therapists** and complementary **therapists** when they are appropriately qualified and registered to practice in the country where **treatment** is received. This includes the cost of both consultation and **treatment**, including any complementary medicines prescribed or administered as part of **your treatment**. Example: should any complementary medicines or **treatments** be supplied or carried out on a separate date to a consultation, these costs will be treated as a separate visit.
Psychiatrists', **psychologists'** and **psychotherapist** fees	Paid in full up to 35 visits each **membership year**	**We** pay for psychiatrists', **psychologists'** and **psychotherapist** fees for: ○ meeting with **your specialist** to assess **your** condition, or ○ **treatment** provided by a psychiatrist or **psychologist** or **psychotherapist**
Speech therapy	Paid in full	**We** pay for speech therapy only when it is: ○ short term for a condition such as a stroke and ○ part of the **treatment** for that condition ○ taking place during or immediately following **treatment** for that condition, and ○ recommended by **your specialist** **We** do not pay for **treatment** of speech or language disorders such as stammering or resulting from learning difficulties or developmental studies.

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

Benefits	Level	Explanation of benefits
Pathology, X-rays and **diagnostic tests**	Paid in full	**We** pay for the following if recommended by **your specialist** or **doctor** to help diagnose or assess **your** condition: ○ pathology, such as checking blood and urine samples ○ radiology (such as X-rays) ○ **diagnostic tests** such as electrocardiograms (ECGs) or hearing tests Note: Advanced Imaging (such as MRI, CT or PET scans) is covered from the Worldwide Medical Insurance module, and not from this module
Young child care	Each **membership year**, up to GBP 1,000, USD 1,700 or EUR 1,250	**We** pay the following young child benefits for children from the age of 91 days up to the age of five covered under this plan: ○ routine preventive care and check-ups, and ○ immunisations
Maternity	Each **membership year**, up to GBP 3,000, USD 5,100 or EUR 3,750	**We** pay for maternity care and **treatment** after **you**, the mother, have been covered on this option for 10 or 24 months (depending on the level of cover purchased. Please check **your** insurance certificate to confirm **your** waiting period) including: ○ **treatment** before and after the birth, ○ home **nurse** following delivery **We** also pay for pregnancy and childbirth complications, by which **we** mean those conditions which only ever arise as a direct result of pregnancy or childbirth. These include: ○ pre-eclampsia ○ miscarriage ○ threatened miscarriage, gestational diabetes, when the foetus has died and remains with the placenta in the womb ○ still birth ○ heavy bleeding in the hours and days immediately after childbirth (post partum haemorrhage) ○ afterbirth left in the womb after delivery of the baby (retained placental membranes) ○ complications following any of the above conditions **Treatment** for ○ abnormal cell growth in the womb (hydatiform mole) ○ foetus growing outside the womb (ectopic pregnancy) ○ are not covered from this benefit but may be covered by **your** other benefits. (Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by **your** other benefits). **Note: routine care for your baby** **We** pay for routine care for the baby, for up to seven days following birth, from the mother's maternity benefit. Any non-routine care, if covered, is paid from the baby's newborn care benefit, not from the mother's maternity benefit. **Your** baby is also covered for up to seven days routine care following birth if **your** baby was born to a surrogate mother and **you**, as the intended parent, have been covered on the plan for 24 months when the baby is born. Please see surrogate parenting in the 'What is not covered' section. Please also see 'Adding **your** newborn baby' in the 'Managing **your** plan' section.

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

Benefits	Level	Explanation of benefits
Accident-related dental **treatment**	Each **membership year**, 80% up to GBP 500, USD 850 or EUR 625	**We** pay for accident-related dental **treatment** that **you** receive from a **dental practitioner** for **treatment** during an **emergency** visit following accidental damage to any tooth. **We** only pay any accident-related dental **treatment** which takes place up to 30 days after the accident.
Transplant services	Each condition, up to GBP 50,000, USD 85,000 or EUR 62,500	**We** pay for all costs for **treatment** received by **you** or **your** donor for, or related to, a covered transplant which has not been provided during a stay in **hospital**, such as: ○ **specialists'** and **doctors'** fees ○ pathology, X-rays and **diagnostic tests** ○ physiotherapy, osteopathy and chiropractor **treatment**, or ○ any donor complications, but to a maximum of 30 days post-operatively only **We** do not pay for anti-rejection medicines unless **you** have bought the Worldwide Medicines and Equipment option three or more years before needing these medicines. Please read about transplant services under Worldwide Medical Insurance.

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

For prescribed medicines and medical equipment

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

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

Benefits	Level	Explanation of benefits
Prescribed medicines and dressings	Each **membership year**, up to GBP 2,000 USD 3,000 or EUR 2,500	**We** pay for medicines and dressings: ○ prescribed by **your medical practitioner**, and ○ that are only used if **you** have a disease, illness or injury If **you** are staying in **hospital**, medicines and dressings will be covered under **your** Worldwide Medical Insurance benefits – read note 'Operating room, medicines and surgical dressings'. Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit 'Consultations and **treatment** with **therapists** and complementary **therapists'**.
Durable medical equipment		**We** pay for durable medical equipment that: ○ 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
Long-term prescription medicines	Each **membership year**, 80% up to GBP 12,000, USD 20,000 or EUR 15,000 Lifetime limit of GBP 72,000, USD 120,000 or EUR 90,000	**We** pay for long-term prescribed medicines: ○ after **you** have been covered on this option for two years, and ○ which have been prescribed for a period of at least six months A medical report from **your specialist** or **doctor** is needed confirming: ○ the condition **you** need the medicines for, and ○ that **you** need to take these medicines for at least six months

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

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

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

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

Benefits	Level	Explanation of benefits
Overall annual maximum - GBP 5,000 / USD 8,500 / EUR 6,250*		* It is possible that not all currencies will be available to **you**. Please see **your** insurance certificate for the currency applicable to **your** contract.
Full health screen	Each **membership year**, up to GBP 600, USD 1,020 or EUR 750	**We** pay for a full health screening after **you** have been covered on this option for one **membership year**. A full health screening generally includes various routine tests performed to assess **your** state of health and could include tests such as high cholesterol, high blood pressure, diabetes, anaemia and lung function, liver and kidney function and cardiac risk assessment. **You** may also have the specific screenings as part of a full health screening. The actual tests **you** have will depend on those supplied by the benefit provider where **you** have **your** screening.
Mammogram		**We** pay for mammogram, PAP (also known as a smear test), prostate cancer screening (which may include a prostate-specific antigen (PSA) test and/or physical examination), colon cancer screening and bone densitometry. These tests and/or screenings: ○ do not have a waiting period, and ○ may take place independently of full health screening
Papanicolaou (PAP) test		
Prostate cancer screen		
Colon cancer screen		
Bone densitometry		
Four dietetic consultations		**We** pay for dietetic consultations when needed for dietary advice relating to a diagnosed disease or illness, such as diabetes. **We** do not pay for slimming classes, slimming aids and weight management.
Vaccinations		**We** pay for vaccinations and immunisations such as: ○ travel vaccinations ○ malaria tablets ○ pneumococcal vaccinations, or ○ vaccinations to aid the prevention of cancer, such as human papilloma virus (HPV), as and when these are complete medical trials and are approved for use in the country of **treatment** **We** do not pay for immunisations for newborns or for children up to the age of five from this benefit. If **you** have bought the Worldwide Medical Plus option **we** will pay immunisations for children aged 91 days up to the age of 5 from the young child care benefit. Immunisations within the first 90 days are paid from the newborn care benefit (if covered). Please read about newborn care under Worldwide Medical Insurance.

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

Benefits	Level	Explanation of benefits
Dental benefits		**We** pay for **treatment you** receive from **your dental practitioner**. Certain dental/oral **treatments** will not be paid from this benefit, but from the Worldwide Medical Insurance and/or Worldwide Medical Plus benefits if **you** bought this option (please read notes under those benefits). These conditions are those which are more specialised and need to be performed by a maxillofacial or oral **specialist** in **hospital**, such as: ○ put a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident ○ surgically remove a complicated, buried or impacted tooth, teeth or root ○ benign gum cysts/jaw cysts ○ chronic (large) mouth ulcers ○ facial deformity such as cleft palate or lip ○ facial injuries such as after an accident or cancer, or ○ salivary gland diseases This benefit is paid instead of any other dental benefits **you** may have, when **you** need preventive, routine or orthodontic **treatment**. **Treatment** must be provided by a **dental practitioner**.
Dental - Preventive - 100%	Each **membership year**, up to GBP 3,500, USD 5,950 or EUR 4,375	Dental – preventive, after **you** have been covered on this option for six months includes: ○ two check-ups/exams each **membership year** ○ X-rays/bitewing/single view/Orthopantomogram (OPG) ○ scale and polish ○ gum shield/mouth guard, and ○ night guard
Dental - Routine and major restorative - 80%		Dental – routine and major restorative, after **you** have been covered on this option for six months includes: ○ all fillings–either amalgam (silver) or composite (white) ○ root canal **treatment** ○ crowns/bridge ○ dental implant, and ○ anaesthesia costs
Dental - Orthodontic - 50%		Dental – orthodontic **treatment** up to the age of 19, after **you** have been covered on this option for two years includes: ○ consultations and monthly check-ups ○ removal of deciduous/baby teeth/milk teeth/primary teeth ○ **treatment** planning ○ models/gum impressions ○ extractions ○ anaesthesia ○ X-rays including single/bitewing/periapical (root X-ray)/full-mouth X-rays/Orthopantomogram (OPG) and Cephalometric (CEPH) ○ digital photography, and ○ metal braces/retainers
Eye test (including consultation)	One each **membership year**, 100%	**We** pay for one eye test each **membership year**, which includes the cost of **your** consultation and sight/vision testing.
Spectacle lenses	80%	**We** pay for spectacle and contact lenses which are prescribed to correct a sight/vision problem such as short or long sight.

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

Benefits	Level	Explanation of benefits
Contact lenses	80%	Please see previous page for shared limit.
Spectacle frames	Once every two **membership years**, 80% up to GBP 150, USD 255 or EUR 185	**We** pay for spectacle frames. This benefit is payable: ○ once every two **membership years** ○ only if **you** have been prescribed spectacle lenses **Your** spectacle lens prescription or invoice will be needed in support of **your** claim for spectacle frames.

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

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

This section contains the rules and information for medical transfers, which help **you** if the **treatment you** need is not available locally.

We can arrange a transfer if the **treatment you** need is:

- recommended by **your specialist** or **doctor**
- covered under **your** plan. It must be **in-patient** or **day-case treatment**.

Evacuation covers **you** for reasonable transport costs to the nearest appropriate place of **treatment**.

Repatriation also gives **you** the option to travel to **your country of nationality** or **your country of residence**.

We may authorise evacuation if **you** need a CT, MRI or PET scan, or cancer **treatment** such as radiotherapy or chemotherapy.

You must contact **us** before **you** travel, and **we** must agree the arrangements with **you**. If **you** do not, **we** may not pay the costs of **your** transport and **treatment**.

How to arrange your medical transfer

If **you** need a medical transfer, call **us** on +44 (0) 1273 323 563. **We** will arrange the medical transfer. **You** must give **us** any information or proof that **we** may reasonably ask **you** for to support **your** request. **We** will only pay if **we** arrange and agree everything in advance.

Notes:

- **We** will only pay for Evacuation when the **treatment you** need is not available where **you** are. **We** will help **you** get to the nearest place where the **treatment you** need is available. This could be to another part of the country that **you** are in. It might not be **your** home country.
- **We** will not cover a medical transfer if **you** were aware of the symptoms of **your** condition before **you** applied for assistance cover.
- **You** must have assistance cover in place before **you** need the **treatment**. **You** must also have cover for **treatment** in the country **you** need to be transferred from. **We** will arrange a transfer to a country where **you** have cover. For example, if **you** do not have U.S. cover, **we** will not transfer **you** to the U.S.
- **We** will not arrange a medical transfer if it is too dangerous to do so, or not practical to enter the area. This could be because of the local situation, or geography. Examples include war zones, or an oil rig.
- Transport depends on local or international resources. This can include equipment and crew. It must also remain within the scope of all law and regulations which apply. **We** may have to obtain authorisation from authorities. This is outside **our** control.
- **We** cannot be held liable for any delays or connection problems caused by the weather, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond **our** control.
- **We** do not provide the transport and other services set out in the assistance cover section. **We** will arrange those services on **your** behalf. In some countries **we** may use service partners to arrange these services.
- **We** do not pay for extra nights in **hospital** when **you** are no longer having **active treatment** which **you** need to be in **hospital** for. An example would be if **you** are waiting for **your** return flight.
- Please be aware that for medical reasons the member receiving **treatment** may travel in a different class from their companion.

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

Benefits	Level	Explanation of benefits
Evacuation	Paid in full	**We** pay the **Reasonable and Customary** transport costs for an evacuation: ○ to the nearest place where the **treatment** needed is available when the **treatment** is not available locally. (This could be to another part of the country that **you** are in or to another country), and ○ for the return journey to the place **you** were transferred from when this is authorised in advance by **our** service partners. The costs **we** pay for the return journey will be either: ○ 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. **We** do not pay any other costs related to the evacuation such as travel costs outside of the actual evacuation which are not authorised by **us** or hotel accommodation.
Repatriation	Paid in full	**We** pay the **Reasonable and Customary** transport costs for a repatriation: ○ to **your** specified **country of nationality** as given on **your** application form, or **your** specified **country of residence**, when the **treatment** is not available locally, and ○ the return journey to the place **you** were transferred from when this is authorised in advance by **Bupa Global**'s service partners. The costs **we** pay for the return journey will be either: ○ 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. **We** do not pay any other costs related to the repatriation such as taxis 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. In some cases **you** may request a repatriation when contacting **Bupa Global**'s service partners for authorisation, but this may not be medically appropriate. In these cases, **we** will first evacuate **you** to the nearest place where **treatment** is available. Once **you** have been stabilised, **we** may then repatriate **you** to **your** specified **country of nationality** or **your** specified **country of residence**.

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

Benefits	Level	Explanation of benefits
Travel cost for an accompanying person	Paid in full	**We** pay reasonable travel costs for a relative or partner to accompany **you**: ○ if there is a reasonable need for **you** to be accompanied, and ○ the return journey to the place **you** were transferred from when: ○ this is authorised in advance by **Bupa Global**'s service partners, and ○ the return journey is within 14 days of the end of the **treatment** The costs **we** pay for the return journey will be either: ○ 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. **We** do not pay for someone to travel with **you** when the evacuation is for **you** to receive **out-patient treatment**. By 'reasonable need' **we** mean that **you** need someone to accompany **you** for one of the following reasons: ○ **you** need assistance to board or disembark from transport ○ **you** need to be transferred over a long distance (1000 miles or 1600 KM) ○ there is no medical escort ○ **you** are very seriously ill The accompanying person may travel in a different class from the member receiving **treatment** depending on medical requirements.
Travel cost for the transfer of minor children	Paid in full	**We** pay reasonable travel costs for minor children to be transferred with **you** in the event of an evacuation or repatriation, provided they are under the age of 18 when: ○ 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
Living allowance	For a maximum of 10 days each **membership year**, each day up to GBP 100, USD 170 or EUR 125	**We** pay towards living expenses for the relative or partner who is authorised to travel with **you**: ○ following an evacuation only, and ○ for up to 10 days, or **your** date of discharge whichever is the earlier, while away from their usual specified **country of residence** **We** do not pay for someone to travel with **you** when evacuation is for **out-patient treatment** only.
Repatriation of mortal remains	Maximum benefit of GBP 6,500, USD 11,050 or EUR 8,125	**We** pay for reasonable costs for the transportation only of **your** body or cremated mortal remains to **your** home country or to **your** specified **country of residence**: ○ in the event of **your** death while **you** are away from home, and ○ depending on airline requirements and restrictions **We** do not pay for burial or cremation, the cost of burial caskets or the transport costs for someone to collect or accompany **your** mortal remains.

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

Benefits	Level	Explanation of benefits
Compassionate visit and return	For a maximum of five trips per lifetime. Each visit up to GBP 800, USD 1,360 or EUR 1,000	**We** pay for economy class travel costs for one close relative (spouse/partner, parent, child, brother or sister) who is in another country to visit when **you** have a sudden accident or illness and are going to be hospitalised for at least five days or **you** have received a short-term terminal prognosis. This includes the equivalent of economy class costs of **your** relative's return journey to their home country. **We** pay: ○ a maximum of five trips for the lifetime of **your** membership ○ only when authorised in advance by **Bupa Global**'s service partners **We** also pay towards living expenses for **your** relative: ○ following a covered compassionate visit only, and ○ for up to 10 days while away from their usual specified **country of residence** **We** do not pay this benefit when either an evacuation or repatriation has taken place. In the event of an evacuation or repatriation taking place during a compassionate visit, no more benefits as described in notes 'Travel cost for an accompanying person', 'Travel cost for the transfer of minor children' or 'Living allowance' will be payable.
Compassionate visit living allowance	For a maximum of 10 days each visit, each day up to GBP 100, USD 170 or EUR 125	

What is not covered

The 'General exclusions' section is a list of what **we** do not cover as part of **your** plan. **You** may also have personal terms that apply to **you** (these could be exclusions or restrictions).

Personal exclusions

Before **you** joined the plan **you we** may have asked **you** to give **us** details about any disease, illness or injury which **you** ever:

- had **treatment** for
- had advice about, or
- had symptoms of.

We call these **pre-existing conditions**.

We reviewed **your** answers to decide the terms on which **you** joined this plan. **We** may have offered to cover or exclude a **pre-existing condition**, or applied other restrictions to **your** plan. This means **we** will not cover costs for:

- **treatment** of,
- any related symptoms of, or
- any condition that results from or is related to this **pre-existing condition**.

We will not cover any **pre-existing condition** that **you** did not tell **us** about when **you** applied to join the plan.

Any personal terms **we** apply to **your** plan will be shown on **your** insurance certificate.

General exclusions

For all exclusions in this section, and for any personal terms shown on **your** insurance certificate, **we** do not pay for **treatment** of conditions which are directly related to excluded conditions or **treatments**. **We** also do not pay for complications of, or any more or increased costs as a result of excluded conditions or **treatments**.

Please note that if **you** choose to have **treatment** or services with a **treatment** provider who is outside **our network**, **we** will only cover costs that are **reasonable and customary**. Other rules may apply in respect of **covered benefits** received from a **treatment** provider who is outside **our network** in certain specific countries.

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

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

Exclusion	Notes	Rules
Antenatal classes		**We** will not pay for antenatal classes from **your** maternity benefits or any other benefits.
Artificial life maintenance		Including mechanical ventilation, where such **treatment** will not or is not expected to result in **your** recovery or restore **you** to **your** previous state of health. Example: **We** will not pay for **artificial life maintenance** when **you** are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days.
Birth control		○ 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

Exclusion	Notes	Rules
Conflict and disaster		**We** shall not have to pay for any claims which concern, are due to or are incurred as a result of **treatment** for sickness or injuries directly or indirectly caused by **you** putting yourself in danger by entering a known area of conflict (as listed below) and/or if **you** were an active participant or **you** have displayed a blatant disregard for **your** personal safety in a known area of conflict: ○ nuclear or chemical contamination ○ war, invasion, acts of a foreign enemy ○ civil war, rebellion, revolution, insurrection ○ terrorist acts ○ military or usurped power ○ martial law ○ civil commotion, riots, or the acts of any lawfully constituted authority ○ hostilities, army, naval or air services operations whether war has been declared or not
Convalescence and admission for general care, or staying in **hospital** for		○ convalescence, pain management, supervision ○ receiving only general nursing care ○ **therapist** or complementary **therapist** services ○ domestic/living assistance such as bathing and dressing, and ○ **treatment** that could take place as a **day-case** or **out-patient**
Cosmetic **treatment**		**Treatment** to improve **your** appearance such as: ○ facelift or re-modelled nose, abdominoplasty ○ cosmetic dentistry such as the replacement of a sound, natural tooth with an implant, veneers ○ orthodontic **treatment** over the age of 19 (**we** pay for orthodontic **treatment** under the age of 19 if **you** have bought the Worldwide Wellbeing option) ○ **treatment** related to or arising from the removal of non-diseased, or surplus or fat tissue, such as liposuction, whether or not it is needed for medical or psychological reasons ○ hair transplants for any reason ○ **surgery** to change the shape, enhance or reduce **your** breast(s) for any reason, except reconstruction following **treatment** for cancer Examples: ○ **we** do not pay for breast reduction for backache or gynaecomastia (the enlargement of breasts in men) ○ **we** do not pay for **treatment** of keloid scars. **We** also do not pay for scar revision, even if the scar is causing a functional problem. **We** may pay for **prophylactic surgery** (**surgery** to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland) when: ○ there is a significant family history of the disease, for example ovarian cancer, which is part of a genetic cancer syndrome, and/or ○ **you** have positive results from genetic testing (please note that **we** will not pay for the genetic testing) Please contact **us** for prior approval before proceeding with **treatment**. It may be necessary for **us** to seek a second opinion as part of **our** approval process. Benefit will not be paid unless prior approval has been received. The limit shown under Worldwide Medical Insurance will apply for **prophylactic surgery** for congenital and hereditary conditions other than cancer.
Developmental problems		○ learning difficulties, such as dyslexia. ○ developmental problems treated in an educational environment or to support educational development.
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 and storage of stem cells, when this is carried out as a preventive measure against possible future disease

Exclusion	Notes	Rules
Experimental or unproven **treatment**		Experimental or unproven **treatment** Clinical tests, **treatments**, equipment, medicines, devices or procedures that are unproven or investigational with regards to safety and efficacy. ○ **We** do not pay for any test, **treatment**, equipment, medicine, device or procedure that is not in standard clinical use but is (or should, in **Bupa Global**'s reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy. ○ **We** do not pay for any tests, **treatment**, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by **Bupa Global** in line with its criteria for standard clinical use. Standard clinical use includes: ○ **treatment** agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved though the **UK** Cancer Drugs Fund), Royal Colleges or equivalent national **specialist** bodies in the country of **treatment**; ○ the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or Bupa's in-house Clinical Effectiveness team) indicate that the **treatment** is safe and effective; ○ where the **treatment** has received full regulatory approval by the licensing authority (e.g. U.S. Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency) in the location where the member has requested **treatment**, and is duly licensed for the condition and patient population being requested (please note – full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or ○ tests, **treatments**, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which **treatment** is requested. Notes: ○ Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not treated as appropriate evidence to demonstrate a test, **treatment**, equipment, medicine, device or procedure should be used in standard clinical use. ○ Where licensing authority approval to market tests, **treatment**, equipment, medicines, devices or procedures does not, in **Bupa Global**'s reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.
Eyesight		**Treatment**, equipment or **surgery** to correct eyesight, such as laser **treatment**, refractive keratotomy (RK) and photorefractive keratotomy (PRK). Exceptions: If **you** have bought Worldwide Wellbeing cover, **your** optical benefits will be shown.
Footcare		**Treatment** for: ○ corns ○ calluses, or ○ thickened or misshapen nails
Genetic testing		Genetic tests, when such tests are solely performed to determine whether or not **you** may be genetically likely to develop a medical condition. Example: **we** do not pay for tests used to determine whether **you** may develop Alzheimer's disease, when that disease is not present.

Exclusion	Notes	Rules
Harmful or hazardous use of alcohol, drugs and/or medicines		**Treatment** for or arising: ○ directly or indirectly, from the deliberate, reckless (including where **you** have displayed a blatant disregard for **your** personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and ○ in any event, from the illegal use of any such substance
Health hydros, nature cure clinics or any establishment that is not a **hospital**		**Treatment** or services received in 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**		**Treatment** to assist reproduction such as: ○ 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 **We** pay for investigations into the cause of infertility when **your specialist** believes there are symptoms and/or evidence to suggest a medical cause. **We** will only pay when: ○ **you** have been a member of this plan (or any Bupa administered plan which includes this cover) for two years before the investigations start, and ○ **you** were unaware and had not been suffering any symptoms prior to joining
Obesity and weight management		**Treatment** for or as a result of obesity and weight management such as: ○ slimming aids or drugs, or ○ slimming classes, or ○ obesity **surgery**
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**.

Exclusion	Notes	Rules
Personal exclusions		Please check **your** insurance certificate to see if **you** have any personal exclusions or restrictions on **your** plan. The exclusions in this section apply as well as and alongside any such personal exclusions and restrictions. For all exclusions in this section, and for any personal exclusions or restrictions shown on **your** insurance certificate, please note that: ○ **we** do not pay for conditions which are directly related to excluded conditions or **treatments** ○ **we** do not pay for any extra or increased costs arising from excluded conditions or **treatments** ○ **we** do not pay for complications arising from excluded conditions or **treatments**. Example: **You** have a personal exclusion for diabetes ○ If **your** diabetes were to cause kidney problems, **we** would not pay for the **treatment** of such kidney problems. ○ If while receiving **treatment** for another condition, **you** need to stay extra nights in **hospital** because of **your** diabetes **we** would not pay for these extra nights. Exceptions This section describes some circumstances where exceptions can be made to exclusions or restrictions. Where this is the case, benefit is payable up to the limits set out in **your** Table of Benefits.
Pre-existing conditions		Any **treatment** for a **pre-existing condition**, related symptoms, or any condition that results from or is related to a **pre-existing condition**. Please contact **us** before **your renewal date** if **you** or **your dependants** have personal exclusion(s) and would like **us** to review a personal exclusion. **We** may remove **your** exclusion if, in **our** opinion, no other **treatment** will be either directly or indirectly needed for the condition, or for any related condition. There are some personal exclusions that, due to their nature, **we** will not review. To carry out a review, **we** may ask for an up to date medical report from **your family doctor** or **specialist**. Any costs incurred in obtaining these details are not covered under **your** plan and are **your** responsibility
Preventive **treatment**		Health screening, including routine health checks and vaccinations, or any preventive **treatment**, except if **you** have bought the Worldwide Wellbeing option. **We** may pay for **prophylactic surgery** when: ○ there is a significant family history of the disease, for example ovarian cancer, which is part of a genetic cancer syndrome, and/or ○ **you** have positive results from genetic testing (please note that **we** will not pay for the genetic testing) The limit shown under Worldwide Medical Insurance will apply for **prophylactic surgery** for congenital and hereditary conditions other than cancer. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided. It may be necessary for **us** to seek a second opinion as part of **our** pre-authorisation process.
Professional sports activities		**Treatments** and services arising as a result of **professional sports activities**, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any other **professional sports activities**.

Exclusion	Notes	Rules
Reconstructive or remedial **surgery**		**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 membership. Please contact **us** for prior approval before proceeding with **treatment**. It may be necessary for **us** to seek a second opinion as part of **our** approval process. Benefit will not be paid unless prior approval has been received.
Sexual problems/gender issues		○ sexual problems, such as impotence, whatever the cause, or ○ sex changes or gender reassignments
Sleep disorders		○ insomnia ○ snoring ○ sleep-related disorders including sleep apnoea, or ○ participation in sleep studies beyond the initial study **We** may pay for **treatment** of sleep apnoea when **your specialist** believes this to be life-threatening. **We** will only pay for: ○ an initial sleep study ○ **surgery**, if medically appropriate, and ○ equipment hire, such as a Continuous Positive Airway Pressure (CPAP) machine (only if **you** have bought the Worldwide Medicines and Equipment option) Please contact **us** for prior approval before proceeding with **treatment**. It may be necessary for **us** to seek a second opinion as part of **our** approval process. Benefit will not be paid unless prior approval has been received.
Stem cells		**We** do not pay for the harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.
Surrogate parenting	Please also see maternity cover in the table of benefits.	**Treatment** directly related to surrogacy. This applies: ○ to **you** if **you** act as a surrogate, and ○ to anyone else acting as a surrogate for **you**
Temporomandibular joint (TMJ) disorders		Temporomandibular joint (TMJ) disorders
Travel costs for **treatment**		Any travel costs related to receiving **treatment**. Examples: ○ **we** do not pay for taxis or other travel expenses for **you** to visit a **medical practitioner** ○ **we** do not pay for travel time or the cost of any transport expenses charged by a **medical practitioner** to visit **you** Exceptions: ○ Road Ambulance cover ○ Air Ambulance cover ○ **you** have bought Worldwide Evacuation cover and **your** travel meets the qualifying conditions of that cover

Exclusion	Notes	Rules
U.S. **treatment**		If **you** have not bought cover for the U.S., then **we** will not pay for **treatment** or services, received in the U.S. If **you** have bought cover for the U.S., **we** will not pay for **treatment** or services, received there: ○ when arrangements were not pre-authorised by **our** intermediaries in the U.S. where needed (see "**Treatment** in the U.S.' section of this membership guide); or ○ when **we** know or have reasonable grounds to conclude, that **you** purchased cover for and travelled to the U.S. for the purpose of receiving **treatment** or services for a condition, including pregnancy when the symptoms of the condition were apparent to **you** before buying the cover. This applies whether or not **your treatment** or services were the main or sole purpose of **your** visit and even if the **treatment** or services were pre-authorised. **Our Service Partner** in the U.S. operates a national **network** of **hospitals**, clinics and **medical practitioners**. This is the U.S. provider **network**. **You** must contact **our** dedicated team before **you** have **treatment**, and they can help to find a suitable **network** provider for **you**. For covered **treatment** that takes place in the U.S. using the U.S. provider **network**, benefit is paid at 100 percent, once any co-insurance or **deductible** amount which may apply, and which **you** are responsible to pay, has been taken from the claimed amount. When covered **treatment** takes place in the U.S. but outside the provider **network**, benefit is paid at **Reasonable and Customary** costs. Please see the "**Treatment** in the U.S." section of this membership guide. Please note: If **you** have chosen to include cover for **pre-existing conditions**, this is not extended to **treatment** received in the U.S., even when **you** have bought cover for **treatment** in the U.S. Therefore, **you** will see a specific exclusion on **your** insurance certificate for the costs of **treatment** in the U.S. for these **pre-existing conditions**.
Unrecognised medical practitioner, **hospital** or healthcare facility		○ **Treatment** provided by a **medical practitioner**, **hospital** or healthcare facility which are not recognised by the relevant authorities in the country where the **treatment** takes place as having **specialist** knowledge, or expertise in, the **treatment** of the disease, illness or injury being treated. ○ Self **treatment** or **treatment** provided by anyone with the same residence, **Family Members** (persons of a family, related to **you** by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ○ **Treatment** provided by a **medical practitioner**, **hospital** or healthcare facility which are to whom **we** have sent a written notice that **we** no longer recognise them for the purposes of **our** health plans. **You** can contact **us** by telephone for details of benefit providers **we** have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder

General information

Giving us true and complete information

The rules in this section apply if **you** give **us** information, or someone gives it to **us** on **your** behalf.

You must make sure that all information **you** give **us** is accurate and complete. This applies when **you** join the plan, and when it renews or changes. **You** must also tell **us** if anything **you** have told **us** in the application form changes before **your** cover starts. If **you** do not, **we** may treat **your** cover and claims as **we** would have done if **we** had received accurate and complete information. **We** can do this if **you** are reckless, negligent or careless when **you** give **us** information which is not accurate or complete, or **you** do it on purpose. This means:

- **we** may treat **your** cover as if it had never existed (if **you** have been negligent or careless, **we** can do this if **we** would have refused to cover **you**)
- **we** may apply different terms to **your** cover. **We** can do this if **we** would have covered **you** on those terms. For example **your** cover may contain new personal exclusions or restrictions. This means **we** will only pay a claim if it is covered by those different terms
- **we** may reduce the amount payable for any claim. **We** can do this if **we** would have charged a higher premium. **We** then compare the higher premium to the original premium. For example, **we** will only pay half a claim if **we** would have charged twice the premium.

If **we** need to do this, it would take effect from the date **you** joined, or the cover renewed or changed (this depends on when **we** received the information).

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

Sanctions

We will not provide cover and **we** will not pay any claim or provide any benefit under this insurance, if doing so would:

- break any United Nations resolution, or any trade or economic sanctions, laws or regulations that apply to **us** (including those of the European Union, the **UK**, and / or the U.S.), or
- put **us** at risk of being sanctioned by any relevant authority or competent body, or
- put **us** at risk of being involved (directly or indirectly) in something which any relevant authority, banks **we** use, or competent body would consider to be banned or restricted.

If any resolutions, sanctions, laws or regulations referred to in this clause apply (or start to apply), **we** can take any action **we** consider necessary, to make sure **we** continue to work within them. If this happens, **you** acknowledge that this may restrict, delay or end **our** obligations under **your** plan, and **we** may not be able to pay any claim.

Sharing documents

We only return official documents such as birth or death certificates. If **you** send any other original documents to **us** (such as a receipt), **you** can ask **us** to send **you** a copy of it.

Financial crime

The group agree to keep to all **UK** laws relating to detecting and preventing financial crime (including the Bribery Act 2010 and the Proceeds of Crime Act 2002).

U.S. Patient Protection and Affordable Care Act

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.

The law which applies to this plan

This plan is governed by English law. If **we** cannot resolve a dispute, only the courts in England can decide it.

Liability

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

The **main member**, on behalf of themselves and their **dependants**, appoints **us** to act as agent for **you** to make appointments or arrange for **you** to receive the **treatment** or service which **you** need. **We** will use reasonable care when acting as **your** agent.

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

This does not affect **your** statutory rights.

You the **main member**, on behalf of yourself and the **dependants**, authorise **us**, if for any reason **you** cannot give **us** instructions about any **covered benefits** (for example if **you** are incapacitated), to:

- act as **we** reasonably believe to be in **your** best interests (in accordance with the cover **you** have under this plan);
- share any information about **you** to **your** benefits provider as **we** reasonably believe to be necessary 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).

When acting on **your** behalf **we** may act through **our Bupa group** of companies and administrators.

Financial Services Compensation Scheme (FSCS)

If **we** cannot meet **our** financial obligations, **you** may be able to get help from the FSCS. The FSCS may be able to:

- transfer **your** policy to another insurer
- find **you** a new policy or
- compensate **you** if this is more appropriate.

This will depend on the type of business and the circumstances of **your** claim. **You** will usually need to live in the **UK**, the Channel Islands or the Isle of Man to do this.

You can get more information from the FSCS:

- on its website fscs.org.uk
- by calling 0800 678 1100 (this is a freephone number if **you** call from the **UK**)
- by calling +44 207 741 4100 (this is not a freephone number).

Paying premiums and other charges

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

How are my premiums calculated?

We calculate **your** premiums according to **your country of residence**. Other factors including **your** age, area of cover, level of benefits, **deductibles** and any underwriting are also taken into account.

We group countries into zones based on factors such as the costs and frequency of **treatment** in those countries. **We** apply any decision to vary premiums to all members in the zone. On renewal **you** would receive the price impact that applies to the zone with **your** rating factors.

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

How do I pay premiums and other charges?

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

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

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

Bupa Insurance Services Limited collects premiums. They act as **our** intermediary for receiving and holding premiums, and making claims and refunds. **Your** premiums are protected by an agreement between **us** and Bupa Insurance Services Limited.

You can see the amount and method of payment on **your** insurance certificate. **We** keep bank, credit/debit card and direct debit details for the duration of **your** policy in accordance with data protection and privacy regulations. If **you** cannot pay **your** premiums for any reason, please contact the customer services helpline.

What happens if I don't pay?

We may suspend **your** membership if **you** do not pay premiums and other charges when they are due. **We** may also suspend it if **you** do not pay in full any annual **deductible** that is payable by **you** for a claim **we** have paid directly to **your** benefit provider.

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

Worried about your premiums or payments?

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

Will the amount I pay change?

It is likely that the amount **we** charge **you** will change from **your renewal date**. One of the factors that affects this is the rising cost of medical **treatments**. **We** aim to control this by negotiating cost control measures with **hospitals** and clinics. Other factors that may affect **your** premium are **your** age, **your country of residence**, and changes to **your** cover such as adding, changing or removing options or **deductibles**.

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

We will contact **you** before **your renewal date** with details of the new premium, any changes to the renewed plan, and the reasons for those changes. If **you** do not want to renew this plan **you** must contact **us** within 30 days following the start of the renewed plan.

Unless **you** tell **us** not to, **we** will continue to take payment of the new premium using the payment details **you** have given **us**.

Bank charges

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

Privacy notice

Last updated: September 2023

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you and how we use and protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at: www.bupaglobal.com/privacypolicy. If you do not have access to the internet and would like a paper copy of the full privacy notice, or if you have any questions about how we handle your information, please contact the Bupa Global service team on +44 (0) 1273 323 563. Alternatively, you can email or write to the team via info@bupaglobal.com or Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom.

Information about Bupa Global

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

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

1. What this privacy notice covers

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

2. How we collect personal information

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

3. Categories of personal information

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

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

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it

is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Profiling and automated decision-making

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

6. Sharing your information

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

7. International transfers

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

8. How long we keep your personal information

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

9. Your rights

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

10. Data protection contacts

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

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

Glossary

Certain words appear in the guide in bold type. These are defined words and have special meanings in this guide. **You** can find these meanings in the Glossary.

Defined term	Description
Active treatment	**Treatment** from a **medical practitioner** of a disease, illness or injury. This must aim to lead 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. An example is 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 intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction.
Birthing centre	A **medical facility** designed for childbirth in a homelike setting. It is often a part of a **hospital**.
Bupa Global	Bupa Insurance Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited acting as administrator.
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 plan on behalf of **Bupa Global**.
Complementary medicine practitioner	An acupuncturist, homeopathist or Traditional Chinese medicine practitioner who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which the **treatment** is received.
Country of nationality	The country of **your** nationality. **You** told **us** this when **you** applied to join the plan, or later told **us** in writing.
Country of residence	The country where **you** live. **You** told **us** about this when **you** applied to join the plan or later told **us** in writing. It is shown on **your** insurance certificate. The country where **you** live must be the country in which the relevant authorities (such as tax authorities) consider **you** to be resident while **you** have cover under the plan.
Covered benefits	The **treatment** and benefits shown as covered in this membership guide for **your** level of cover.
Day-case treatment	**Treatment** which for medical reasons requires **you** to stay in a bed in **hospital** during the day only. **We** do not require **you** to occupy a bed for **day-case mental health treatment**.
Deductible	The amount **you** have to pay in each **membership year** before **we** will pay for any **covered benefits**. The amount **you** have to pay in each **membership year** before **we** will pay for any **covered benefits**. The amount of **your deductible** is shown on **your** insurance certificate. The annual **deductible** applies separately to each person covered under **your** membership.
Dental practitioner	A person who: ○ is legally qualified to practice dentistry, ○ following attendance at a recognised dental school is recognised by the relevant authorities in the country in which the **treatment** takes place as having a specialised qualification. Examples may include periodontics or paediatric dentistry, and ○ is licensed to practice dentistry by the relevant authorities in the country where the dental **treatment** takes place.

Defined term	Description
Dependants	The **main member's** spouse or partner. Any children whose biological parent or legal guardian is the **main member**, and who are eligible to join the plan. This includes newborn children. Only **dependants** named on the insurance certificate are covered by the plan.
Diagnostic tests	Investigations, such as X-rays or blood tests, to find the cause of **your** symptoms.
Dietitian	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 of one. It must result from a disease, illness or injury which arises suddenly. In the judgment of a reasonable person it must need immediate **treatment**, generally within 24 hours of starting, and not having that **treatment** would put **your** health at risk.

Defined term	Description
Family doctor	A person who: ○ is licensed to practice medicine in the country where **you** have the **treatment**, and ○ is legally qualified in medical practice to provide medical **treatment** which does not need a **specialist's** training. They must have attended a recognised medical school. This is one listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.
Family member	Someone related to **you** by blood or by law (or otherwise). **We** can send **you** a full list of the family members falling within this definition if **you** ask **us**.
Hospital	A centre of **treatment** which is registered, or recognised under the local country's laws. It mainly exists to: ○ carry out major **surgical operations**, or ○ give **treatment** which only **specialists** can give.
In-patient treatment	**Treatment** which for medical reasons normally means that **you** have to stay in a **hospital** bed overnight or longer.
Intensive care	Intensive care includes: ○ High Dependency Unit (HDU). A unit that gives a higher level of medical care and monitoring. For instance **you** might need this in single organ system failure ○ Intensive Therapy Unit / Intensive Care Unit (ITU/ ICU). A unit that gives the highest level of care. For instance **you** might need this in multi-organ failure or in case of intubated mechanical ventilation ○ Coronary Care Unit (CCU). A unit that gives a high level of cardiac monitoring ○ Special care baby unit. A unit that gives the highest level of care for babies.

Defined term	Description
Main member	The first person named on the insurance certificate.
Medical facility	A **hospital** or other facility providing medical **treatment**.
Medical practitioner	A **complementary medicine practitioner**, **specialist**, **doctor**, **psychologist**, **psychotherapist**, osteopath, chiropractor, **dietitian**, **speech therapist** or **therapist** who provides **active treatment** of a known condition.
Medically necessary	**Treatment**, medical service or prescribed drugs which are: ○ consistent with the diagnosis and **treatment** for the condition; ○ consistent with generally accepted standards of medical practice; ○ necessary for such a diagnosis or **treatment**; ○ is not given mainly for the convenience of the member or the treating **medical practitioner**.
Membership year	The time during which **your** cover is in place. This is shown on **your** insurance certificate. If this plan renews, a new **membership year** will begin on the **renewal date**.
Mental health treatment	**Treatment** of mental health conditions. This can include eating disorders.
Network	A **hospital**, **pharmacy**, or other facility, or **medical practitioner** which will treat **you** at rates agreed with **Bupa Global** or a **service partner**.
Nurse	A qualified nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the **treatment** takes place.
Out-patient treatment	**Treatment** given at a **hospital**, consulting room, **doctors'** office or **out-patient** clinic where **you** do not go in for **in-patient treatment** or **day-case treatment**.

Defined term	Description
Ovulation induction treatment	**Treatment** including medication to stimulate production of follicles in the ovary. This includes but is not limited to clomiphene and gonadotrophin therapy.
Persistent vegetative state	A deep state of unconsciousness. Someone in a **persistent vegetative state** will: ○ show no sign of being aware or that their mind functions, even if they can open their eyes and breathe without help, and ○ not respond when touched or their name is called. The state of unconsciousness 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.
Pre-existing condition	○ any medical condition declared in **your** application for cover which has been noted as a 'personal exclusion' under **your** insurance certificate; or ○ any disease, illness or injury for which **you** received medication, advice or **treatment**, or **you** had experienced symptoms of whether the condition was diagnosed or not, prior to becoming a member which was not disclosed under **your** application for cover. Where **we** have accepted **your** transfer to this plan from another insurance product on a continuous cover basis, the above reference to 'application for cover' shall refer to **your** original application for cover under that previous insurance product.
Professional sports activities	Any sport the member takes part in and is compensated for, whether when participating in training practice or in competitive practice.
Prophylactic surgery	**Surgery** to remove an organ or gland that shows no signs of disease. This must be an attempt to prevent development of disease of that organ or gland.

Defined term	Description
Psychologist and **psychotherapist**	A person who is legally qualified and is permitted to practise as such in the country where they treat **you**.
Reasonable and customary	The 'usual', or 'accepted standard' amount charged in a particular geographical region. This applies to a specific **treatment** or service given by providers of comparable quality and experience. Government or official medical bodies' guidelines in that region may govern the amount charged. Where there are no guidelines, **we** may use **our** experience of usual, and most common, charges in that region to decide it.
Recognised medical practitioner, **hospital** or healthcare facility	Any provider who is not an **unrecognised medical practitioner**, **hospital** or healthcare facility.
Rehabilitation	**Treatment** that aims to restore full function after an acute event. Examples include a stroke, or major trauma. It must combine **treatments** such as physical, occupational and speech therapy.
Renewal date	Each anniversary of the date **you**, the **main member** joined the plan.
Service partner	A company or organisation that acts for **us**. This may include services to approve cover and finding local **medical facilities**.
Sound natural tooth / **sound natural teeth**	A natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally in chewing and speech.
Specialist	A surgeon, anaesthetist or physician who: ○ is legally qualified to practise medicine or **surgery**. They must have attended a recognised medical school. This is one listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation ○ the relevant authorities in the country where **you** have the **treatment** recognise as having specialised qualification in the field of, or expertise in, the **treatment** of the disease, illness or injury being treated.

Defined term	Description
Speech therapist	Practitioners must be fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the **treatment** is received.
Surgery / **surgical operation**:	A medical procedure that involves the use of instruments or equipment.
Therapist	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 a condition, disease, illness or injury.
UK	The United Kingdom of Great Britain and Northern Ireland.
Unrecognised medical practitioner, **hospital** or healthcare facility	○ **Treatment** provided by a **medical practitioner**, **hospital** or healthcare facility which are not recognised by the relevant authorities in the country where the **treatment** takes place as having **specialist** knowledge, or expertise in, the **treatment** of the disease, illness or injury being treated. ○ Self **treatment** or **treatment** provided by anyone with the same residence, **family members** (persons of a family, related to **you** by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ○ **Treatment** provided by a **medical practitioner**, **hospital** or healthcare facility which are to whom **we** have sent a written notice that **we** no longer recognise them for the purposes of **our** health plans. **You** can contact **us** by telephone for details of benefit providers **we** have sent written notice to or visit Facilities Finder at www.bupaglobal.com/en/facilities/finder

Defined term	Description
You / **your**	Anyone covered by the plan, as shown on the insurance certificate.
We / **our** / **us**	**Bupa Global**.

General services:
+44 (0) 1273 323 563

We may record or monitor your calls.

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

Bupa Global offers you

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

bupaglobal.com

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