Lifeline

Membership Guide

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

From 1 November 2024

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.

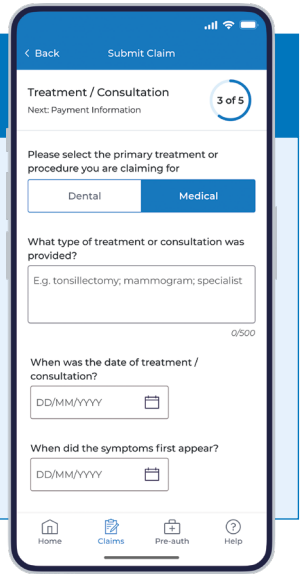
Just search '**Bupa Global** MembersWorld' on the App Store or Google Play Store.

Download on the App Store

GET IT ON Google Play

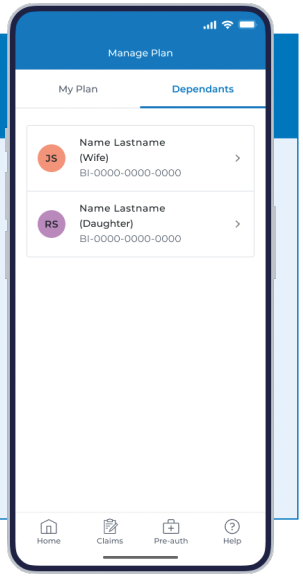
Claims and pre-authorisations

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



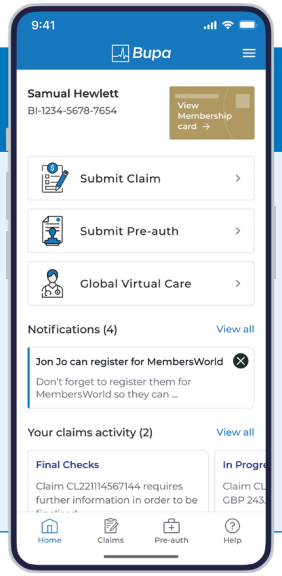
Dependants

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



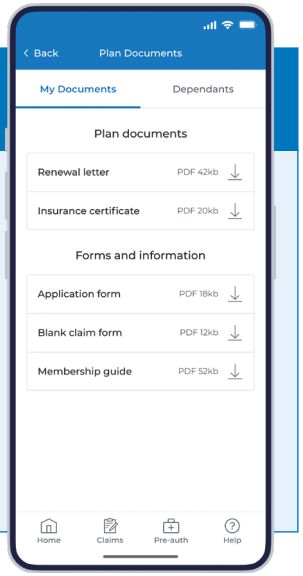
Membership cards

- 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.

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)

All **in-patient treatment** and **day-case treatment**, cancer **treatment**, MRI, CT, and PET scans in the U.S. must be pre-authorised. If **you** are going to receive any of these **treatments**, ask **your** medical provider to contact the U.S. service centre for pre-authorisation. All the information they need is on **your** membership card.

We have made special arrangements if **you** need to have **treatment**, be admitted to **hospital**, or visit a **doctor** in the U.S. These include access to a select **network** of quality medical providers and direct settlement of all covered expenses when **you** receive **treatment** in a **hospital** in **our network**.

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**.

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).

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 18 months or more prior to the child's birth
- the application form is received within 30 days of birth.

Otherwise, 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 18 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**.

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.

Active treatment

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

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

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'

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

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**.

Summary of Benefits

	Essential	Classic	Gold
Overall annual maximum			
Overall annual maximum	●	●	●
Deductible options	●	●	●
Out-patient treatment			
Out-patient surgical operations	●	●	●
Health screening and wellness checks (after one years' membership)		●	●
Physiotherapy, osteopathy and chiropractor **treatment**		●	●
Costs for **treatment** by **therapists**, **complementary medicine practitioners** and qualified **nurses**		●	●
Specialists' fees, **psychologists'** and **psychotherapists'** fees for **mental health treatment**		●	●
Pathology, X-rays and **diagnostic tests**		●	●
Specialists' fees for consultations		●	●
Costs for **treatment** by a **family doctor**			●
Prescribed drugs and dressings			●
Accident-related dental **treatment**		●	●
In-patient and day-case treatment			
Hospital accommodation	●	●	●
Intensive Care	●	●	●
Mental health treatment	●	●	●
Nursing care, drugs and surgical dressings	●	●	●
Parent accommodation	●	●	●
Pathology, X-rays, **diagnostic tests** and therapies	●	●	●
Specialists' fees	●	●	●
Prosthetic implants and **appliances**	●	●	●
Surgical operations, including pre- and post-operative care	●	●	●
Theatre charges	●	●	●
Further benefits			
Advanced imaging	●	●	●
Cancer **treatment**	●	●	●
Advanced therapy medicinal products (**ATMPs**)	●	●	●
Healthline services	●	●	●
HIV/AIDS drug therapy including ART (after five years' membership)		●	●
Home nursing after **in-patient treatment**	●	●	●
Hospice and palliative care	●	●	●
In-patient cash benefit	●	●	●
Kidney dialysis	●	●	●
Local air ambulance	●	●	●
Local road ambulance	●	●	●
Maternity cover (after 18 months' membership)		●	●
Newborn care	●	●	●
Prosthetic devices	●	●	●
Rehabilitation	●	●	●

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

Summary of Benefits (continued)

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

Summary of Exclusions

	Essential	Classic	Gold
Antenatal classes	●	●	●
Artificial life maintenance	●	●	●
Birth control	●	●	●
Conflict and disaster	●	●	●
Congenital conditions	●	●	●
Convalescence and admission for general care	●	●	●
Cosmetic **treatment**	●	●	●
Deafness	●	●	●
Dental **treatment**/gum disease	●	●	●
Desensitisation and neutralisation	●	●	●
Developmental problems	●	●	●
Donor organs	●	●	●
Drugs and dressings for **out-patient** or take-home use	●	●	
Experimental or unproven **treatment**	●	●	●
Eyesight	●	●	●
Family doctor treatment	●	●	
Footcare	●	●	●
Genetic testing	●	●	●
Harmful or hazardous use of alcohol, drugs and/or medicines	●	●	●
Health hydros, nature cure clinics or any establishment that is not a **hospital**	●	●	●
Hereditary conditions	●	●	●
HIV/AIDS	●	●	●
Illegal activity	●	●	●
Infertility **treatment**	●	●	●
Maternity	●		
Obesity and weight management	●	●	●
Persistent vegetative state (PVS) and neurological damage	●	●	●
Physical aids and devices	●	●	●
Pre-existing conditions	●	●	●
Preventive **treatment**	●	●	●
Professional sports activities			
Reconstructive or remedial **surgery**	●	●	●
Sexual problems	●	●	●
Sleep disorders	●	●	●
Speech disorders	●	●	●
Stem cells	●	●	●
Surrogate parenting	●	●	●
Travel costs for **treatment**	●	●	●
Treatment for or related to gender dysphoria	●	●	●
U.S. **treatment**	●	●	●
Unrecognised **medical practitioner**, **hospital** or healthcare facility	●	●	●

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.

Overall annual maximum

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

Out-patient treatment

Important

This is **treatment** when the patient does not normally need a **hospital** bed. The list below shows cover for **out-patient treatment** only. If **you** are having **treatment** and **you** are not sure which benefit applies, please call **us** and **we** will be happy to help.

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

Out-patient treatment (continued)

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

In-patient and day-case treatment

Important

We pay for in-patient and day-case treatment costs as long as:

- it is **medically necessary** for **you** to have a **hospital** bed for **your treatment**
- **you** are under the care of a **specialist** for **your treatment**
- **your** accommodation is no more expensive than the **hospital's** standard single room with a private bathroom. This means that **we** will not pay higher costs, for example for a deluxe or VIP suite. Sometimes the cost of **treatment** is linked to the type of room **you** are in. If this happens, **we** pay the cost of **treatment** as if **you** were in a standard single room with a private bathroom
- the **hospital** where **you** have **your treatment** is recognised.

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.

In-patient stays longer than 10 nights

We pay for an **in-patient** stay for 10 or more nights as long as **we** have a medical report from **your specialist** before the eighth night, confirming:

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

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

In-patient and day-case treatment (continued)

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

In-patient and day-case treatment (continued)

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

Further benefits

Important

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

Benefits	Essential	Classic	Gold	Explanation of benefits
Advanced imaging	Paid in full	Paid in full	Paid in full	**We** pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by **your specialist** or **family doctor**.
Cancer **treatment**	Paid in full	Paid in full	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	Paid in full, one course of **treatment** for each condition per lifetime	Paid in full, one course of **treatment** for each condition per lifetime	**We** pay for **ATMP treatment** if it is:
				○ administered by a **specialist** in the country where **you** receive it, and;
				○ approved by the licensing authority in the country where **you** receive it, for **your** condition, stage of disease and stage of **treatment** that **you** have, and;
				○ endorsed by an independent **specialist** appointed by **Bupa Global** who confirms it:
				  ○ as medically appropriate, based on established medical practice, or
				  ○ is provided under a registered and ethically approved study (in this case **we** will not apply the 'experimental or unproven **treatment**' exclusion).
				
				Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.

Further benefits (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Healthline services	Included	Included	Included	This is a telephone advice line which offers help 24 hours a day, 365 days a year. Please call +44 (0) 1273 323 563 at any time when **you** need to. The following are some of the services that may be offered by telephone: ○ general medical information from a health professional ○ medical referrals to a **specialist** or **hospital** ○ medical service referral (ie locating a **specialist**) and assistance arranging appointments ○ inoculation and visa requirements information ○ **emergency** message transmission ○ interpreter and embassy referral Note: **treatment** arranged through this service may not be covered under **your** plan. Please check **your** cover before proceeding.
HIV/AIDS drug therapy including ART (after five years' membership)	Not covered	**We** pay up to GBP 12,000, USD 20,000 or EUR 15,000 each **membership year**	**We** pay up to GBP 12,000, USD 20,000 or EUR 15,000 each **membership year**	**We** pay for HIV/AIDS drug therapy after **you** have been a member of the plan for the whole of the five years leading up to the **treatment**. Note: **we** pay for **treatment** that is not drug therapy or ART from **your in-patient** or **out-patient** benefits if **you** have been a member of the plan for five years.
Home nursing after **in-patient treatment**	**We** pay up to GBP 120, USD 200, or EUR 150 each day up to a maximum of 10 days each **membership year**	**We** pay up to GBP 200, USD 320, or EUR 250 each day up to a maximum of 20 days each **membership year**	Paid in full up to a maximum of 30 days each **membership year**	**We** pay for home nursing after covered **in-patient treatment**. **We** pay if the home nursing: ○ is needed to provide medical care, not personal assistance ○ is necessary, meaning that without it **you** would have to stay in **hospital** ○ starts immediately after **you** leave **hospital** ○ is provided by a qualified **nurse** in **your** home, and ○ is prescribed by **your specialist** 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	**We** pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of **your** membership	**We** pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of **your** membership	**We** pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of **your** membership	If **you** need **in-patient**, **day-case** or **out-patient** care or **treatment** following the diagnosis that **your** condition is terminal, when **treatment** can no longer be expected to cure **your** condition, **we** pay for **your** physical, psychological, social and spiritual care as well as **hospital** or hospice accommodation, nursing care and prescribed drugs. The amount shown here is the total amount **we** shall pay for these expenses during the whole of **your** membership, whether continuous or not.
In-patient cash benefit	**We** pay GBP 100, USD 160 or EUR 125 each night up to 20 nights each **membership year**	**We** pay GBP 100, USD 160 or EUR 125 each night up to 20 nights each **membership year**	**We** pay GBP 150, USD 240 or EUR 190 each night up to 20 nights each **membership year**	This benefit is paid instead of any other benefit for each night **you** receive covered **in-patient treatment** without charge. To claim this benefit, please ask the **hospital** to sign and stamp **your** claim form. Then send the completed form to **us** with a covering letter stating that **you** were treated with no charge. Please note that **you** need to make sure that the medical section of **your** claim form is completed by **your specialist**.
Kidney dialysis	Paid in full	Paid in full	Paid in full	**We** pay for kidney dialysis - provided as **in-patient**, **day-case** or as on **out-patient**.

Further benefits (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Local air ambulance	Paid in full	Paid in full	Paid in full	**We** pay for **medically necessary** travel for **you** to be transported by local air ambulance such as a helicopter, when related to covered **in-patient treatment** or **day-case treatment**, either: ○ from the location of an accident to **hospital**, or ○ for a transfer from one **hospital** to another when it is appropriate for this method of transfer to be used to transport **you** over short journeys of up to 100 miles/160 kilometres. This benefit does not include mountain rescue. Note: this benefit does not include evacuation if the **treatment you** need is not available locally. Please also see 'Assistance cover' section.
Local road ambulance	Paid in full	Paid in full	Paid in full	**We** pay for **medically necessary** travel by local road ambulance when related to covered **in-patient treatment** or **day-case treatment**.

Further benefits (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Maternity cover (after 18 months' membership)	Not covered	Maternity and childbirth: **We** pay up to GBP 3,600, USD 6,000 or EUR 4,500 each **membership year** Childbirth at home: **We** pay up to GBP 780, USD 1,300 or EUR 975 each **membership year** Medically essential Caesarean section: **We** pay up to GBP 11,400, USD 19,000 or EUR 14,250 each **membership year** Complications of maternity and childbirth - Paid in full	Maternity and childbirth: **We** pay up to GBP 6,000, USD 10,000 or EUR 7,500 each **membership year** Childbirth at home: **We** pay up to GBP 780, USD 1,300 or EUR 975 each **membership year** Medically essential Caesarean section: **We** pay up to GBP 13,800, USD 23,500 or EUR 17,250 each **membership year** Complications of maternity and childbirth - Paid in full	**We** pay maternity benefits only after **you** have been covered under the plan for 18 months. **Maternity and childbirth (after 18 months' membership)** These benefits include for example: ○ antenatal care such as ultrasound scans ○ **hospital** charges, obstetricians' and midwives' fees for pregnancy and childbirth ○ post natal care needed by the mother immediately following normal childbirth, such as stitches **Treatment** for ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside the womb (ectopic pregnancy) are not covered from this benefit but may be covered by **your** other benefits. (Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by **your** other benefits). **Note: routine care for your baby** **We** pay for routine care for the baby, for up to seven days following birth, from the mother's maternity benefit. Any non-routine care, if covered, is paid from the baby's newborn care benefit, not from the mother's maternity benefit. **Your** baby is also covered for up to seven days routine care following birth if **your** baby was born to a surrogate mother and **you**, as the intended parent, have been covered on the plan for 18 months when the baby is born. **Childbirth at home or birthing centre (after 18 months' membership)** This benefit includes obstetricians' and midwives' fees for delivering **your** baby at home or a **birthing centre**. **Medically essential Caesarean section (after 18 months' membership)** This benefit includes **hospital**, obstetricians' and other medical fees for the cost of the delivery of **your** baby by Caesarean section when medically essential for example, non progression during labour leading to **emergency** Caesarean section (eg dystocia, foetal distress, haemorrhage) provided the mother has been a member of this plan for at least 18 months before delivery. Note: if **we** are unable to determine that **your** Caesarean section was medically essential, it will be paid from **your** maternity and childbirth benefit limit. **Complications of maternity and childbirth (after 18 months' membership)** **Treatment** which is **medically necessary** as a direct result of pregnancy and childbirth complications. By complications **we** mean those conditions which only ever arise as a direct result of pregnancy or childbirth for example pre-eclampsia, threatened miscarriage, gestational diabetes, still birth. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided. If **you** require an **emergency** admission as a direct result of pregnancy and childbirth complications, please contact **us** within 48 hours of **your** admission. Please also see 'Adding **your** newborn baby' in the 'Managing **your** plan' section. Please see surrogate parenting, congenital and hereditary conditions in the 'What is not covered' section.

Further benefits (continued)

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

Further benefits (continued)

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

Optional benefits, if purchased

Benefits	Essential	Classic	Gold	Explanation of benefits
U.S. cover	100 percent of covered costs in **network** **Reasonable and customary** costs out of **network**. **In-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans must be pre-authorised or only 50% of covered costs may be payable.	100 percent of covered costs in **network** **Reasonable and customary** costs out of **network**. **In-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans must be pre-authorised or only 50% of covered costs may be payable.	100 percent of covered costs in **network** **Reasonable and customary** costs out of **network**. **In-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans must be pre-authorised or only 50% of covered costs may be payable.	**Pre-authorisation and the U.S. provider network** If **you** have U.S. cover, then before any **in-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans in the U.S., **you** must contact **our** dedicated team for pre-authorisation. Please contact them by calling 800 554 9299 (from inside the U.S.), or +1 800 554 9299 (from outside the U.S.) **In-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans received in the U.S. without pre-authorisation may not be paid beyond 50%. Any pre-authorised **treatment** costs are covered according to this table of benefits. **Our** U.S. **Service Partner** uses a national **network** of **hospitals**, clinics and **medical practitioners**. This is the U.S. provider **network**. **Our** dedicated team can help **you** to find a **hospital** or clinic in the U.S. provider **network**, when **you** contact them for pre-authorisation. When covered **treatment** takes place in the U.S. using the U.S. provider **network**, benefit is paid at 100 percent. When covered **treatment** takes place in the U.S. but outside the U.S. provider **network**, benefit is paid at 100 percent, once any co-insurance or **deductible** amount which may apply, and which **you** are responsible to pay, has been taken from the claimed amount. Where covered **treatment** takes place in the U.S. but outside the U.S. provider **network**, benefit is paid at **reasonable and customary** costs. Please see the '**Treatment** in the U.S.' section of this membership guide. Please also see U.S. **treatment** in the 'What is not covered' section.
Assistance cover (Evacuation and Repatriation)				**Your** insurance certificate will show if **you** have purchased this cover. Please see 'Assistance cover' section. The overall annual maximum benefit limit does not apply.

Assistance cover (optional if chosen)

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**.

There are two levels of cover: Evacuation and Repatriation. **Your** insurance certificate will show which **you** have. If **you** want to check this, **you** can check in MembersWorld, or contact **us**.

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.

We will not approve a transfer which, in **our** reasonable opinion, is inappropriate based on established clinical and medical practice. **We** are entitled to conduct a review of **your** case if it is reasonable to do so. **We** will not authorise a medical transfer if this would be against medical advice.

We will guarantee to pay for a medical transfer that **we** have agreed and approved in advance. Please see the 'Pre-authorisation' section for more details. If someone else arranges a transfer which the plan covers, **we** will only pay what **we** would have paid if **we** had arranged the transfer.

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.
- In some cases, **you** may request a medical 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 appropriate place where **treatment** is available. Once **you** have been stabilised, **we** may then repatriate **you** to **your country of nationality** or **your country of residence**.
- **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.

Assistance cover (optional if chosen) (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Evacuation	Paid in full	Paid in full	Paid in full	**We** will pay in full for **your** reasonable transport costs for **in-patient treatment** or **day-case treatment**. It may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy. **We** will only pay for evacuation to the nearest place where the **treatment** needed is available when the **treatment** is not available locally. This could be to another part of the country that **you** are in, and may not be **your** home country. **We** will pay for the reasonable travel costs for a relative or **your** partner to accompany **you**, but only if it is **medically necessary**. **We** will also pay for the reasonable costs of **yours** and **your** relative or partner's return journey to the place **you** were evacuated from. All arrangements for **your** return should be approved in advance by **Bupa Global** or **our** appointed representatives. **We** will pay for either: ○ the reasonable cost of the return journey within the area of cover by the most direct route available by land or sea, or ○ the cost of an economy class air ticket by the most direct route available, whichever is the lesser amount. **We** will pay: ○ reasonable costs for the transportation only of **your** body, depending on airline requirements and restrictions, to **your** home country within the area of cover, in the event of **your** death while **you** are away from home. **We** do not pay for burial or cremation, the cost of burial caskets, or the transport costs for someone to collect or accompany **your** remains ○ reasonable travel costs for minor children to be transferred with **you** in the event of an evacuation provided they are under the age of 18 when it is **medically necessary** for **you** as their parent or guardian to be evacuated, **your** spouse, partner, or other joint guardian is accompanying **you**, and they would otherwise be left without a parent or guardian. Note: **we** do not pay for any other costs related to the evacuation such as hotel accommodation or taxis. Costs of any **treatment you** receive are not payable under evacuation cover, but are payable from **your** medical cover as described in the 'What is covered' section. Please also note that for medical reasons the member receiving **treatment** may travel in a different class from their companion.

Assistance cover (optional if chosen) (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Repatriation	Paid in full	Paid in full	Paid in full	Repatriation cover also includes evacuation cover — see above. **We** will pay in full for **your** reasonable transport costs for **in-patient treatment** or **day-case treatment**. **We** will pay for repatriation to **your country of nationality** or **your country of residence**, when the **treatment** needed is not available locally. **We** will pay for one repatriation for each illness or injury per lifetime. **We** will pay the reasonable costs for a relative or **your** partner to accompany **you** to **your country of nationality** or **your country of residence** if **we** have authorised this in advance of the repatriation. **We** will also pay an allowance of up to GBP 25, USD 50 or EUR 37 per day for up to 10 days to cover the living expenses of the person accompanying **you**. **We** will pay for **you** and the person accompanying **you** to return to where **you** were repatriated from. All arrangements for **your** return must be approved in advance by **Bupa Global** or **our** appointed representatives. **We** will pay for either: ○ the reasonable cost of the return journey by the most direct route available by land or sea, or ○ the cost of a scheduled return economy class air ticket by the most direct route available, whichever is the lesser amount. **We** will pay reasonable costs for the transportation only of **your** body, depending on airline requirements and restrictions, to **your** home country, in the event of **your** death while **you** are away from home. **We** do not pay for burial or cremation, the cost of burial caskets, or the transport costs for someone to collect or accompany **your** remains. Note: **we** do not pay for any other costs related to the repatriation such as hotel accommodation or taxis. Costs of any **treatment** **you** receive are not payable under repatriation cover, but are payable from **your** medical cover as described in the 'Explaining **your** benefits' section. Please also note that for medical reasons the member receiving **treatment** may travel in a different class from their companion.

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.

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		Any type of contraception, sterilisation, termination of pregnancy or family planning.

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

Exclusion	Notes	Rules
Drugs and dressings for **out-patient** or take-home use	Exclusion applies to Essential and Classic cover only.	Any drugs or surgical dressings that are provided or prescribed for **out-patient treatment**, or for **you** to take home with **you** on leaving **hospital**, for any condition.
Experimental or unproven **treatment**		Clinical tests, **treatments**, equipment, medicines, devices or procedures that are unproven or investigational with regards to safety and efficacy. ○ **We** do not pay for any test, **treatment**, equipment, medicine, device or procedure that is not in standard clinical use but is (or should, in **Bupa Global's** reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy. ○ **We** do not pay for any tests, **treatment**, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by **Bupa Global** in line with its criteria for standard clinical use. Standard clinical use includes: ○ **treatment** agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved though the **UK** Cancer Drugs Fund), Royal Colleges or equivalent national **specialist** bodies in the country of **treatment**; ○ the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or Bupa's in-house Clinical Effectiveness team) indicate that the **treatment** is safe and effective; ○ where the **treatment** has received full regulatory approval by the licensing authority (e.g. U.S. Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency) in the location where the member has requested **treatment**, and is duly licensed for the condition and patient population being requested (please note – full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or ○ tests, **treatments**, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which **treatment** is requested. Notes: ○ Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not treated as appropriate evidence to demonstrate a test, **treatment**, equipment, medicine, device or procedure should be used in standard clinical use. ○ Where licensing authority approval to market tests, **treatment**, equipment, medicines, devices or procedures does not, in **Bupa Global's** reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.
Eyesight		**Treatment**, equipment or **surgery** to correct eyesight, such as laser **treatment**, refractive keratotomy (RK) and photorefractive keratotomy (PRK). Examples: **we** will not pay for routine eye examinations, contact lenses, spectacles. **We** will pay for covered **treatment** or **surgery** of a detached retina, glaucoma, cataracts or keratoconus.
Family doctor treatment	Exclusion applies to Essential and Classic cover only.	**Treatment** or services carried out by a **family doctor**.
Footcare		**Treatment** for corns, calluses, or thickened or misshapen nails.
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 health hydros, nature cure clinics or any establishment that is not a **hospital**.
Hereditary conditions		**Treatment** of abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of **your** family, except cancer.
HIV/AIDS	Please see HIV/AIDS drug therapy in the table of benefits.	**Treatment** for, or arising from, HIV or AIDS, including any condition that is related to HIV or AIDS, if **your** current period of membership is less than five years.
Illegal activity		**We** will not pay for **treatment** which arises, directly or indirectly, as result of **your** deliberate or reckless participation (whether actual or attempted) in any illegal act, including road traffic offenses.
Infertility **treatment**		**Treatment** to assist reproduction, including but not limited to IVF **treatment**. Note: **we** pay for reasonable investigations into the causes of infertility if: ○ **you** had not been aware of any problems before joining, and ○ **you** have been a member of this plan (or any Bupa administered plan which included cover for this type of investigation) for a continuous period of two years before the investigations start Once the cause is confirmed, **we** will not pay for any more investigations in the future.
Maternity	Exclusion applies to Essential cover only.	**Treatment** for maternity or for any condition arising from maternity except the following conditions and **treatments**: ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside of the womb (ectopic pregnancy) ○ other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant
Obesity and weight management		**Treatment** for, or needed 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 **in-patient treatment** for more than 90 continuous days for permanent neurological damage or if **you** are in a **persistent vegetative state**.
Physical aids and devices		Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an **appliance**. Examples: **we** will not pay for hearing aids, spectacles, contact lenses, crutches or walking sticks.
Pre-existing conditions	For **pre-existing conditions** for newborns, please see the exclusions for congenital and hereditary conditions in this section.	Please contact **us** before **your renewal date** if **you** or **your dependants** have personal exclusion(s) and would like **us** to review a personal exclusion. **We** may remove **your** exclusion if, in **our** opinion, no more **treatment** will be either directly or indirectly needed for the condition, or for any related condition. There are some personal exclusions that, due to their nature, **we** will not review. To carry out a review, **we** may ask for an up to date medical report from **your family doctor** or **specialist**. Any costs incurred in obtaining these details are not covered under **your** plan and are **your** responsibility

Exclusion	Notes	Rules
Preventive **treatment**	Please see health screening and wellness checks in the table of benefits.	Note: **we** may pay for **prophylactic surgery** when: ○ there is a significant family history of the disease for example ovarian cancer, which is part of a genetic cancer syndrome, and/or ○ **you** have positive results from genetic testing (please note that **we** will not pay for the genetic testing) Please contact **us** for pre-authorisation before proceeding with **treatment**. 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**.
Reconstructive or remedial **surgery**		**Treatment** needed to restore **your** appearance after an illness, injury or previous **surgery**, unless: ○ the **treatment** is a **surgical operation** to restore **your** appearance after an accident, or as the result of **surgery** for cancer, if either of these takes place during **your** current continuous membership of the plan ○ the **treatment** is carried out as part of the original **treatment** for the accident or cancer ○ **you** have obtained **our** written consent before the **treatment** takes place
Sexual problems		**Treatment** of any sexual problem including impotence (whatever the cause).
Sleep disorders		**Treatment**, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.
Speech disorders		**Treatment** for speech disorders, including stammering or speech developmental delays, unless all of the following apply: ○ the **treatment** is short term therapy which is **medically necessary** as part of **active treatment** for an acute condition such as a stroke ○ the speech therapy takes place during and/or immediately following the **treatment** for the acute condition, and ○ the speech therapy is recommended by the **specialist** in charge of **your treatment**, and is provided by a **therapist** in which case **we** may pay at **our** discretion.
Stem cells		**We** do not pay for the harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.
Surrogate parenting	Please also see maternity cover in the table of benefits.	**Treatment** directly related to surrogacy. This applies: ○ to **you** if **you** act as a surrogate, and ○ to anyone else acting as a surrogate for **you**
Travel costs for **treatment**		Any travel costs related to receiving **treatment**, unless otherwise covered by: ○ local air ambulance benefit, ○ local road ambulance benefit, or ○ Assistance cover Examples: ○ **we** do not pay for taxis or other travel expenses for **you** to visit a **medical practitioner** ○ **we** do not pay for travel time or the cost of any transport expenses charged by a **medical practitioner** to visit **you**

Exclusion	Notes	Rules
Treatment for or related to gender dysphoria	**Treatment** for or related to gender dysphoria excluded in full for Essential cover.	**We** do not pay for: ○ any surgical **treatment** (including cosmetic **treatment**) for or related to gender dysphoria unless: ○ **you** have lived continuously for at least 12 months in the gender role that is congruent with **your** gender identity; and ○ **we** have received referral letters from two independent **psychologists** and/or psychiatrists detailing **your** personal and **treatment** history, progress and eligibility and confirming that such **treatment** is **medically necessary** for treating gender dysphoria; and, in any event ○ any **treatment** (surgical or non-surgical) for or related to gender dysphoria where such **treatment** is unlawful and/or gender dysphoria is not a clinically recognised condition in the country of **treatment**.
U.S. **treatment**		If U.S. cover has not been purchased, then any **treatment** or services received in the U.S. are not covered. If U.S. cover has been purchased, then **treatment** or services received in the U.S. are not covered: ○ when arrangements were not pre-authorised by **our** intermediaries in the U.S. where needed (see '**Treatment** in the U.S.' section of this membership guide); or ○ **we** know or suspect that **you** purchased cover for and travelled to the U.S. for the purpose of receiving **treatment** for a condition, including pregnancy when the symptoms of the condition were apparent to **you** before buying the cover. This applies whether or not **your treatment** was the main or sole purpose of **your** visit even if the **treatment** was pre-authorised.
Unrecognised **medical practitioner**, **hospital** or healthcare facility		○ **Treatment** provided by a **medical practitioner hospital** or healthcare facility which are not recognised by the relevant authorities in the country where the **treatment** takes place as having specialised knowledge, or expertise in, the **treatment** of the disease, illness or injury being treated. ○ Self **treatment** or **treatment** provided by anyone with the same residence, **Family Members** (persons of a family, related to **you** by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ○ **Treatment** provided by a **medical practitioner**, **hospital** or healthcare facility which are to whom **we** have sent a written notice that **we** no longer recognise them for the purposes of **our** health plans. **You** can contact **us** by telephone for details of benefit providers **we** have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder

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

Bupa 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).

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

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**.
Appliance	A knee brace which is an essential part of a repair to a cruciate (knee) ligament or a spinal support which is an essential part of **surgery** to the spine.
Artificial life maintenance	Any medical procedure, technique, medication or intervention delivered to a patient in order to prolong life.
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, homeopath or traditional Chinese medicine practitioner who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which the **treatment** is received.
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.

Defined term	Description
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**, **dental practitioner**, **family doctor**, **psychologist**, **psychotherapist**, physiotherapist, osteopath, chiropractor 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
Surgery / **surgical operation**:	A medical procedure that involves the use of instruments or equipment.
Therapist	An occupational **therapist**, orthoptist, **dietitian** or speech **therapist** who is legally qualified and is permitted to practice as such in the country where the **treatment** is received.
Treatment	Surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.
UK	The United Kingdom of Great Britain and Northern Ireland.
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

Medical related questions
+44 (0) 1273 323 563

We may record or monitor your calls.

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

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Global medical plans for individuals and groups
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