

International Health and Hospital plan



International Health and Hospital Plan

Valid from November 2024 • EUR/GBP/USD

[bupaglobal.com](https://www.bupaglobal.com)

Welcome

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

What's included

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

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

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

Bold words

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

You can find these meanings in the 'Glossary'.

Sight or hearing difficulties?

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

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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**.

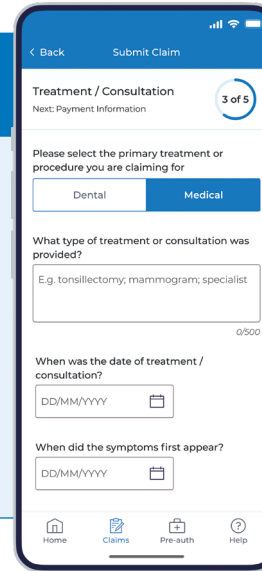
Overview

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.

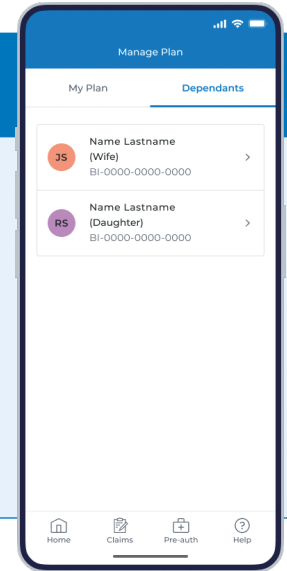
Claims and pre-authorisations

- 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



How to access MembersWorld

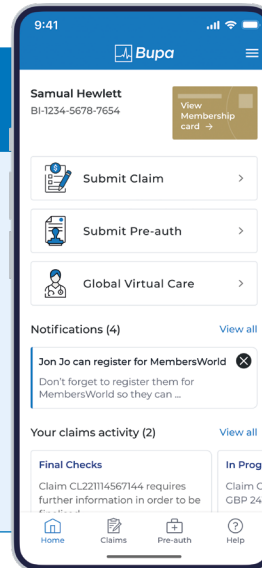
You can join at <https://membersworld.bupaglobal.com> or by downloading the MembersWorld mobile app.

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



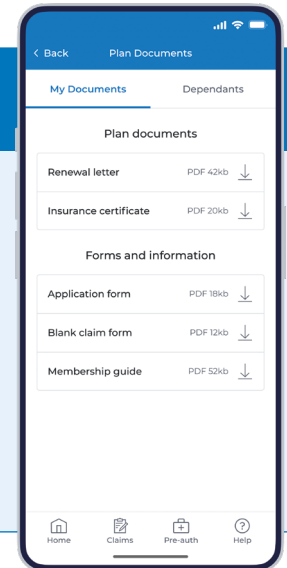
Membership cards

- 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.

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:

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

Contact **us** for pre-authorisation through MembersWorld or by phone.

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**.

We pay the provider directly.

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.

Pay and claim

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.

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 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.

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Deductible choices

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

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

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

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

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

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

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

Change of cover*

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

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

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

Table of Benefits

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

All amounts are in EUR / GBP / USD.

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

Hospital Plan

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

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

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

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

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

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.

Hospital Services — during Hospitalisation	Hospital plan
Private room (see also Glossary: ' Hospital accommodation ')	100%
Intensive care room	100%
Room and board for a parent or legal guardian accompanying a child dependant (see also Glossary: ' Hospital accommodation ')	100%
Surgery	100%
Initial reconstruction surgery , immediate or delayed, following an injury or illness (excluded corrective reconstruction surgery for enhancement of appearance and replacement of implant/prosthesis). Please contact us for pre-authorisation before proceeding with treatment . Benefit may not be paid unless pre-authorisation has been provided.	100%
Medical treatment , laboratory tests, X-rays, scans	100%
Medicine for use during hospitalisation and relevant only for the insured condition being treated	100%
Pacemaker	100%
Prescribed out-patient medicine up to 7 days after discharge from hospital (medicine must be licensed for the condition which was treated while hospitalised), maximum per policy year	EUR 900 / GBP 600 / USD 1,000
Mental health treatment provided by recognised mental health providers	100%

Hospital Plan (continued)

Cancer treatment	
<p>If you are diagnosed with cancer, we will pay for costs related specifically to planning and carrying out treatment for the cancer. This includes:</p> <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ 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 <p>We will also pay for you to have a chemotherapy at home where this is possible.</p> <p>Please contact us for pre-authorization before proceeding with treatment. Benefit may not be paid unless pre-authorization has been provided.</p> <p>Treatment for cancer using ATMPs will be covered separately from the ATMP benefit.</p>	<p>100%</p>
Advanced therapy medicinal products (ATMPs)	
<p>We pay for ATMP treatment if it is:</p> <ul style="list-style-type: none"> ○ administered by a specialist in the country where you receive it, and; ○ approved by the licensing authority in the country where you receive it, for your condition, stage of disease and stage of treatment that you have, and; ○ endorsed by an independent specialist appointed by Bupa Global who confirms it: <ul style="list-style-type: none"> ○ as medically appropriate, based on established medical practice, or ○ is provided under a registered and ethically approved study (in this case we will not apply the 'experimental or unproven treatment' exclusion). <p>Please contact us for pre-authorization before proceeding with treatment. Benefit may not be paid unless pre-authorization has been provided.</p>	<p>100%, one course of treatment for each condition per lifetime</p>
Out-patient Treatment in a Hospital or Clinic	Hospital Plan
Surgery*	<p>100%</p>
Dialysis (including home dialysis), intravenous drug infusion which is only available as an infusion (must be pre-authorized by the Company)	<p>100%</p>
Endoscopic examinations	<p>100%</p>
<p>*Pre-examinations that are medically necessary in order to perform the treatment/surgery are covered up to 30 days prior to treatment/surgery. Check-ups that are medically necessary in order to verify that the customer is recovering successfully from the treatment/surgery are covered up to 180 days after treatment/surgery. Physiotherapy following treatment/surgery is covered with up to 10 sessions.</p>	

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

Hospital Plan (continued)

Childbirth* (after 12 or 18-month waiting period)	Hospital Plan	Hospital Plan incl. Module 1 Non-Hospitalisation Benefits
<p>18-month waiting period only applies to insurances with an original date of joining on or after 1 November 2024.</p> <p>Delivery and non-medically essential caesarean section incl. pre- and postnatal treatment for mother and child (see also art. 7.1.3). Maximum per delivery</p>	Covered 100% up to EUR 5,725 / GBP 3,925 / USD 7,150	Covered 100% up to EUR 9,675 / GBP 6,650 / USD 12,100
Medically essential caesarean section incl. pre- and postnatal treatment for mother and child. (see also art. 7.1.3) Maximum per delivery	Covered 100% up to EUR 10,625 / GBP 7,325 / USD 13,200	Covered 100% up to EUR 12,650 / GBP 8,575 / USD 15,400

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

Organ Transplant	
Organ transplant	100%
<p>Per diagnosis and course of treatment per lifetime, to include all related costs up to the financial maximum.</p> <p>Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.</p> <p>The insurance policy must be valid throughout the course of treatment.</p> <p>The procurement of the organ must be pre-authorised by the Company.</p>	EUR 450,000 / GBP 315,000 / USD 500,000

Emergency Room Treatment	
Emergency room treatment in connection with an acute illness or accident	100%

Local medical transport	
Ground transport to and from hospital when it is medically necessary that special medical services and/or medical equipment are provided	100%

Hospital Plan (continued)

In-patient Rehabilitation	
<p>We pay for rehabilitation, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. We do not pay for room and board for rehabilitation when the treatment being given is solely physiotherapy.</p> <p>We pay for rehabilitation, only when you have received our pre-authorisation before the treatment starts, for up to 90 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:</p> <ul style="list-style-type: none"> ○ starts within six 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 <p>Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.</p> <p>Note: in order to give pre-authorisation, we must receive full clinical details from your consultant; including your diagnosis, treatment given and planned, and proposed discharge date if you receive rehabilitation.</p>	<p>Covered 100% Maximum per day EUR 330 / GBP 220 / USD 355</p>
Home Nursing	
<p>For expenses incurred for medically prescribed assistance in your private home by a certified nurse.</p> <p>Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.</p>	<p>100%</p>
<p>Maximum per day for maximum 40 days per policy year</p>	<p>EUR 130 / GBP 84 / USD 135</p>
Hospice and palliative care	
<p>Hospice and palliative care, maximum per lifetime</p>	<p>EUR 30,500/ GBP 27,000/ USD 34,000</p>
Hospital Cash Benefit (see also Glossary)	
<p>If room, board and treatment are received free of charge or at a minor admission/service fee at a public hospital, per night maximum.</p> <p>Maximum 60 nights per policy year. Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.</p>	<p>EUR 90 / GBP 60 / USD 100</p>
Emergency Dental Treatment	
<p>Acute emergency dental treatment due to serious accident requiring hospitalisation</p> <p>In case of doubt, the decision will be left with the Company's dental consultant</p>	<p>100%</p>

Module 1

Non-Hospitalisation Benefits

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

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

General Practitioners and Specialists*	
GP consultations, per consultation	EUR 220 / GBP 175 / USD 235
Chinese doctor consultation (if charged separately), per consultation	EUR 30 Maximum per policy year EUR 300 GBP 22 Maximum per policy year GBP 220 USD 30 Maximum per policy year USD 300
Eye and ear specialists /other specialists , per consultation	EUR 220 / GBP 175 / USD 235
Psychiatrists, per consultation	EUR 220 / GBP 175 / USD 235
Psychologist and psychotherapist*	
Psychologist and psychotherapist , per consultation	EUR 220 / GBP 175 / USD 235
*A combined maximum of 15 consultations within a 30-day period for GP/ Specialists and Psychologist/Psychotherapist	
Therapists	
Dietetic advice, speech therapy per consultation Maximum four consultations per policy year	EUR 50 / GBP 40 / USD 50
Physiotherapist, occupational therapist, per consultation	EUR 95 Maximum per policy year EUR 1,050 GBP 70 Maximum per policy year GBP 700 USD 95 Maximum per policy year USD 1,200
Chiropractor/osteopath (including Chinese bonesetter) all inclusive, per consultation	EUR 65 Maximum per policy year EUR 1,050 GBP 50 Maximum per policy year GBP 700 USD 65 Maximum per policy year USD 1,200

Module 1

Non-Hospitalisation Benefits (continued)

Full health screening	
Full health screening, all inclusive, per policy year	EUR 900 / GBP 800 / USD 1,000
Examinations and other Medical Assistance	
Laboratory test, analysis, maximum	100%
X-ray	EUR 450 / GBP 305 / USD 500
ECG	EUR 450 / GBP 305 / USD 500
Scan, per examination	EUR 1,020 / GBP 780 / USD 1,200
Injection and vaccination, per injection/vaccination	EUR 85 / GBP 65 / USD 100
Acupuncture and homeopathic treatment , performed by 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 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	EUR 55 / GBP 35 / USD 60

Module 2

Medicine and Appliances

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

Hearing Aids	
Prescribed hearing aids, per appliance , maximum	Covered 50% up to EUR 300 / GBP 200 / USD 325
Maximum two appliances are reimbursed per policy year up to maximum	Covered 50% up to EUR 600 / GBP 400 / USD 650
Other Appliances	
Slings and bandages	100%
Arch support	100%
Medical appliances	100%

Module 2 Medicine and Appliances (continued)

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

Module 3 Medical Evacuation and Repatriation

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

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

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

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

Medical Evacuation and Repatriation must be pre-authorised by the **Company**. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.

Modules 4A and 4B Dental and Optical

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

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

Dental Treatment	Module 4A	Module 4B
Examinations, maximum	Covered 80% up to EUR 30 / GBP 25 / USD 30	Covered 80% up to EUR 50 / GBP 40 / USD 50
Tooth cleaning, maximum	Covered 80% up to EUR 50 / GBP 30/ USD 50	Covered 80% up to EUR 70 / GBP 40 / USD 70
Fillings per tooth, maximum	Covered 80% up to EUR 80 / GBP 55 / USD 80	Covered 80% up to EUR 130 / GBP 80 / USD 130

Modules 4A and 4B Dental and Optical (continued)

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

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

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

Frames and sunglasses are not covered

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

Terms and Conditions

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

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Art. 1

Acceptance of the insurance

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

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

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

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

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

Art. 2

Original date of joining

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

Art. 3

Waiting periods in connection with new insurance contracts and extension of cover

3.1: When a new **insurance** contract is entered into, the right to payment under the new **insurance** contract shall only take effect four weeks after the **original date of joining of the insurance**. However, this does not apply when the **policyholder** can prove simultaneous transference from an equivalent insurance with another international health insurance company.

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

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

a) for expenses incurred in connection with pregnancy and childbirth and consequences thereof, the right to payment shall only take effect 12 or 18 months after the **original date of joining of the insurance**. 18-month **waiting period** only applies to **insurances** with an **original date of joining** on or after 1 November 2024.

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

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

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

The premium will be higher if they:

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

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

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

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

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

Art. 4

Who is covered by the insurance?

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

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

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

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

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

4.3.1: If the **insurance** of one of the parents has been valid for a minimum of 12 or 18 months, newborn children of the parent can be insured, irrespective of Art. 1.2, without submitting an **application**, see also however, Art. 12.2 f). A copy of the birth certificate must, however, be submitted within three months after the birth.

18-month minimum only applies to **insurances** with an **original date of joining** on or after 1 November 2024.

If the birth certificate is not submitted to the **Company** within three months after the birth, a Medical Questionnaire must be submitted for the child who has to undergo the standard underwriting

procedure according to Art. 1.2. Registration of the child will take place from the date the Medical Questionnaire has been signed.

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

Art. 5 Where is cover provided?

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

Art. 6 What is covered by the insurance?

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

6.2: Payment shall be paid following **our** approval of the expenses as being covered by the **insurance** after the receipted and itemised invoices, provided with the **membership** number and claim form, have been received by **us**. (see also the claiming process page at the start of this guide).

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

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

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

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

6.6: Payments shall be limited to the usual, **reasonable and customary** charges in the area or country in which the **treatment** is provided. This applies whether **we** pay the benefit provider directly, or you pay the costs and claim this back from **us**.

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

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

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

6.9: The **Company's** global health **insurance** products are non-U.S. **insurance** products and accordingly are not designed to meet the requirements of the U.S. Patient Protection and Affordable Care Act (the Affordable Care Act). The **Company's insurance** products may not qualify as minimum essential coverage or meet the requirements of the individual mandate for the purposes of the Affordable Care Act, and the **Company** is unable to provide tax reporting on

behalf of those U.S. taxpayers and other persons who may be named on it. The provisions of the Affordable Care Act are complex and whether or not the **customer** is affected by its requirements will depend on a number of factors. The **customer** should consult an independent professional financial or tax advisor for advice. For **customers** whose coverage is provided under a group **insurance**, the **customer** should speak to the group health **insurance** administrator for more information.

Art. 7 Hospital Plan

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

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

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

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

Art. 8 Module 1: Non-Hospitalisation Benefits

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

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

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

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

Art. 9
Module 2: Medicine and **Appliances**

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

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

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

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

Art. 10 Module 3: Medical Evacuation and Repatriation

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

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

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

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

medical consultant shall prevail.

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

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

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

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

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

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

We do not pay any other costs related to the evacuation/repatriation such as travel costs or hotel accommodation. In some cases, it may be medically necessary for you to travel from hospital to the airport and vice versa by taxi or any other means of transport, such as an ambulance. In these cases, and when pre-authorised by **us**, **we** will pay for such travel costs.

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

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

The next of kin have the following options:

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

b) home transportation of the deceased.

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

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

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

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

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

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

Art. 12 **Exceptions to cover**

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

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

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

b) **treatment** for or as a result of obesity and weight management such as slimming aids or drugs, slimming classes or obesity **surgery**,

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

d) contraception, including sterilisation,

e) induced abortion unless medically prescribed,

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

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

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

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

j) health certificates,

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

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

m) nuclear reactions or radioactive fallout,

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

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

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

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

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

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

t) Artificial Life Maintenance, including mechanical ventilation, when the patient is in a state of profound unconsciousness and/or with no sign of awareness or a functioning mind, where such **treatment** will not or is not expected to result in the **customer's** recovery or restore the **customer** to the **customer's** previous state of health. This means, eg cover is not provided when the **customer** is unable to feed and breathe independently and requires percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days. This article only applies to **insurances** with an **original date of joining** on or after 1 January 2017.

u) any genetic testing, unless medically necessary

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

v) **we** will not pay for antenatal classes from your maternity benefits or any other benefits.

w) **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**.

Art. 13 Making a claim

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

13.2: Before **we** can pay a claim, **we** need to make sure that it is a valid claim. The claim form gives **us** the information that **we** need to check that your claim is valid. Please make sure that you complete the form. If not, **we** may have to ask for more

information. This can take time and delay any payment. An incomplete claim form is the most common reason for delayed payments.

You can:

- complete a claim form in MembersWorld, or
- contact **us** and **we** will send you one.

You must make a separate claim for each:

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

If you need **treatment** for more than six months, **we** can ask you to complete a new claim form.

13.2.1: **We** need to receive the completed form, with any invoices, receipts and prescriptions related to the claim. This must be within two years of receiving the **treatment**. **We** do not pay claims that **we** receive more than two years after **treatment** unless there is a good reason why you couldn't make the claim earlier.

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

- medical reports or other information about your **treatment**
- the results of any medical examination by a medical practitioner who **we** appointed and that **we** paid for.

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

13.4: **We** only pay for **treatment**:

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

We can't return original **documents** to you - for example invoices. However, when you make a claim, you can send **us** copies. If you do send an original **document**, **we** can send you a copy if you ask **us**.

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

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

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

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

13.6.2: **We** pay a dependant only if:

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

We do not make payments to anyone else.

13.6.3: Payment method

We can:

- transfer payment to your bank account. This is quick and secure. However, **we** can send a payment only if **we** know details of where to send the payment, for example the full account number, SWIFT code, bank address and (in Europe only) IBAN number.
- pay by cheque. You should cash a cheque within six months. If you have an out-of-date cheque, please contact **us** and **we** will replace it.

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

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

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

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

Very rarely, paying in a certain currency may be illegal or expose **us** (or the **Bupa Group**) to United Nations sanctions. If so:

- **we** may not be able to pay you immediately, or
- will pay you in a currency which **we** are allowed to and able to.

13.6.5: **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.

13.7: What do **we** do to detect and prevent fraud?

We can check your details with:

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

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

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

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

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

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

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

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

What is an example of a fraudulent claim?

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

Art. 14 Cover by third parties

14.1: You may need to claim for **treatment** that you need because someone else is at fault. An example would be if you were a victim in a car crash. You will need to complete the relevant section of the claim form. You will also need to take any reasonable steps **we** ask of you to help **us**:

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

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

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

order to assess expenses related to a local insurer.

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

14.1.3: For the purposes of this Article 14, any reference to an insurer shall not include any scheme, programme or similar, funded by any Government. The **Company** shall not be liable for the amount of a claim covered by any Government funded scheme, programme or similar.

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

14.2: **We** may make a claim in your name. You must give **us** any help **we** reasonably need to make that claim. For example:

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

You must not:

- take any action
- settle any claim or
- do anything

which has a negative effect on **our** right to claim in your name.

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

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

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

Art. 15 Payment of premium

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

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

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

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

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

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

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

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

15.9: Premium payments may be collected by Bupa **Insurance** Services Limited. In the event that Bupa **Insurance** Services Limited receives or holds any premium payment, it does so as intermediary for and on behalf of the **Company**. Bupa **Insurance** Services Limited may also pay certain claims or

refunds as intermediary for and on behalf of the **Company**.

Art. 16 Information necessary to the Company

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

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

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

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

Art. 17 Assignment, cancellation, termination and expiry

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

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

17.2.1: The **insurance** may be terminated by the **policyholder** with effect from 14 days' prior notice by email, letter or phone.

17.2.2: The **policyholder** has the right to withdraw from the purchase of the **insurance**. The period during which the **insurance** can be withdrawn lasts 30 days and begins on the date on which the **policyholder** has entered into the **insurance** agreement. This will normally be on the date on which the **policyholder** has purchased the **insurance** and/or received the **insurance documents**. Under the Danish Insurance Contracts Act the **policyholder** has a right to receive certain information about the right to cancel the **insurance** and about the **insurance**. The notice period for cancellation does not commence until the **policyholder** has received this information in writing (e.g. on paper or by email). If, for example, the **policyholder** receives the **insurance documents**, and also has received the above information, eg on the 1st, he/she can cancel the **insurance** until and including the 31st. If the period expires on a public holiday, Saturday or Sunday, the **policyholder** can wait until the following day. If the **policyholder** wants to withdraw the **insurance** the **Company** must be notified by letter, email or phone. The **Company's** contact details are listed at the end of this **document**. It is sufficient that the **Company** is contacted before the expiry of the notice period.

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

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

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

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

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

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

Without limitation to the foregoing, the **insurance** shall not be renewed at the next **policy anniversary** if the **policyholder** becomes a permanent resident of the U.S., and, if a **customer** who is not the **policyholder** becomes a resident of the U.S., their cover under the **insurance** shall not be renewed at the next **policy anniversary**. 'Permanent resident' shall mean a person residing in the U.S. who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in the U.S., and 'U.S.' shall include the Commonwealth of Puerto Rico for this purpose.

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

17.8: Sanction clause

The **Company** will not provide cover nor pay claims under this **insurance** policy if the **Company's** obligations (or the obligations of the **Company's** group companies and administrators) under the laws of any relevant jurisdiction, including UK, European Union, the United States of America, or international law, prevent the **Company** from doing so. The **Company** will normally tell the **policyholder** if this is the case unless this would be unlawful or would compromise the **Company's** reasonable security measures. This **insurance** policy does not provide cover to the extent that such cover would expose the **Company** (or the **Company's** group companies and administrators) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, UK or United States of America, or under other relevant international law. This Art. 17.8 only applies to **insurances** with an **original date of joining** on or after 1 January 2016.

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

Accordingly, upon expiry, cancellation or termination of the **insurance**, a **customer's** right to claim payment shall cease. Claims for payment of medical expenses incurred during the **insurance**

period must be filed within six months of the date of expiry, cancellation or termination of the **insurance** in order to be paid.

Art. 18 Complaints

18.1: How can I make a complaint?

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

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

18.2: External appeal

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

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

- writing to them at Østergade 18, 2., DK-1100 Copenhagen K, Denmark
- calling them on +45 33 15 89 00

More details can be found on their website www.ankeforsikring.dk

For more information about the Irish Financial Services and Pensions Ombudsman:

- write to: Financial Services and Pensions Ombudsman, Lincoln House, Lincoln Place, Dublin 2, D02 VH29
- call them: +353 1 567 7000
- email: info@fspoi.ie

Art. 19 Confidentiality

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

Art. 20 Applicable Law

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

20.2: **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).

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**" mean 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. **We** are regulated by the Data Protection Commissioner (www.dataprotection.ie) who can be contacted at, 21 Fitzwilliam Square South, Dublin 2, D02 RD28, Ireland. Tel +353 (0)761 104 800 or +353 (0)57 868 4800.

Glossary

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

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

Defined term	Description
Bupa Group	Bupa Global , Bupa Insurance Services Limited and all other companies in the Bupa Group , and those companies which provide any administration of this policy on behalf of Bupa Global .
Company, the	Bupa Global Designated Activity Company , a company registered in Ireland, no, 623889, Second Floor, 10 Pembroke Place, Ballsbridge, Dublin 4, D04 VIW6, Ireland. Bupa Global is a trading name of Bupa Global Designated Activity Company - the sole insurer of this insurance plan.
Country of residence:	The country where the customer is living/spending most of his/her time. This should be the country in which the relevant authorities (such as tax authorities) will treat the customer as a resident for the duration of the insurance .
Customer:	The policyholder and/or all other insured persons as listed in the valid insurance certificate .
Deductible:	The total amount of money noted in the insurance certificate which each customer agrees to pay each policy year before being reimbursed by the Company .
Documents:	Any written information related to the insurance including invoices, insurance certificates and the like.
Due date:	Date on which a premium is due to be paid.
End date:	The date shown on the insurance certificate that the policy is renewed, marking the end of the insurance period but not the end of the insurance cover.

Defined term	Description
Experimental or unproven treatment:	Clinical tests, treatments , equipment, medicines, devices or procedures that are unproven or investigational with regards to safety and efficacy. This includes: <ul style="list-style-type: none"> ○ 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. ○ 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: <ul style="list-style-type: none"> ○ treatment agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved 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 customer

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

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

Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not treated as appropriate evidence to demonstrate a test, **treatment**, equipment, medicine, device or procedure should be used in standard clinical use.

Where licensing authority approval to market tests, **treatment**, equipment, medicines, devices or procedures does not, in **Bupa Global's** reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.

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

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

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

Defined term	Description
Persistent vegetative state	Persistent vegetative state: • state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and • the person does not respond to stimuli such as calling their name, or touching. The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.
Policy anniversary:	Each anniversary of the date the policyholder joined the insurance .
Policyholder:	The person shown as the policyholder on the Application Form .
Pre-existing condition:	The medical history, including the illnesses and conditions listed in the Medical Questionnaire or declared in your application , which may affect the Company's decision to insure or not to insure or to impose special terms
Professional sports activities	Any sport the member takes part in and is compensated for, whether when participating in training practice or in competitive practice.
Psychologist and psychotherapist:	A person who is legally qualified and is permitted to practice as such in the country where the treatment is received.
Reasonable and Customary	The 'usual', or 'accepted standard' amount payable for a specific healthcare treatment , procedure or service in a particular geographical region, and provided by benefit providers of comparable quality and experience. These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by our experience of usual, and most common, charges in that region.
Recognised mental health providers:	Psychiatrist, psychologist and psychotherapist .

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

Defined term	Description
Terminal phase:	When the advent of death is highly probable and medical opinion has rejected active therapy in favour of the relief of symptoms and support of both patient and family. This decision must be confirmed by the Company's medical consultants.
Terms and Conditions:	The terms and conditions of the insurance purchased.
Treatment:	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.
Unrecognised medical practitioner, provider or facility:	<p>An unrecognised medical practitioner, provider or facility includes:</p> <ul style="list-style-type: none"> ○ treatment provided by a medical practitioner, provider or facility who is 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. ○ treatment by any medical practitioner, provider or in any facility to whom we have sent a written notice that we no longer recognise them for the purposes of our plans. ○ treatment provided by the customer, any family members or anyone with the same residence as the customer, or an enterprise owned by one of the above mentioned persons <p>An updated list of unrecognised medical providers can be downloaded as a pdf file here: www.bupaglobal.com/en/facilities/finder</p>
Waiting period:	A period of time from the original date of joining where the insurance provides no cover unless as per specification in Art. 3.

