



# A GUIDE TO YOUR BUSINESS HEALTH PLAN

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

28 October 2024



# WELCOME TO YOUR HEALTH PLAN

Two of the most respected names in healthcare, **Bupa Global** and **Blue Cross Blue Shield Global**, are teaming up to deliver high-quality healthcare products and services. This partnership was born out of a shared ambition to champion and deliver access to world-class healthcare and meet the healthcare needs of globally minded and globally mobile customers.

Customers with U.S. cover will have access to one of the largest **networks** of healthcare providers and facilities worldwide, utilising both **Blue Cross Blue Shield networks** in the U.S. and **Bupa's networks** outside the U.S.

This combined strength, scale and expertise means customers can be confident in knowing that they have access to quality healthcare when and where they need it.

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

This includes:

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

**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:

- o 'Table of benefits'
- o 'What is not covered' and
- o 'The lifecycle of your plan'.

They explain what the plan covers **you** for.

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

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

**Bupa Global is the sole insurer of this plan.**

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

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

### YOUR INSURER

**Bupa Global** is the sole insurer of this plan

### YOUR GEOGRAPHICAL AREA FOR COVERAGE IS DEPENDENT ON YOUR LEVEL OF COVER

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

To view a summary of **hospitals** visit Facilities Finder at [www.bupaglobal.com/facilitiesfinder](http://www.bupaglobal.com/facilitiesfinder)

### 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.

### TREATMENT THAT WE COVER

**Your health plan** covers the **treatment** cost for a disease, illness or injury that leads to the conservation of **your** condition, **your** recovery or **you** getting back to **your** previous state of health.

**Your treatment** is covered if it is:

- o covered under the **health plan**
- o at least consistent with generally accepted standards of medical practice in the country in which **treatment** is being received
- o clinically appropriate in terms of type, duration, location and frequency

**Your health plan** also provides preventive benefits to help keep **you** healthy. **You** can find these in the 'Table of Benefits'.

### ACCESSING CARE IN THE U.S.

If **you** have U.S. cover as part of **your health plan**, **you** have access to the broadest coverage in the U.S. via **Blue Cross Blue Shield networks**.

To find out more please visit [www.bupaglobalaccess.com](http://www.bupaglobalaccess.com)

Please call **our** dedicated team on +1 844 369 3797 (from inside or outside the U.S.) to arrange any **treatment** in the U.S.

### ANY QUESTIONS?

**We'll** be happy to help. Get in touch using the details printed on **your** membership cards.



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- 8 The claiming process
- 9 Things **you** need to know about **your health plan**



# CONTACT US

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

**You** can access details about **your** plan any time of the day or night through MembersWorld.

**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
- information on vaccines and visas
- interpreter and embassy referral.

**We** get information from a number of sources. **You** should check this as **we** can't 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 a 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.

### Question about your plan?

MembersWorld is the first place to go for information about:

- cover details
- pre-authorisation
- claims
- membership and payment questions.

It's often the quickest way to contact **us** too.

**You** can also:

Phone: +44 (0) 1273 323 563

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

Write to:

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

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

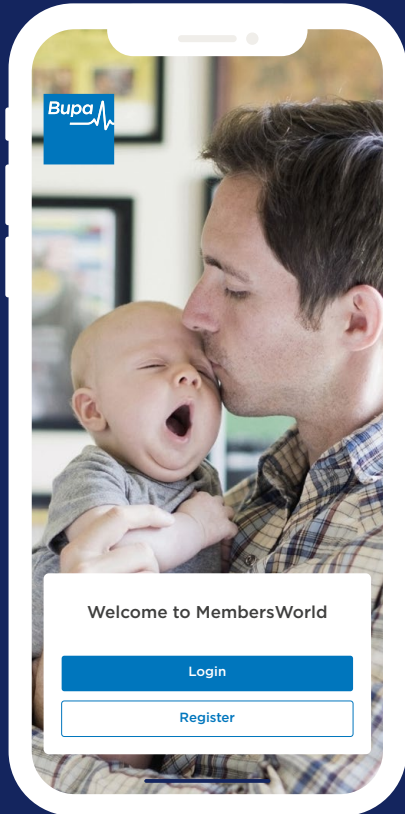
### Sight or hearing difficulties?

**We** have documents in braille, large print or audio. Please let **us** know if **you** would like **us** to send **you** some.

### 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 onto MembersWorld or call, email or write to **us**.

# WELCOME TO MEMBERSWORLD



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

**You** can join at:  
<https://membersworld.bupaglobal.com>

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.



## How to access MembersWorld

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

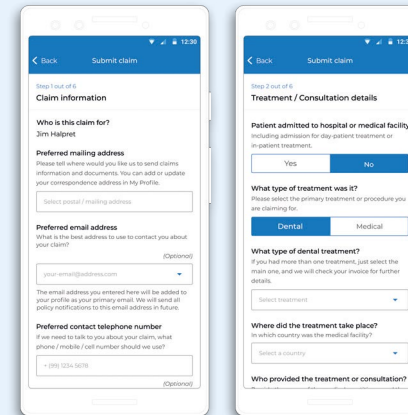
Search for “MembersWorld” on the App Store or Google Play and download to **your** device for access to **your** account on-the-go



## Claims and pre-authorisations

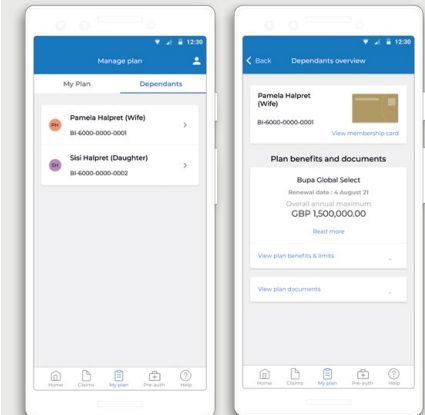
- Request pre-authorisation
- Submit claims\*
- View and track their progress\*
- Review and send **us** more or missing information

\*MembersWorld may not track claims in the U.S.



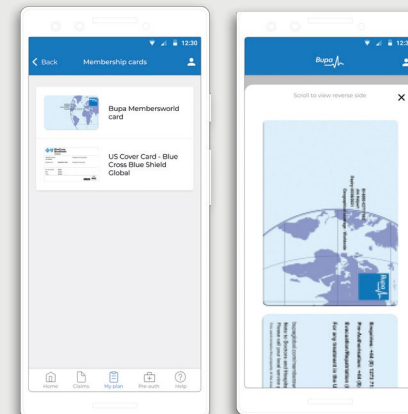
## Dependants

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



## Membership cards

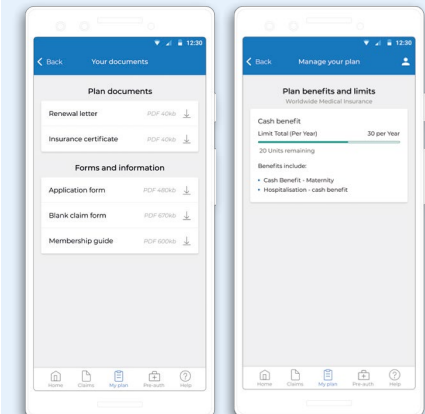
- Access to **your** membership cards any time **you** need them



The membership cards shown are for illustration purposes only – cards vary depending on the area of cover.

## Policy documents

- View and download **your** plan documents



# WELLBEING SERVICES

At Bupa Global, **we** care about more than just physical health. **We** offer wellbeing programmes to support **you** and **your** family whenever **you** need them and **you** can use them right away!

They are free to use as soon as **your** plan starts. Using them does not use any of **your** benefit limits. If **you** have any questions, please contact **us** to talk.

## Your Wellbeing

**You** can find more about **your** health and lifestyle at <https://www.bupaglobal.com/en/your-wellbeing>

**You** can also 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 gives **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](mailto:info@bupaglobal.com)

\* 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:

- o for any information they give **you**
- o if, for any reason, they are not available.

## Global Virtual Care\*

**You** can access a network of international doctors right in **your** pocket! They can help **you** get the best available care, wherever **you** are

Global Virtual Care offers:

- o Video and telephone consultations
- o Doctors' notes
- o Self-care
- o Referrals
- o Prescriptions



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

## Bupa LifeWorks\*

Bupa LifeWorks is here to help **you** with all of life's challenges.

**You** can get advice about **your** mental, financial, physical and emotional health, including short-term counselling, any time of the day or night. Just use the mobile app or call. There are also lots of articles, podcasts, videos and more.

It's easy to start. Just visit <https://app.lifeworks.com/> or search "TELUS Health One" in the App Store or Play Store then use with the code "Bupa" and your MembersWorld login details.

# PRE-AUTHORISATION

## The importance of pre-authorisation

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

### Why 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 (at **our** cost). They will then give **us** a medical report.

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 policy is in force
  - **you** are covered by the policy
  - premiums are paid up to date
  - the pre-authorisation is still valid.
- When **we** authorise **treatment**, **we** will tell **you** how long it is valid for.

### How to pre-authorise treatment

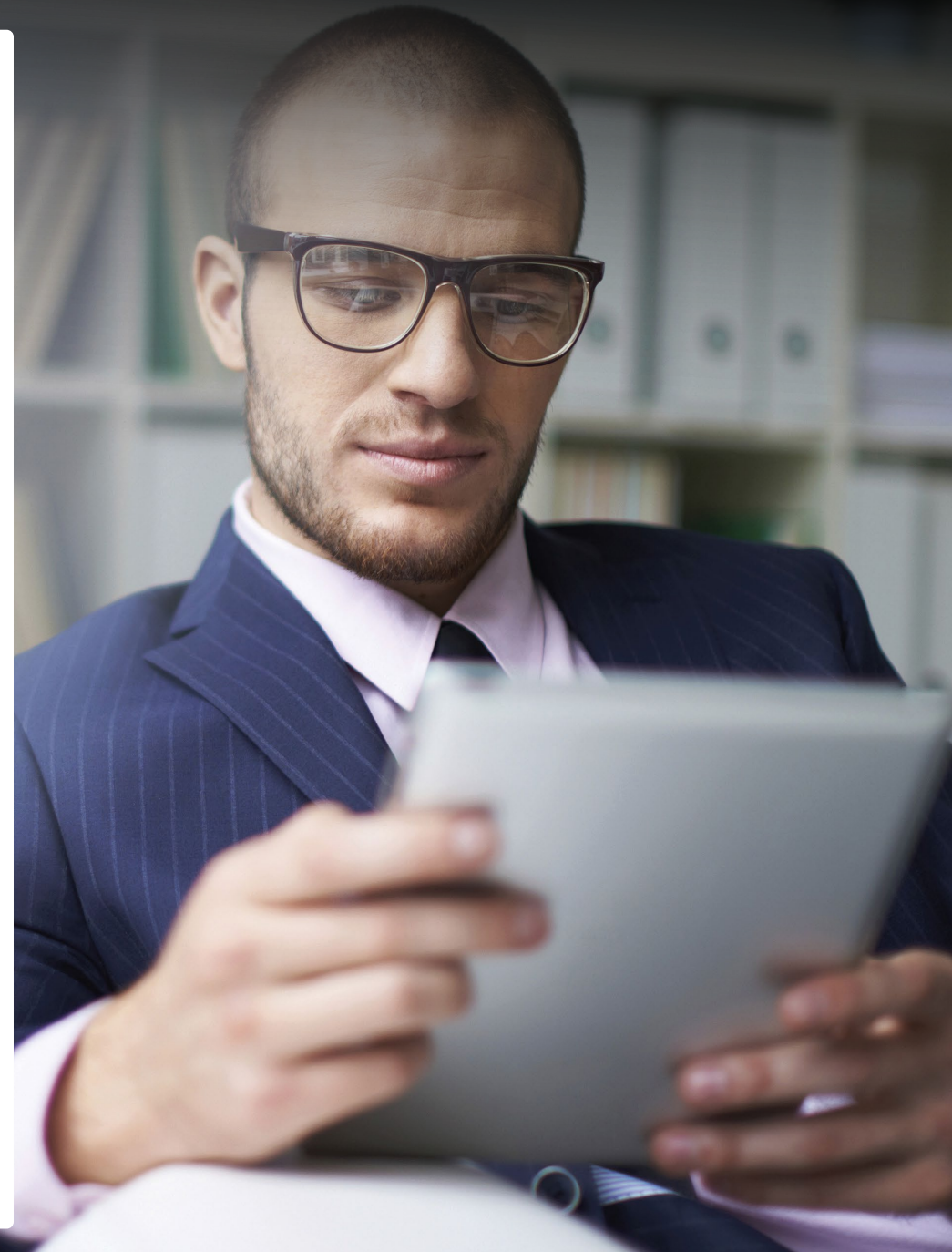
Login to the MembersWorld app, go to <https://membersworld.bupaglobal.com> or contact **us** by phone or email. When **we** have the details, **we** will send **you** and the provider a pre-authorisation statement.

### If your pre-authorisation is no longer valid

Just follow the process again.

### 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.





# THE CLAIMING PROCESS

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

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

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

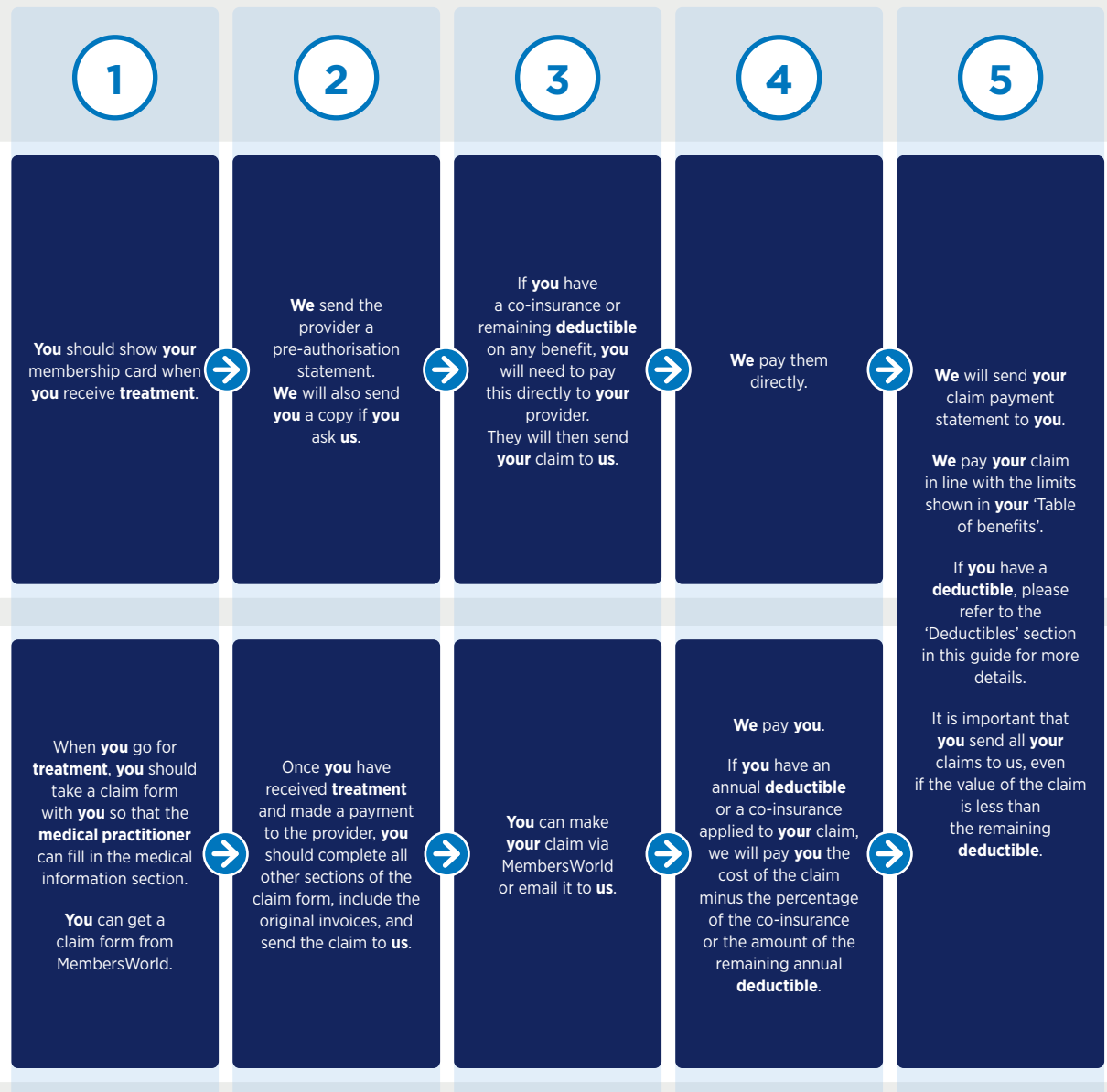
Make sure **you** give **us your** correct bank details. Bank transfer is by far the quickest way to receive **your** payment.

## Direct Settlement

Direct settlement is where the provider of **your treatment** claims directly from **us**. This means that **you** do not have to pay and then claim the costs back from **us**.

## Pay and Claim

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





# Things you need to know about your health plan

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## About your membership

This is a group insurance plan. This means that **you** are one of a group of **members** which has a **sponsor** (the company that the **main member** works for).

This plan is governed by an **agreement** between the **sponsor** and **Bupa Global**. It covers the terms and conditions of **your** membership.

There is no legal contract between **you** and **Bupa Global**. Only the **sponsor** and **Bupa Global** have legal rights under the **agreement** relating to **your** cover. Only they can enforce the **agreement**.

However, if **you** are a contributing individual, **you** will have legal rights as set out in this Membership Guide. Please see the section 'Contributing individuals'.

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

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

## Pre-authorisation

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

If **you** need **hospital treatment (in-patient treatment or day-case treatment)**, contacting **us** also means that **we** can get in touch with the **hospital** or clinic and make sure they have everything they need to go ahead with **your treatment**. If possible, **we** will arrange to pay them directly too.

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

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

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

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

There are some benefits which **you** must pre-authorise. These are detailed in **your** 'Table of benefits'. **We** may not pay a claim if **we** have not pre-authorised it.

### How to pre-authorise

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

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

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

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

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

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

### Staying in hospital

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

## Important

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

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

other insurers. The aim of this is to prevent and detect fraud.

## Treatment in the U.S. (if purchased)

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

**We** have made special arrangements if **you** need to have **treatment**, be admitted to **hospital**, or visit a **doctor** in the U.S. This includes access to one of the largest **networks** of medical providers and facilities, and direct settlement of all covered expenses when **you** receive **treatment** at a **hospital** in **our network**. To find providers or **hospitals** in **our network**, **you** can contact the U.S. service centre or visit the website shown on **your Blue Cross Blue Shield Global** membership card. **You** will need to show **your Blue Cross Blue Shield Global** membership card to providers and **hospitals** when **you** have **treatment**.

### Treatment that has not been pre-authorised

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

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

thing for **you**. If **you** decide to stay where **you** are, **we** will pay the **reasonable and customary** costs of any covered **treatment** or services that **you** have after the proposed date of the transfer.

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

### Treatment outside our network

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

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

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

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

## Deductibles

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

### What is a deductible?

The **deductible** is the total value that **your** covered claims must reach each **membership year** before **we** will start to pay any benefit. For example, if **you** have a **deductible** of USD 500, the total value of **your** covered claims must reach USD 500 before **we** will pay any benefit.

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

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

### How an annual deductible works

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

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

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

### How claims are paid to you

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

- **we** will take the **deductible** from any payment **we** make
- **we** will send **you** a statement showing how **your** claim has been settled, including any amounts set against the **deductible**.

### How we pay claims to a medical provider

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

- **we** will send payment to them for the covered claim. **We** will subtract any remaining **deductible** on **your** cover from this payment
- **we** will confirm the amount **we** have paid towards **your** claim
- **you** must pay any shortfall to them.

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

## Important

- the **deductible** applies separately to each person covered
- even if **your treatment** cost is less than the **deductible**, **you** should still make a claim
- this **deductible** applies each **membership year**. If **your** first claim is towards the end of a **membership year** and continues after **your**

**renewal date**, **you** must pay the **deductible** again for that **treatment**. This is because it will be a new **membership year**

- if **your** claims are paid directly to the person who treated **you**, **you** must pay them any shortfall after **we** have assessed and paid the claim.

## Making a claim

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

### Claim forms

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

**You** can:

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

**You** must make a separate claim for each:

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

## What we need for your claim

As well as **your** completed claim form, **we** need original versions of any invoices, receipts and prescriptions for the claim. **You** can send **us** copies. **We** can't send these original documents back to **you**. If **you** do send an original document, **we** can send **you** a copy if **you** ask **us**.

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

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

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

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

### Important

**We** pay for **treatment**:

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

## Paying your claim

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

Who **we** will pay

**We** can make payments to the:

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

**We** can pay a **dependant** if:

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

**We** do not make payments to anyone else.

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

## Payment method

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

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

In some regions **we** can also 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.

## Payment currency

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

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

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

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

## How we convert one currency to another

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

## Other claim information

### Payment of claims in error

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

## Discretionary payments

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

## Claiming for treatment when others are at fault

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

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

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

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

**You** must not:

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

## Claiming with joint or double insurance

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

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

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

## Detecting and preventing fraud

**We** check **your** details with:

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

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

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

## Fraudulent claims

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

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

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

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

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

Examples of fraudulent claims include:

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

# The lifecycle of your plan

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

## Paying premiums and other charges

**Your sponsor** has to pay the premiums that are due as well as any other charges (such as taxes) that may be payable. **You** have to pay any **deductible** amount that applies to **your** plan.

If **you** are a contributing individual, please see the section 'Contributing individuals'.

## Starting and renewing your cover

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

The **sponsor** will decide on the renewal of **your** cover as part of **our agreement**.

If **you** are a contributing individual, please see the section 'Contributing individuals'.

## Making changes to your cover

The terms and conditions of **your** cover can change if:

- the **sponsor** and **Bupa Global** agree, or
- laws or regulators say they must change.

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

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

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

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

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

### Making changes to your cover if you are a contributing individual

**We** will tell **you** about changes to any terms of **your** cover agreed by the **sponsor** before the change takes effect. If **you** do not accept any of the changes **you** can end **your** cover. To do this **you** must tell the **sponsor** either:

- within 30 days of the date on which the change takes effect, or
- within 30 days of **you** being told about the change

whichever is later.

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

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

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

In some countries **we** have local partners who are licensed to provide cover which is administered by **Bupa Global**. This means that **members** get the same quality **Bupa Global** service.

If **you** change **your country of residence** to a country where **we** have a local partner, in most cases **you** will be able to transfer to **our** partner's plan without any more medical underwriting. **You** may also be able to continue **your** cover; which means that for those benefits which have a waiting

period, the time **you** were a **member** with **us** will count towards that. If **you** request a transfer to a local partner, **we** will have to share **your** personal information and medical history with them.

### Adding people to the plan

If the **sponsor** agrees, the **main member** may apply to cover any of their **dependants**. The **main member** will need to complete an application form. **You** can find this in MembersWorld or **you** can contact **us** and **we** will send one to **you**.

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

This does not apply if **your sponsor** has chosen cover with medical history disregarded. Please contact **us** if **you** are not sure if this applies to **you**.

### Adding your newborn baby

**We** can add a newborn baby from their date of birth if:

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

When this happens, **we** will not apply any personal exclusions to the baby's cover.

If **we** receive the application form after 30 days or either parent has not been a **member** for at least 10 months, **we** will review the baby's medical history. This may result in cover for **pre-existing conditions**, special restrictions or exclusions, or **we** may decline cover.

If **you** do not have full U.S. cover before **you** become pregnant, **we** will not cover newborn care or **treatment** under the 28-day **emergency** U.S. cover or other benefit. **We** would only cover newborn care or **treatment** if the baby is prematurely born in unexpected circumstances.

### When cover starts for others

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

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

### Adding U.S. cover

The **sponsor** can apply to include cover in the U.S. for **you** at any time after **you** join. **We** will review the application, and this may result in exclusions or restrictions specific to cover in the U.S.

## Ending your cover

### After your cover ends

The **main member** can apply to transfer to a personal plan if their cover under the group plan ends. They can also apply for any **dependants** to transfer with them. Please contact **us** for more details.

The **sponsor** can end **your** cover by contacting **us**. **We** cannot backdate the cancellation of **your** cover.

**Your** cover will automatically end:

- if the **agreement** between **Bupa Global** and the **sponsor** ends
- if the **sponsor** does not renew **your** cover
- if the **sponsor** does not pay premiums or any other payment due under the **agreement** for **you** or for anyone else. If **you** pay the **sponsor** towards **your** cover, please see the section 'Contributing individuals' in the 'General information' section of this guide.
- if the **main member's** cover ends
- if the **main member** dies.

### Ending your cover if you are a contributing individual

A **main member** who pays the **sponsor** towards their cover can end that cover within 30 days of either:



- the date they receive documents which confirm their cover (these include the insurance certificate), or
- the effective date of their cover,

whichever is later.

This will also end the cover for their **dependants** on the plan. The **main member** must tell the **sponsor** they wish to end their cover.

If they have not made any claims during this 30-day period, **we** will refund to the **sponsor** all of the premiums the **sponsor** has paid for them for that year.

After this 30-day period they can end their cover by telling the **sponsor**. They can do this at any time. **We** will then refund to the **sponsor** any premiums the **sponsor** has paid for them for the period after their cover ends.

If the cover is for a **dependant**, they can tell the **sponsor** they wish to end the cover within 30 days of either:

- the date they receive documents which confirm the **dependant's** cover (including the insurance certificate), or
- the effective date of cover for that **dependant**,

whichever is later.

If the **dependant** has not made any claims during this 30-day period, **we** will refund to the **sponsor** all of the premiums the **sponsor** has paid for them for that year.

After this 30-day period the **main member** can end a **dependant's** cover by telling the **sponsor**. They can do this at any time. **We** will refund to the **sponsor** any premiums the **sponsor** has paid for them that relate to the period after their cover ends.

Cover for **you** and **your dependants** will automatically end if the **sponsor** does not pay premiums or any other payment due under the **agreement** for **you** or any other person. **We** will still assess claims for any period for which **you** can confirm (for example on payslips) that **you** paid **your** premiums to the **sponsor**.

If **we** refund to the **sponsor** premiums paid for **you** or **your dependants**, **you** should contact the **sponsor** to get a refund of the premiums that **you** paid to them.

## Making a complaint

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

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

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

### Taking it further

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

For more details go to: [www.fspo.ie](http://www.fspo.ie)

Customers resident in France and Monaco may also refer a complaint to La Médiation de l'Assurance, TSA 50110, 75441 Paris Cedex 09.

## Explaining your benefits

The 'Table of benefits' explains what is covered on **your health plan** and any limits.

### What is covered

**Treatment** covered by this **health plan** must be:

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

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

### Active treatment

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

Note: please see 'Preventive and wellness **treatment**' in the 'What is not covered' section for information on preventive **treatment**.

### Table of benefits

This table shows the benefits, limits and the detailed rules that apply to **your health plan**. **You** should also read the 'What is not covered' section to see what the plan does not cover.

### Changes to your benefits

**Your sponsor** may have agreed changes to the 'Table of benefits' with **us**. If so, **your sponsor** will let **you** know what these changes are.

### How to read the 'Table of benefits'

There are three levels of cover: Select, Premier and Elite.

**You** need to read the column in the 'Table of benefits' that applies to **your** level of cover, as shown on **your** insurance certificate. **You** can find this in MembersWorld.

### Benefit limits

The 'Table of benefits' has different types of limits: 1. the overall annual maximum.

This is the amount up to which **we** will pay for all benefits in total for each **member**, every **membership year**.

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

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

All limits apply to each **member**.

### Waiting periods

The plan doesn't cover **treatment you** have during a waiting period. **We** clearly show which benefits these apply to. **We** may have agreed to waive waiting periods on **your health plan**. **You** can call **us** to find out if this applies to **you**.

### Currencies

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

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

**Your** insurance certificate will show:

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

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

## Bupa LifeWorks

TELUS Health provides wellness support. **Bupa Global** has partnered with TELUS Health to provide **you** with access to Bupa LifeWorks.

This discreet service offers short-term advice, 24/7, for **your** mental, financial, physical and emotional wellness. It offers access to expert tips and toolkits, as well as a wealth of online articles, podcasts, videos, and more.

This service will be offered by TELUS Health straight to **you**.

- **Your** personal data will not be shared by TELUS Health
- **You** can use it 24 hours a day, 7 days per week, 365 days per year
- **You** can access it worldwide and receive support on any work, life, personal or family issue
- Services are offered in a number of languages
- There is no cost to employees and their families to use this service.

Bupa LifeWorks provides counselling, information and resources on the following topics:

- Health and wellbeing:
  - Stress, depression and anxiety, substance abuse, or concern about someone else's, addictions, including gambling, domestic abuse, grief and loss, critical incidents, trauma.
- Financial and legal:
  - Budgeting, investments, retirement planning, managing loans and mortgages, managing debt, tax issues, financial concerns.
- Work-related issues:

- Workplace stress, workplace conflict, job burnout, coping with change, career development, general work-related issues, bullying and harassment.
- Relationships and family matters:
  - Relationship issues, separation and divorce, childcare and parenting issues, adoption, eldercare and care giving issues, education concerns and student life, relatives with disabilities.

Calls placed from mobile phones or internet-based lines (VOIP) depend on the carrier. **We** cannot guarantee that **you** will be able to connect. Please contact **us** if **you** have issues when trying to connect.

The transmission of information via the Internet is not completely secure. This is at **your** own risk.

### How to contact Bupa LifeWorks

Bupa LifeWorks is easy to access at any time. The mobile app is easy to use and install. **You** will find it in the Apple App Store or in Google Play. Search "TELUS Health One" and look out for the TELUS Health logo. 'Log in' for the first time using the company code 'Bupa', then enter **your Bupa Global** MembersWorld email address and password to sign in. **You** can also access it online by visiting [login.lifeworks.com](http://login.lifeworks.com)

### Bupa LifeWorks rules

These rules apply to the Bupa LifeWorks:

- Access to this service is offered by **Bupa Global** and **your** employer. It is an extra feature to **your health plan** under **your** table of benefits.
- TELUS Health will not share with **Bupa Global**, or **your** employer, any private or personal information that **you** discuss. TELUS Health sends reports to **Bupa Global** but these only show averaged or anonymised data about groups of **members**. TELUS Health is a Vancouver, Canada based company, and carries out most of the personal data handling in the UAE and U.S.
- If **you** make a complaint to **Bupa Global** about TELUS Health, **we** may ask **you** if **we** can see **your** personal data to help **us** to resolve the complaint. **You** may want to know more about how **Bupa Global** will process **your** personal data. **You** can find this in the privacy notice section.

# Summary of Benefits

	Select	Premier	Elite
<b>Table of benefits</b>			
Overall annual maximum	●	●	●
Geographical cover	●	●	●
<b>Deductible</b> options	●	●	●
<b>Out-patient treatment</b>			
<b>Out-patient</b> surgical operations	●	●	●
Full health screen/Wellness checks	●	●	●
<b>Specialists'</b> fees for consultations/Pathology, X-ray and <b>diagnostic tests</b>	●	●	●
Costs for <b>treatment</b> by <b>therapists, complementary medicine practitioners</b> and qualified <b>nurses</b>	●	●	●
<b>Treatment</b> by a <b>speech therapist</b>	●	●	●
<b>Specialists'</b> fees, <b>psychologists</b> and <b>psychotherapists'</b> fees for <b>mental health treatment</b>	●	●	●
Costs for <b>treatment</b> by a family <b>doctor</b>	●	●	●
Prescribed drugs and dressings	●	●	●
Durable medical equipment	●	●	●
Vaccinations	●	●	●
Physiotherapy	●	●	●
Accident-related dental <b>treatment</b>	●	●	●
<b>In-patient and day-case treatment</b>			
<b>Hospital</b> accommodation	●	●	●
Surgical operations, including pre- and post-operative care	●	●	●
Nursing care, drugs and surgical dressings	●	●	●
<b>Specialists'</b> fees	●	●	●
Theatre charges	●	●	●
<b>Intensive Care</b> , intensive therapy, coronary care and high dependency unit	●	●	●
Pathology, X-rays, <b>diagnostic tests</b> and therapies	●	●	●
Prosthetic implants and appliances	●	●	●
Parent accommodation	●	●	●
<b>Mental health treatment</b>	●	●	●
<b>Prophylactic surgery</b>	●	●	●
Reconstructive surgery	●	●	●
Obesity surgery (after two years' membership)	●	●	●
<b>Further benefits</b>			
Advanced imaging	●	●	●
<b>Advanced therapy medicinal products (ATMPs)</b>	●	●	●
Cancer <b>treatment</b>	●	●	●
Congenital and hereditary conditions	●	●	●
Genetic Cancer Screening	●	●	●
Bupa LifeWorks, <b>your</b> Global Employee Support Programme	●	●	●
Healthline services	●	●	●
HIV / AIDS drug therapy including ART	●	●	●
Home nursing after <b>in-patient treatment</b>	●	●	●

# Summary of Benefits (continued)

	Select	Premier	Elite
<b>Further benefits (continued)</b>			
Hospice and palliative care	●	●	●
<b>In-patient</b> cash benefit	●	●	●
Kidney dialysis	●	●	●
Newborn care	●	●	●
Prosthetic devices	●	●	●
<b>Rehabilitation</b>	●	●	●
Transplant services	●	●	●
<b>Treatment</b> for or related to gender dysphoria. Please refer to the 'What is not covered' section.	●	●	●
Assisted fertility <b>treatment</b> (after a waiting period of 10 months)		●	●
<b>Maternity and childbirth cover (after a waiting period of 10 months)</b>			
Maternity and childbirth cover (after a waiting period of 10 months)	●	●	●
<b>Assistance cover</b>			
Medical evacuation	●	●	●
Medical repatriation	●	●	●
Local air ambulance	●	●	●
Local road ambulance	●	●	●
Travel cost for an accompanying person	●	●	●
Travel cost for the transfer of children	●	●	●
Compassionate visit transport costs and compassionate visit living allowance		●	●
Living allowance			●
Repatriation of mortal remains	●	●	●
<b>Dental / Optical treatment*</b>			
Dental <b>deductible</b>	●	●	●
Dental	●	●	●
Optical <b>deductible</b>	●	●	●
Optical	●	●	●
<b>U.S. cover</b>			
U.S. cover	●	●	●



# Summary of Exclusions

	Select	Premier	Elite
Administration / registration fees	●	●	●
Advance payments / deposits	●	●	●
Antenatal classes	●	●	●
<b>Artificial life maintenance</b>	●	●	●
Birth control	●	●	●
Chinese medicine	●	●	●
Conflict and disaster	●	●	●
Convalescence, nursing home and admission for general care, or staying in <b>hospital</b> or other establishment	●	●	●
Cosmetic <b>treatment</b>	●	●	●
Deafness	●	●	●
Dental <b>treatment</b> /gum disease	●	●	●
Desensitisation and neutralisation	●	●	●
Developmental problems	●	●	●
Donor organs	●	●	●
Experimental or unproven <b>treatment</b>	●	●	●
Eyesight	●	●	●
Footcare	●	●	●
Genetic testing	●	●	●
Harmful or hazardous use of alcohol, drugs and/or medicines	●	●	●
Health hydros, nature cure clinics or any establishment that is not a <b>hospital</b> .	●	●	●
Illegal activity	●	●	●
Mechanical or animal donor organs	●	●	●
Obesity and weight management	●	●	●
<b>Persistent vegetative state</b> (PVS) and neurological damage	●	●	●
Physical aids and devices	●	●	●
<b>Pre-existing conditions</b>	●	●	●
Reconstructive or remedial surgery	●	●	●
Sleep disorders	●	●	●
Speech disorders	●	●	●
Stem cells	●	●	●
Surrogacy	●	●	●
Temporomandibular joint (TMJ) disorders	●	●	●
Travel costs for <b>treatment</b>	●	●	●
<b>Treatment</b> for or related to gender dysphoria	●	●	●
<b>Unrecognised medical practitioner, hospital</b> or healthcare facility	●	●	●
<b>Treatment</b> outside <b>your</b> geographical area of cover	●	●	●

# Table of benefits

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

## Table of benefits

Benefits	Select	Premier	Elite	Explanation of benefits
Overall annual maximum	EUR 2,600,000, GBP 2,000,000 or USD 3,100,000 each <b>membership year</b>	EUR 3,900,000, GBP 3,000,000 or USD 4,700,000 each <b>membership year</b>	EUR 7,800,000, GBP 6,000,000 or USD 9,300,000 each <b>membership year</b>	All benefits below, even those paid in full will contribute to the overall annual policy maximum limit.  The currency applicable for <b>your</b> contract is as shown on <b>your</b> insurance certificate.
Geographical cover	Worldwide or Worldwide excluding U.S. or <b>Europe</b>	Worldwide or Worldwide excluding U.S. or <b>Europe</b>	Worldwide or Worldwide excluding U.S. or <b>Europe</b>	<b>Your</b> insurance certificate will show which cover <b>your sponsor</b> has purchased. Please see the ' <b>Treatment outside your geographical area of cover</b> ' exclusion in the 'What is not covered' section.
<b>Deductible</b> options	No <b>deductible</b> or EUR 325, GBP 250 or USD 390 or EUR 650, GBP 500 or USD 780 or EUR 1,300, GBP 1,000 or USD 1,550	No <b>deductible</b> or EUR 325, GBP 250 or USD 390 or EUR 650, GBP 500 or USD 780 or EUR 1,300, GBP 1,000 or USD 1,550	No <b>deductible</b> or EUR 325, GBP 250 or USD 390 or EUR 650, GBP 500 or USD 780 or EUR 1,300, GBP 1,000 or USD 1,550	Please see <b>your</b> insurance certificate for details of any <b>deductible</b> that applies to <b>your</b> benefits.

## Out-patient treatment

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

Benefits	Select	Premier	Elite	Explanation of benefits
<b>Out-patient</b> surgical operations	Paid in full	Paid in full	Paid in full	<b>We</b> pay for <b>out-patient</b> surgical operations when carried out by a <b>specialist</b> or a family <b>doctor</b> . Examples include implants or injections for HRT (hormone replacement therapy).
Full health screen/ Wellness checks	<b>We</b> pay up to EUR 125, GBP 100 or USD 150 each <b>membership year</b>	<b>We</b> pay up to EUR 1,000, GBP 800 or USD 1,400 each <b>membership year</b>	<b>We</b> pay up to EUR 2,600, GBP 2,000 or USD 3,100 each <b>membership year</b>	A full health screening generally includes various routine tests performed to assess <b>your</b> state of health and could include tests such as high cholesterol, high blood pressure, diabetes, anaemia and lung function, liver and kidney function and cardiac risk assessment. In addition, <b>you</b> may also have the specific screenings as part of a full health screening. The actual tests <b>you</b> have will depend on those supplied by the <b>benefit provider</b> where <b>you</b> have <b>your</b> screening.  The wellness checks <b>you</b> may have are specific screenings for breast, cervical, prostate and colorectal cancer.
<b>Specialists' fees</b> for consultations/Pathology, X-ray and <b>diagnostic tests</b>	<b>We</b> pay up to EUR 2,600, GBP 2,000 or USD 3,100 each <b>membership year</b>	<b>We</b> pay up to EUR 8,300, GBP 6,400 or USD 9,900 each <b>membership year</b>	Paid in full	This normally means a meeting with a <b>specialist</b> to assess <b>your</b> condition. Such meetings may take place in the <b>specialist's</b> or <b>doctor's</b> office, by telephone or using the internet.  <b>We</b> pay for: <ul style="list-style-type: none"><li><input type="radio"/> pathology, such as checking blood and urine samples for specific abnormalities,</li><li><input type="radio"/> radiology, such as X-rays, and</li><li><input type="radio"/> <b>diagnostic tests</b>, such as electro-cardiograms (ECGs)</li></ul>
Costs for <b>treatment</b> by <b>therapists, complementary medicine practitioners</b> and qualified <b>nurses</b>		Paid in full up to 35 visits each <b>membership year</b>	Paid in full up to 70 visits each <b>membership year</b>	<b>We</b> pay for nursing charges for general nursing care, for example injections or wound dressings by a qualified <b>nurse</b> and consultations and <b>treatment</b> with <b>therapists</b> and <b>complementary medicine practitioners</b> when they are appropriately qualified and registered to practice in the country where <b>treatment</b> is received.  This includes the cost of both the consultation and <b>treatment</b> , including any complementary medicine prescribed or administered as part of <b>your treatment</b> .  Should any complementary medicines or <b>treatments</b> be supplied or carried out on a separate date to a consultation, these costs will be treated as a separate visit.  Note: for dietitians, <b>we</b> pay the initial consultation plus two follow-up visits when needed as a result of a covered condition.  Please note that obesity is not covered.
<b>Treatment</b> by a <b>speech therapist</b>				<b>We</b> only pay for speech therapy if: <ul style="list-style-type: none"><li><input type="radio"/> <b>your specialist</b> prescribes this as part of the <b>treatment</b> for a stroke or a brain injury</li><li><input type="radio"/> <b>you</b> have speech or swallowing issues caused by cancer, an injury or a condition that affects <b>your</b> nervous system.</li></ul> It must take place during or straight after initial <b>treatments</b> for the condition or event / incident.  <b>We</b> do not pay for <b>treatment</b> of: <ul style="list-style-type: none"><li><input type="radio"/> speech disorders. Examples include a stammer or lisp</li><li><input type="radio"/> speech issues related to development. Examples include helping <b>you</b> to articulate better or be more fluent.</li></ul>

## Out-patient treatment (continued)

Benefits	Select	Premier	Elite	Explanation of benefits
Specialists' fees, psychologists and psychotherapists' fees for mental health treatment	Please see previous page for shared limit.	Paid in full	Paid in full	<b>We will pay for specialists' fees, psychologists and psychotherapists' fees for mental health treatment.</b>
Costs for treatment by a family doctor		Paid in full up to 12 visits each membership year	Paid in full	<b>We pay for family doctor treatment.</b>  Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.
Prescribed drugs and dressings		<b>We pay up to</b> EUR 4,600, GBP 3,000 or USD 5,400  each membership year	Paid in full	<b>We pay for the cost of drugs and dressings prescribed for you by your medical practitioner to treat a disease, illness or injury, for covered treatment.</b> Examples include short-term treatment with antibiotics, or long-term treatment with HRT (hormone replacement therapy).  <b>If optional U.S. cover has been purchased:</b> <b>We pay for the cost of drugs and dressings prescribed for you by your medical practitioner for covered treatment when using our U.S. Provider network. You must present your Bupa Global U.S. insurance card.</b>  Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit described in the costs for treatment by therapists and complementary medicine practitioners benefit.
Durable medical equipment		<b>We pay up to</b> EUR 3,250, GBP 2,500 or USD 5,425  each membership year	<b>We pay up to</b> EUR 5,200, GBP 4,000 or USD 6,200  each membership year	<b>We pay for medical equipment that:</b>  <ul style="list-style-type: none"> <li>○ you can use more than once</li> <li>○ is not disposable</li> <li>○ you use only for an illness, injury, or disease</li> </ul> <p style="text-align: center;">and</p> <ul style="list-style-type: none"> <li>○ you can use in your home.</li> </ul> Examples include oxygen supplies, crutches, a wheelchair or walking frame.
Vaccinations	<b>We pay up to</b> EUR 310, GBP 239 or USD 372  each membership year	<b>We pay up to</b> EUR 325, GBP 250 or USD 390  each membership year	Paid in full	<b>We pay for vaccinations including vaccinations to aid the prevention of cancer, such as the human papilloma virus (HPV) vaccination, as and when such vaccines have completed medical trials and are approved for use in the country of treatment.</b>
Physiotherapy	Paid in full	Paid in full	Paid in full	<b>We pay for Physiotherapy.</b>  This includes the cost of both the consultation and treatment
Accident-related dental treatment	Paid in full	Paid in full	Paid in full	<b>We pay for accident-related dental treatment that you receive from a dental practitioner for treatment during an emergency visit following accidental damage to any tooth.</b>  <b>We only pay any accident-related dental treatment which takes place up to 30 days after the accident.</b>



## In-patient and day-case treatment

### In-patient and day-case treatment:

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

- it is **medically necessary** for **you** to have a **hospital** bed for **your treatment**
- **you** are under the care of a **specialist** for **your treatment**
- **we** pay for accommodation subject to the criteria below
- the **hospital** where **you** have **your treatment** is recognised

### In-patient stays longer than five nights

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

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

Benefits	Select	Premier	Elite	Explanation of benefits
Hospital accommodation	Paid in full – standard private room	Paid in full – standard private room	Paid in full – standard private room	<p><b>We</b> pay charges for <b>your hospital</b> accommodation, including all <b>your</b> own meals and refreshments, when:</p> <ul style="list-style-type: none"> <li>○ there is a medical need to stay in <b>hospital</b></li> <li>○ the <b>treatment</b> is given or managed by a <b>specialist</b>, and</li> <li>○ the length of <b>your</b> stay is medically appropriate</li> </ul> <p><b>We</b> do not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics.</p> <p>For Business Select, Business Premier and Business Elite, <b>we</b> pay for accommodation in a room that is no more expensive than the <b>hospital's</b> standard single room with a private bathroom.</p> <p><b>We</b> pay for the length of stay that is medically appropriate for the procedure that <b>you</b> are admitted for. For example, unless medically essential, <b>we</b> do not pay for <b>day-case</b> accommodation for <b>out-patient treatment</b>, and <b>we</b> do not pay for <b>in-patient</b> accommodation for <b>day-case treatment</b>. Please also read convalescence and admission for general care in the 'What is not covered' section.</p>
Surgical operations, including pre- and post-operative care	Paid in full	Paid in full	Paid in full	<b>We</b> pay surgeons' and anaesthetists' fees for a <b>surgical operation</b> , including all pre- and post-operative care.
Nursing care, drugs and surgical dressings	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay for nursing services, drugs and surgical dressings <b>you</b> need as part of <b>your treatment</b> in <b>hospital</b>.</p> <p>Note: <b>we</b> do not pay for <b>nurses</b> hired as well as the <b>hospital's</b> own staff. In the rare case where a <b>hospital</b> does not provide nursing staff <b>we</b> will pay for the reasonable cost of hiring a qualified <b>nurse</b> for <b>your treatment</b>.</p>
Specialists' fees	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay <b>specialists'</b> fees for <b>treatment you</b> receive in <b>hospital</b> if this does not include a <b>surgical operation</b>, for example if <b>you</b> are in <b>hospital</b> for <b>treatment</b> of a medical condition such as pneumonia.</p> <p>If <b>your treatment</b> includes a <b>surgical operation</b> <b>we</b> will only pay <b>specialists'</b> fees if the attendance of a <b>specialist</b> is <b>medically necessary</b>, for example, in the rare event of a heart attack following a <b>surgical operation</b>.</p>
Theatre charges	Paid in full	Paid in full	Paid in full	<b>We</b> pay for use of an operating theatre.

## In-patient and day-case treatment (continued)

Benefits	Select	Premier	Elite	Explanation of benefits
<b>Intensive Care</b> , intensive therapy, coronary care and high dependency unit	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay for <b>intensive care</b> in an <b>intensive care</b> unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when:</p> <ul style="list-style-type: none"> <li><input type="radio"/> it is an essential part of <b>your treatment</b> and is usually needed by patients undergoing the same type of <b>treatment</b> as <b>yours</b>, or</li> <li><input type="radio"/> it is <b>medically necessary</b> in the event of unexpected circumstances, for example if <b>you</b> have an allergic reaction during surgery</li> </ul>
Pathology, X-rays, <b>diagnostic tests</b> and therapies	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay for:</p> <ul style="list-style-type: none"> <li><input type="radio"/> pathology, such as checking blood and urine samples</li> <li><input type="radio"/> radiology (such as X-rays), and</li> <li><input type="radio"/> <b>diagnostic tests</b> such as electrocardiograms (ECGs)</li> </ul> <p>when recommended by <b>your specialist</b> to help determine or assess <b>your</b> condition when carried out in a <b>hospital</b>.</p> <p><b>We</b> also pay for <b>treatment</b> provided by <b>therapists</b> (such as physiotherapy) and <b>complementary medicine practitioners</b> (such as acupuncturists) if it is needed as part of <b>your treatment</b> in <b>hospital</b>.</p>
Prosthetic implants and appliances	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay for a prosthetic implant needed as part of <b>your treatment</b>. By this, <b>we</b> mean an artificial body part or appliance which is designed to form a permanent part of <b>your</b> body and is surgically implanted for one or more of the following reasons:</p> <ul style="list-style-type: none"> <li><input type="radio"/> to replace a joint or ligament</li> <li><input type="radio"/> to replace one or more heart valves</li> <li><input type="radio"/> to replace the aorta or an arterial blood vessel</li> <li><input type="radio"/> to replace a sphincter muscle</li> <li><input type="radio"/> to replace the lens or cornea of the eye</li> <li><input type="radio"/> to act as a heart pacemaker</li> <li><input type="radio"/> to remove excess fluid from the brain</li> <li><input type="radio"/> to control urinary incontinence (bladder control)</li> <li><input type="radio"/> to reconstruct a breast following surgery for cancer when the reconstruction is carried out as part of the original <b>treatment</b> for the cancer and <b>you</b> have obtained <b>our</b> written consent before receiving the <b>treatment</b></li> <li><input type="radio"/> to restore vocal function following surgery for cancer</li> </ul> <p><b>We</b> also pay for the following appliances:</p> <ul style="list-style-type: none"> <li><input type="radio"/> a knee brace which is an essential part of a <b>surgical operation</b> for the repair to a cruciate (knee) ligament, or</li> <li><input type="radio"/> a spinal support which is an essential part of a <b>surgical operation</b> to the spine</li> </ul>
Parent accommodation	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay room and board costs for the parent staying in <b>hospital</b> with their child when:</p> <ul style="list-style-type: none"> <li><input type="radio"/> the costs are for one parent or legal guardian only</li> <li><input type="radio"/> the parent or guardian is staying in the same <b>hospital</b> as the child,</li> <li><input type="radio"/> the child is under the age of 18 years old, and the child is receiving <b>treatment</b> that is covered</li> </ul>
<b>Mental health treatment</b>	Paid in full	Paid in full	Paid in full	<p><b>We</b> cover <b>mental health treatment</b> in <b>hospital</b> during each <b>membership year</b>, in full. This benefit applies to all <b>treatment</b> related to the mental health condition.</p>

## In-patient and day-case treatment (continued)

Benefits	Select	Premier	Elite	Explanation of benefits
Prophylactic surgery	Paid in full	Paid in full	Paid in full	<p><b>We</b> may pay if <b>Bupa Global's</b> medical policy criteria is met, for example, a mastectomy and reconstruction when there is a significant family history and/or <b>you</b> have a positive result from genetic testing.</p> <p>Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b>. Benefit will not be paid unless pre-authorisation has been provided.</p>
Reconstructive surgery	Paid in full	Paid in full	Paid in full	<p><b>Treatment</b> to restore <b>your</b> appearance after an illness, injury or surgery. <b>We</b> may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during <b>your</b> continuous membership.</p> <p>Please contact <b>us</b> for pre-authorisation before proceeding with any reconstructive surgery.</p> <p>Benefit will not be paid unless pre-authorisation has been provided.</p>
Obesity surgery (after two years' membership)	Paid in full	Paid in full	Paid in full	<p>Once <b>you</b> have been covered on this <b>health plan</b> for two years, <b>we</b> may pay, depending on <b>Bupa Global's</b> medical policy criteria, for bariatric surgery, if <b>you</b>:</p> <ul style="list-style-type: none"> <li>○ have a body mass index (BMI) of 40 or over and have been diagnosed as being morbidly obese</li> <li>○ can provide documented evidence of other methods of weight loss which have been tried over the past two years and</li> <li>○ have been through a psychological assessment which has confirmed that it is appropriate for <b>you</b> to undergo the procedure.</li> </ul> <p>The bariatric surgery technique needs to be evaluated by <b>our</b> medical teams and depends on <b>Bupa Global's</b> medical policy criteria.</p> <p>In some cases, <b>you</b> may qualify for weight-loss surgery if <b>your</b> BMI is between 35 and 40 and <b>you</b> have a serious weight-related health problem, such as type 2 diabetes. The decision for <b>Bupa Global</b> to cover this will be entirely made by <b>our</b> medical teams.</p> <p>Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b>. Benefit will not be paid unless pre-authorisation has been provided.</p>

## Further benefits

### Important

These are the other benefits provided by **your** membership of the plan.

These benefits may be **in-patient**, **out-patient** or **day-case**.

Benefits	Select	Premier	Elite	Explanation of benefits
Advanced imaging	Paid in full	Paid in full	Paid in full	<b>We</b> pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by <b>your specialist</b> or family <b>doctor</b> to help diagnose or assess <b>your</b> condition.
<b>Advanced therapy medicinal products (ATMPs)</b>	Paid in full, one course of <b>treatment</b> for each condition per lifetime	Paid in full, one course of <b>treatment</b> for each condition per lifetime	Paid in full, one course of <b>treatment</b> for each condition per lifetime	<p><b>We</b> pay for <b>ATMP treatment</b> if it is:</p> <ul style="list-style-type: none"> <li>○ administered by a <b>specialist</b> in the country where <b>you</b> receive it, and;</li> <li>○ approved by the licensing authority in the country where <b>you</b> receive it, for <b>your</b> condition, stage of disease and stage of <b>treatment</b> that <b>you</b> have, and;</li> <li>○ endorsed by an independent <b>specialist</b> appointed by <b>Bupa Global</b> who confirms it: <ul style="list-style-type: none"> <li>○ as medically appropriate, based on established medical practice, or</li> <li>○ is provided under a registered and ethically approved study (in this case <b>we</b> will not apply the 'experimental or unproven <b>treatment</b>' exclusion).</li> </ul> </li> </ul> <p>Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b>.</p>
Cancer <b>treatment</b>	Paid in full	Paid in full	Paid in full	<p>Once cancer is diagnosed, <b>we</b> pay fees that are related to <b>treatment</b> for cancer. This includes tests, scans, consultations, wigs and prescribed medicines (such as cytotoxic drugs or chemotherapy).</p> <p>If <b>your treatment</b> involves <b>advanced therapy medicinal products (ATMP)</b>, this will be paid from the <b>ATMP</b> benefit.</p>
Congenital and hereditary conditions	Paid from eligible benefit limits	Paid from eligible benefit limits	Paid from eligible benefit limits	<p><b>We</b> pay for <b>treatment</b> of congenital and hereditary conditions:</p> <ul style="list-style-type: none"> <li>○ by congenital conditions <b>we</b> mean any abnormalities, deformities, diseases, illnesses or injuries present at birth</li> <li>○ by hereditary conditions <b>we</b> mean any abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of <b>your</b> family</li> </ul> <p>If <b>you</b> are unsure whether <b>your</b> condition may be classed as congenital or hereditary, please contact <b>us</b> for more information.</p>
Genetic Cancer Screening	Paid in full	Paid in full	Paid in full	<p>Cover for costs of genetic cancer testing and one pre and one post consultation, only if:</p> <ul style="list-style-type: none"> <li>○ referred by a <b>doctor</b></li> <li>○ there is an immediate family (bloodline) history, and</li> <li>○ the tests and consultations are carried out at a <b>hospital</b></li> </ul> <p>Please contact <b>us</b> for pre-authorisation before proceeding with testing. Benefit will not be paid unless pre-authorisation has been provided.</p>

## Further benefits (continued)

Benefits	Select	Premier	Elite	Explanation of benefits
Bupa LifeWorks, <b>your</b> Global Employee Support Programme	Included	Included	Included	<p><b>We</b> pay in full for up to 5 counselling sessions, per issue, each <b>membership year</b>.</p> <p>No limit applies to the number of issues per year.</p> <p>Bupa LifeWorks, <b>your</b> global Employee Assistance Programme, provides confidential support from a <b>specialist</b> at any time of the day or night, plus a wealth of expert tips and toolkits to support <b>your</b> wellbeing, at work and at home.</p> <p>Note: The overall annual maximum benefit limit does not apply.</p> <p>Important: support and advice provided through this service does not confirm that any related <b>treatment</b> or other support which may be discussed would be covered under <b>your health plan</b>.</p> <p>For full details of how to use this service and how it works, please see the Bupa LifeWorks section of this membership guide.</p>
Healthline services	Included	Included	Included	<p>This is a telephone advice line which offers help 24 hours a day, 365 days a year. Please call +44 (0) 1273 323 563 at any time when <b>you</b> need to.</p> <p>The following are some of the services that may be offered by telephone:</p> <ul style="list-style-type: none"> <li><input type="radio"/> general medical information from a health professional</li> <li><input type="radio"/> medical referrals to a <b>specialist</b> or <b>hospital</b></li> <li><input type="radio"/> medical service referral (ie locating a <b>specialist</b>) and assistance arranging appointments</li> <li><input type="radio"/> inoculation and visa requirements information</li> <li><input type="radio"/> <b>emergency</b> message transmission</li> <li><input type="radio"/> interpreter and embassy referral</li> </ul> <p>Note: <b>treatment</b> arranged through this service may not be covered under <b>your health plan</b>. Please check <b>your</b> cover before proceeding.</p>
HIV / AIDS drug therapy including ART	Paid in full	Paid in full	Paid in full	
Home nursing after <b>in-patient treatment</b>	<b>We</b> pay up to a maximum of 30 days each <b>membership year</b>	<b>We</b> pay up to a maximum of 196 days each <b>membership year</b>	<b>We</b> pay up to a maximum of 196 days each <b>membership year</b>	<p>Following <b>treatment</b> in <b>hospital</b> which is covered under this <b>health plan</b>, when it:</p> <ul style="list-style-type: none"> <li><input type="radio"/> is prescribed by <b>your specialist</b></li> <li><input type="radio"/> starts immediately after <b>you</b> leave <b>hospital</b></li> <li><input type="radio"/> reduces the length of <b>your</b> stay in <b>hospital</b></li> <li><input type="radio"/> is provided by a qualified <b>nurse</b> in <b>your</b> home and</li> <li><input type="radio"/> is needed to provide medical care, not personal assistance</li> </ul>
Hospice and palliative care	<p><b>We</b> pay up to</p> <p>EUR 31,200,</p> <p>GBP 24,000 or</p> <p>USD 37,200</p> <p>maximum benefit for the whole of <b>your</b> lifetime</p>	<p><b>We</b> pay up to</p> <p>EUR 39,000,</p> <p>GBP 30,000 or</p> <p>USD 46,500</p> <p>maximum benefit for the whole of <b>your</b> lifetime</p>	<p><b>We</b> pay up to</p> <p>EUR 65,000,</p> <p>GBP 50,000 or</p> <p>USD 77,500</p> <p>maximum benefit for the whole of <b>your</b> lifetime</p>	<p>Hospice and palliative care services if <b>you</b> have received a terminal diagnosis and can no longer have <b>treatment</b> which will lead to <b>your</b> recovery:</p> <ul style="list-style-type: none"> <li><input type="radio"/> <b>hospital</b> or hospice accommodation</li> <li><input type="radio"/> nursing care</li> <li><input type="radio"/> prescribed medicines</li> <li><input type="radio"/> physical, psychological, social and spiritual care</li> </ul> <p>The amount shown here is the total amount <b>we</b> shall pay for these expenses during the whole of <b>your</b> lifetime of Bupa, whether continuous or not.</p>

## Further benefits (continued)

Benefits	Select	Premier	Elite	Explanation of benefits
In-patient cash benefit	We pay up to EUR 100, GBP 90 or USD 150  per night up to 20 nights each <b>membership year</b>	We pay up to EUR 100, GBP 90 or USD 150  per night up to 20 nights each <b>membership year</b>	We pay up to EUR 100, GBP 90 or USD 150  per night up to 20 nights each <b>membership year</b>	This benefit is paid instead of any other benefit for each night <b>you</b> receive covered <b>in-patient treatment</b> without charge.  To claim this benefit, please ask the <b>hospital</b> to sign and stamp <b>your</b> claim form. Then send the completed form to <b>us</b> with a covering letter stating that <b>you</b> were treated with no charge. Please note that <b>you</b> need to make sure that the medical section of <b>your</b> claim form is completed by <b>your specialist</b> .
Kidney dialysis	Paid in full	Paid in full	Paid in full	<b>We</b> pay for kidney dialysis - provided as <b>In-patient, day-case</b> or as on <b>out-patient</b>
Newborn care	We pay up to EUR 3,000, GBP 2,500 or USD 3,125  each <b>membership year</b>	We pay up to EUR 6,000, GBP 5,000 or USD 6,250  each <b>membership year</b>	We pay up to EUR 30,000, GBP 25,000 or USD 31,250  each <b>membership year</b>	All <b>treatment</b> (including routine preventive care, check-ups and immunisations) required for a newborn during the first 90 days following birth shall be covered by this newborn care benefit.  The newborn care benefit is paid instead of any other benefit.  Newborn children must have their own membership and must be registered on a <b>Bupa Global</b> plan before this benefit can be claimed.
Prosthetic devices	We pay a maximum benefit of EUR 3,100, GBP 2,400 or USD 3,700  for each device	We pay a maximum benefit of EUR 3,900, GBP 3,000 or USD 4,700  for each device	We pay a maximum benefit of EUR 6,500, GBP 5,000 or USD 7,750  for each device	<b>We</b> pay for the initial prosthetic device needed as part of <b>your treatment</b> . By this <b>we</b> mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of <b>your</b> surgical procedure. <b>We</b> do not pay for any replacement prosthetic devices for adults including any replacement devices for a <b>pre-existing condition</b> .  <b>We</b> will pay for the initial and up to two replacements per device for children under the age of 16 years.
Rehabilitation	We pay in full for up to 120 days of <b>treatment</b> (which may be <b>in-patient treatment</b> or <b>day-case treatment</b> ) each <b>membership year</b>	We pay in full for up to 120 days of <b>treatment</b> (which may be <b>in-patient treatment</b> or <b>day-case treatment</b> ) each <b>membership year</b>	We pay in full for up to 120 days of <b>treatment</b> (which may be <b>in-patient treatment</b> or <b>day-case treatment</b> ) each <b>membership year</b>	<b>We</b> pay for <b>rehabilitation</b> , including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. <b>We</b> do not pay for room and board for <b>rehabilitation</b> when the <b>treatment</b> being given is solely physiotherapy.  <b>We</b> pay for <b>rehabilitation</b> , only when <b>you</b> have received <b>our</b> pre-authorization before the <b>treatment</b> starts. For <b>in-patient treatment</b> one day is each overnight stay and for <b>day-case treatment</b> and <b>out-patient treatment</b> , one day is counted as any day on which <b>you</b> have one or more appointments for <b>rehabilitation treatment</b> .  <b>We</b> only pay for <b>rehabilitation</b> where it:  <ul style="list-style-type: none"> <li>○ starts within 6 weeks of <b>in-patient treatment</b> which is covered by <b>your</b> membership (such as trauma or stroke), and</li> <li>○ arises as a result of the condition which needed the <b>in-patient treatment</b> or is needed as a result of such <b>treatment</b> given for that condition.</li> </ul> Note: in order to give pre-authorization, <b>we</b> must receive full clinical details from <b>your specialist</b> ; including <b>your</b> diagnosis, <b>treatment</b> given and planned, and proposed discharge date if <b>you</b> receive <b>rehabilitation</b> .

## Further benefits (continued)

Benefits	Select	Premier	Elite	Explanation of benefits
Transplant services	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay for transplant services that <b>you</b> need as a result of a covered condition. <b>We</b> pay medical expenses if <b>you</b> need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant. <b>We</b> also pay for bone marrow transplants (either using <b>your</b> own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy.</p> <p>For Business Select and Business Premier <b>we</b> do not pay for costs associated with the donor or the donor organ.</p> <p>For Business Select, Business Premier and Business Elite <b>members</b>, any drugs prescribed for use as an <b>out-patient</b>, including anti-rejection drugs are paid from <b>your</b> prescribed drugs and dressings benefit.</p> <p>Please see donor organs in the 'What is not covered' section.</p>
<p><b>Treatment</b> for or related to gender dysphoria.</p> <p>Please refer to the 'What is not covered' section.</p>	<p>Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people</p> <p>Paid in full</p> <p>Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people</p> <p>Paid in full</p>	<p>Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people</p> <p>Paid in full</p> <p>Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people</p> <p>Paid in full</p>	<p>Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people</p> <p>Paid in full</p> <p>Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people</p> <p>Paid in full</p>	<p>This benefit is paid instead of any other benefit for all hormonal and surgical <b>treatment</b> for or related to gender dysphoria.</p> <p>Any <b>mental health treatment</b> for or related to gender dysphoria is paid from the mental health benefit and is covered to the limits that apply to the mental health benefit.</p> <p>All <b>treatment</b> under this benefit must be pre-authorized.</p> <p>Please refer to the 'What is not covered' section.</p>
Assisted fertility <b>treatment</b> (after a waiting period of 10 months)	Not covered	<p><b>We</b> pay up to</p> <p>EUR 7,800, GBP 6,000 or USD 9,300</p> <p>each <b>membership year</b></p>	<p><b>We</b> pay up to</p> <p>EUR 7,800, GBP 6,000 or USD 9,300</p> <p>each <b>membership year</b></p>	<p><b>We</b> pay towards the cost of:</p> <ul style="list-style-type: none"> <li>○ <b>diagnostic tests</b> to look into fertility issues</li> <li>○ assisted fertility <b>treatment</b> to help <b>you</b> conceive, for example: <ul style="list-style-type: none"> <li>○ IVF (in-vitro fertilization)</li> <li>○ artificial insemination (AI)</li> <li>○ for intracytoplasmic sperm injections (ICSI)</li> </ul> </li> </ul> <p>This includes drugs, <b>diagnostic tests</b>, consultations and surgery which <b>your specialist</b> prescribes.</p> <p>So that <b>we</b> can check that the policy covers <b>you</b>, <b>you</b> must contact <b>us</b> for pre-authorization for fertility tests and <b>treatment</b>.</p> <p><b>We</b> do not pay towards the cost of:</p> <ul style="list-style-type: none"> <li>○ tests or <b>treatment</b> for surrogates or donors</li> <li>○ tests or <b>treatment</b> for <b>your</b> partner if they are not covered on this policy</li> <li>○ tests or <b>treatment</b> for anyone aged 17 or under</li> <li>○ the harvesting, storage or freezing of eggs, sperm or embryos. However, <b>we</b> will pay: <ul style="list-style-type: none"> <li>○ if <b>you</b> have this because <b>you</b> need <b>treatment</b> for another condition, for example cancer</li> <li>○ for harvesting when part of <b>your</b> assisted fertility <b>treatment</b></li> </ul> </li> <li>○ the travel costs for the transport of eggs, sperm or embryos from one place to another. For example, the transport of an egg or embryo which was fertilised in one place and implanted in another</li> <li>○ <b>treatments you</b> need after <b>you</b> have chosen to be sterilised</li> </ul>



## Maternity and childbirth cover (after a waiting period of 10 months)

Benefits	Select	Premier	Elite	Explanation of benefits
Maternity and childbirth cover (after a waiting period of 10 months)	<p><b>We</b> pay up to</p> <p>EUR 8,200, GBP 6,200 or USD 9,750</p> <p>each <b>membership year</b></p> <p>Childbirth at home or <b>birthing centre</b>:</p> <p><b>We</b> pay up to</p> <p>EUR 650, GBP 500 or USD 750</p> <p>each <b>membership year</b></p> <p>Medically essential Caesarean section:</p> <p><b>We</b> pay up to</p> <p>EUR 8,200, GBP 6,200 or USD 9,750</p> <p>each <b>membership year</b></p> <p>Complications of maternity and childbirth:</p> <p>Paid in full</p>	<p><b>We</b> pay up to</p> <p>EUR 19,500, GBP 15,000 or USD 23,250</p> <p>each <b>membership year</b></p> <p>Childbirth at home or <b>birthing centre</b>:</p> <p><b>We</b> pay up to</p> <p>EUR 1,950, GBP 1,500 or USD 2,325</p> <p>each <b>membership year</b></p> <p>Medically essential Caesarean section:</p> <p><b>We</b> pay up to</p> <p>EUR 16,400, GBP 12,600 or USD 19,500</p> <p>each <b>membership year</b></p> <p>Complications of maternity and childbirth:</p> <p>Paid in full</p>	Paid in full	<p><b>We</b> pay maternity and childbirth benefits.</p> <p><b>Maternity and childbirth cover</b></p> <p>These benefits include for example:</p> <ul style="list-style-type: none"> <li>○ antenatal care such as ultrasound scans</li> <li>○ <b>hospital</b> charges, obstetricians' and midwives' fees for pregnancy and childbirth</li> <li>○ post natal care needed by the mother immediately following normal childbirth, such as stitches</li> </ul> <p><b>Treatment</b> for</p> <ul style="list-style-type: none"> <li>○ abnormal cell growth in the womb (hydatidiform mole)</li> <li>○ foetus growing outside the womb (ectopic pregnancy)</li> </ul> <p>are not covered from this benefit but may be covered by <b>your</b> other benefits.</p> <p>(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by <b>your</b> other benefits.)</p> <p>Note: routine care for <b>your</b> baby</p> <p><b>We</b> pay for routine care (if eligible) for the baby, for up to seven days following birth, from the mother's maternity benefit. Any non-routine care, if covered, is paid from the baby's newborn care benefit, not from the mother's maternity benefit. For adding <b>your</b> newborn please also see 'Adding <b>your</b> newborn baby' in 'The lifecycle of <b>your</b> plan' section.</p> <p><b>Your</b> baby is also covered for up to seven days routine care following birth if <b>your</b> baby was born to a surrogate mother and <b>you</b>, as the intended parent, have been covered on the plan for 10 months when the baby is born.</p> <p><b>Childbirth at home or birthing centre</b></p> <p>This benefit includes obstetricians' and midwives' fees for delivering <b>your</b> baby at home or a <b>birthing centre</b>.</p> <p><b>Medically Essential Caesarean Section</b></p> <p>This benefit includes <b>hospitals</b>, obstetricians and other medical fees for the cost of the delivery of <b>your</b> baby by Caesarean section when medically essential for example, non progression during labour leading to <b>emergency</b> Caesarean section (eg dystocia, foetal distress, haemorrhage).</p> <p>Note: if <b>we</b> are unable to determine that <b>your</b> Caesarean section was medically essential, it will be paid from <b>your</b> maternity and childbirth benefit limit.</p> <p><b>Complications of maternity and childbirth</b></p> <p><b>Treatment</b> which is <b>medically necessary</b> as a direct result of pregnancy and childbirth complications.</p> <p>By complications <b>we</b> mean those conditions which only ever arise as a direct result of pregnancy or childbirth for example pre-eclampsia, threatened miscarriage, gestational diabetes, still birth.</p> <p>Please contact <b>us</b> for pre-authorisation where possible. If <b>you</b> require an <b>emergency</b> admission as a direct result of pregnancy and childbirth complications, please contact <b>us</b> within 48 hours of <b>your</b> admission.</p> <p>Please see maternity and childbirth, and surrogate parenting in the 'What is not covered' section.</p>

## Assistance cover

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

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

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

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

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

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

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

Notes:

- **We** will only pay for Evacuation when the **treatment you** need is not available where **you** are. **We** will help **you** get to the nearest place where the **treatment you** need is available. This could be to another part of the country that **you** are in. It might not be **your** home country.

### How to arrange your medical transfer

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

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

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

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

## Assistance cover (continued)

Benefits	Select	Premier	Elite	Explanation of benefits
Medical evacuation	Paid in full	Paid in full	Paid in full	<p>Transport costs for a medical evacuation:</p> <ul style="list-style-type: none"> <li>○ to the nearest place when the <b>treatment</b> needed is not available locally (this could be to another part of the country that <b>you</b> are in or to another country), and</li> <li>○ for the return journey to the place <b>you</b> were transferred from</li> </ul> <p>when this is pre-authorised by <b>us</b>.</p> <p>Please see the 'Pre-authorisation' section for more details.</p> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"> <li>○ the reasonable cost of the return journey by land or sea, or</li> <li>○ the cost of an economy class air ticket on Business Select, Business Premier or Business Elite</li> </ul> <p>whichever is the lesser amount.</p> <p><b>We</b> do not pay any other costs related to the evacuation such as travel costs or hotel accommodation. In some cases, it may be more appropriate for <b>you</b> to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, <b>we</b> will pay for taxi fares.</p>
Medical repatriation	Paid in full	Paid in full	Paid in full	<p>Transport costs for a medical repatriation:</p> <ul style="list-style-type: none"> <li>○ to <b>your</b> specified <b>country of nationality</b> as given on <b>your</b> application form, or <b>your</b> specified <b>country of residence</b>, when the <b>treatment</b> needed is not available locally, and</li> <li>○ the return journey to the place <b>you</b> were transferred from</li> </ul> <p>when this is pre-authorised by <b>Bupa Global</b>.</p> <p>Please see the 'Pre-authorisation' section for more details.</p> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"> <li>○ the reasonable cost of the return journey by land or sea, or</li> <li>○ the cost of an economy class air ticket on Business Select, Business Premier or Business Elite</li> </ul> <p>whichever is the lesser amount.</p> <p><b>We</b> do not pay any other costs related to the repatriation such as travel costs or hotel accommodation.</p> <p>In some cases, it may be more appropriate for <b>you</b> to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, <b>we</b> will pay for taxi fares.</p> <p>In some cases <b>you</b> may request a medical repatriation when contacting <b>Bupa Global</b> for authorisation, but this may not be medically appropriate. In these cases, <b>we</b> will first evacuate <b>you</b> to the nearest appropriate place where <b>treatment</b> is available. Once <b>you</b> have been stabilised, <b>we</b> may then repatriate <b>you</b> to <b>your</b> specified <b>country of nationality</b> or <b>your</b> specified <b>country of residence</b>.</p>

## Assistance cover (continued)

Benefits	Select	Premier	Elite	Explanation of benefits
Local air ambulance	<p><b>We</b> pay up to EUR 7,700, GBP 5,900 or USD 9,100 each <b>membership year</b></p>	<p><b>We</b> pay up to EUR 7,700, GBP 5,900 or USD 9,100 each <b>membership year</b></p>	<p><b>We</b> pay up to EUR 7,700, GBP 5,900 or USD 9,100 each <b>membership year</b></p>	<p><b>We</b> pay for <b>medically necessary</b> travel for <b>you</b> to be transported by local air ambulance such as a helicopter, when related to covered <b>in-patient treatment</b> or <b>day-case treatment</b>, either:</p> <ul style="list-style-type: none"> <li><input type="radio"/> from the location of an accident to <b>hospital</b>, or</li> <li><input type="radio"/> for a transfer from one <b>hospital</b> to another</li> </ul> <p>when it is appropriate for this method of transfer to be used to transport <b>you</b> over short journeys of up to 100 miles/160 kilometres. A local air ambulance may not always be available in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. This benefit does not include mountain rescue.</p> <p>Note: <b>you</b> would be covered under the medical evacuation benefit if the <b>treatment you</b> need is not available locally.</p>
Local road ambulance	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay for a local road ambulance</p> <ul style="list-style-type: none"> <li><input type="radio"/> from the location of an accident to a <b>hospital</b></li> <li><input type="radio"/> for a transfer from one <b>hospital</b> to another, or</li> <li><input type="radio"/> from <b>your</b> home to the <b>hospital</b></li> </ul> <p>When a local road ambulance is:</p> <ul style="list-style-type: none"> <li><input type="radio"/> <b>medically necessary</b>, and</li> <li><input type="radio"/> related to <b>treatment</b> that is covered that <b>you</b> need to receive in <b>hospital</b></li> </ul>
Travel cost for an accompanying person	Paid in full	Paid in full	Paid in full	<p>Reasonable travel costs for a close relative (spouse/partner, parent, child, brother or sister) to accompany <b>you</b> if there is a reasonable need for <b>you</b> to be accompanied. By 'reasonable need' <b>we</b> mean that <b>you</b> need someone to accompany <b>you</b> for one of the following reasons:</p> <ul style="list-style-type: none"> <li><input type="radio"/> <b>you</b> need assistance to board or disembark from transport</li> <li><input type="radio"/> <b>you</b> need to be transferred over a long distance (over at least 1000 miles or 1600 KM)</li> <li><input type="radio"/> there is no medical escort</li> <li><input type="radio"/> in the case of <b>serious acute illness</b></li> </ul> <p>The accompanying person may travel in a different class from <b>you</b>, depending on medical requirements.</p> <p>Reasonable travel costs for the return journey to the place <b>you</b> were transferred from when:</p> <ul style="list-style-type: none"> <li><input type="radio"/> this is pre-authorised by <b>Bupa Global</b>, and</li> <li><input type="radio"/> the return journey is within 14 days of the end of the <b>treatment</b></li> </ul> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"> <li><input type="radio"/> the reasonable cost of the return journey by land or sea, or</li> <li><input type="radio"/> the cost of an economy air ticket</li> </ul> <p>whichever is the lesser amount.</p> <p><b>We</b> do not pay for someone to travel with <b>you</b> when the evacuation is for <b>you</b> to receive <b>out-patient treatment</b> such as advanced imaging or cancer <b>treatment</b> such as radiotherapy or chemotherapy.</p>

## Assistance cover (continued)

Benefits	Select	Premier	Elite	Explanation of benefits
Travel cost for the transfer of children	Paid in full	Paid in full	Paid in full	Reasonable travel costs for children to be transferred with <b>you</b> in the event of an evacuation or repatriation, provided they are under the age of 18 when: <ul style="list-style-type: none"> <li>○ it is <b>medically necessary</b> for <b>you</b> as their parent or guardian to be evacuated or repatriated</li> <li>○ <b>your</b> spouse, partner, or other joint guardian is accompanying <b>you</b>, and</li> <li>○ they would otherwise be left without a parent or guardian</li> </ul>
Compassionate visit transport costs and compassionate visit living allowance	Not covered	Visit and return:  <b>We</b> pay up to 5 trips maximum benefit for the whole of <b>your</b> lifetime, up to  EUR 1,300,  GBP 1,000 or  USD 1,600  each trip  Visit living allowance:  <b>We</b> pay up to  EUR 130,  GBP 100 or  USD 160  each day for a maximum of 10 days each trip	Visit and return:  <b>We</b> pay up to 5 trips maximum benefit for the whole of <b>your</b> lifetime, up to  EUR 1,950,  GBP 1,500 or  USD 2,350  each trip  Visit living allowance:  <b>We</b> pay up to  EUR 130,  GBP 100 or  USD 160  each day for a maximum of 10 days each trip	The cost of economy class travel costs for a close relative (spouse/partner, parent, child, brother or sister) who is in another country to visit when <b>you</b> have a sudden accident or illness and are going to be hospitalised for at least five days or <b>you</b> have received a short-term terminal prognosis. This includes economy class costs of <b>your</b> relative's return journey to their home country. This benefit is only paid when pre-authorised by <b>Bupa Global</b> .  For Business Elite <b>members</b> , costs towards living expenses for <b>your</b> relative: <ul style="list-style-type: none"> <li>○ following a covered compassionate visit only, and</li> <li>○ for up to 10 days while away from their usual specified <b>country of residence</b></li> </ul> This benefit is not paid when either an evacuation or repatriation has taken place. In the event of an evacuation or repatriation taking place during a compassionate visit, no other benefits as described in notes 'Travel cost for an accompanying person', 'Travel cost for the transfer of children' or 'Living allowance' will be payable.
Living allowance	Not covered	Not covered	<b>We</b> pay up to  EUR 30,  GBP 25 or  USD 40  per day for up to 10 days per <b>membership year</b>	Costs towards living expenses for a relative (spouse/partner, parent, child, brother or sister) who is authorised to travel with <b>you</b> : <ul style="list-style-type: none"> <li>○ following an evacuation, and</li> <li>○ for up to 10 days, or <b>your</b> date of discharge whichever is the earlier, while away from their usual specified <b>country of residence</b></li> </ul> <b>We</b> do not pay for someone to travel with <b>you</b> when evacuation is for <b>out-patient treatment</b> only such as advanced imaging or cancer <b>treatment</b> such as radiotherapy or chemotherapy.
Repatriation of mortal remains	Paid in full	Paid in full	Paid in full	Reasonable costs for the transportation of <b>your</b> body or cremated mortal remains to <b>your</b> specified <b>country of nationality</b> or to <b>your</b> specified <b>country of residence</b> : <ul style="list-style-type: none"> <li>○ in the event of <b>your</b> death while <b>you</b> are away from home, and</li> <li>○ depending on airline requirements and restrictions</li> </ul> <b>We</b> will only pay statutory arrangements, such as cremation and an urn or embalming and a zinc coffin, if this is needed by the airline authorities to carry out the transportation.  <b>We</b> do not pay for any other costs related to the burial or cremation, the cost of burial caskets or the transport costs for someone to collect or accompany <b>your</b> mortal remains.

## Dental / Optical treatment\*

\* The dental and optical benefits can only be purchased together as a single module.

Benefits	Select	Premier	Elite	Explanation of benefits
Dental <b>deductible</b>	EUR 200, GBP 150 or USD 230	EUR 200, GBP 150 or USD 230	EUR 200, GBP 150 or USD 230	The dental <b>deductible</b> will apply to all dental <b>treatment</b> in this module.
Dental	Optional cover, if purchased. <b>We</b> pay up to  EUR 1,050, GBP 800 or USD 1,250  each <b>membership year</b>	Optional cover, if purchased. <b>We</b> pay up to  EUR 2,600, GBP 2,000 or USD 3,100  each <b>membership year</b>	Optional cover, if purchased. <b>We</b> pay up to  EUR 3,900, GBP 3,000 or USD 4,650  each <b>membership year</b>	<b>We</b> pay:  <ul style="list-style-type: none"> <li>○ Preventive <b>treatment</b> (such as check-ups, X-rays, scale and polishing)</li> <li>○ Routine <b>treatment</b> (such as fillings, extractions and root canal therapy)</li> <li>○ Major restorative (such as crowns, bridges or implants)</li> <li>○ Orthodontic <b>treatment</b> of overbite or under bite up to the age of 19.</li> </ul> <p>Note: <b>Treatment</b> must be provided by a <b>dental practitioner</b>.</p>
Optical <b>deductible</b>	EUR 65, GBP 50 or USD 80	EUR 65, GBP 50 or USD 80	EUR 65, GBP 50 or USD 80	The optical <b>deductible</b> will apply to all optical <b>treatment</b> in this module.
Optical	Optional cover, if purchased.  <b>We</b> pay up to  EUR 325, GBP 250 or USD 390  maximum benefit each <b>membership year</b>	Optional cover, if purchased.  <b>We</b> pay up to  EUR 325, GBP 250 or USD 390  maximum benefit each <b>membership year</b>	Optional cover, if purchased.  <b>We</b> pay up to  EUR 500, GBP 385 or USD 600  maximum benefit each <b>membership year</b>	<b>We</b> pay:  <ul style="list-style-type: none"> <li>○ Maximum of one eye test each <b>membership year</b>, which includes the cost of <b>your</b> consultation and sight/vision testing</li> <li>○ Costs for spectacle and contact lenses which are prescribed to correct a sight/vision problem, such as short or long sight</li> <li>○ Costs of spectacle frames only if <b>you</b> have been prescribed spectacle lenses, <b>your</b> spectacle lens prescription or invoice will be needed to support <b>your</b> claim for spectacle frames</li> </ul>

## U.S. cover

Benefits	Select	Premier	Elite	Explanation of benefits
U.S. cover	<p>Optional cover, if purchased</p> <p>100 percent of covered costs in <b>network</b>.</p> <p><b>Reasonable and Customary</b> costs out of <b>network</b>.</p> <p><b>Treatment</b> must be pre-authorized.</p>	<p>Optional cover, if purchased</p> <p>100 percent of covered costs in <b>network</b>.</p> <p><b>Reasonable and Customary</b> costs out of <b>network</b>.</p> <p><b>Treatment</b> must be pre-authorized.</p>	<p>Optional cover, if purchased</p> <p>100 percent of covered costs in <b>network</b>.</p> <p><b>Reasonable and Customary</b> costs out of <b>network</b>.</p> <p><b>Treatment</b> must be pre-authorized.</p>	<p><b>Pre-authorization and the U.S. provider network</b></p> <p>If <b>you</b> have U.S. cover, then before any <b>in-patient treatment</b> or <b>day-case treatment</b> in the U.S., <b>you</b> must contact <b>our</b> dedicated team for pre-authorization.</p> <p>Please contact them by calling 844 369 3797 (from inside the U.S.), or +1 844 369 3797 (from outside the U.S.).</p> <p><b>In-patient treatment</b> or <b>day-case treatment</b> received in the U.S. without pre-authorization may not be covered. Any pre-authorized <b>treatment</b> costs are covered according to this 'Table of Benefits'.</p> <p><b>Our U.S. Service Partner</b> uses a national <b>network</b> of <b>hospitals</b>, clinics and <b>medical practitioners</b>. This is the U.S. provider <b>network</b>. <b>Our</b> dedicated team can help <b>you</b> to find a <b>hospital</b> or clinic in the U.S. provider <b>network</b>, when <b>you</b> contact them for pre-authorization. When covered <b>treatment</b> takes place in the U.S. using the U.S. provider <b>network</b>, benefit is paid at 100 percent, once any co-insurance or <b>deductible</b> amount which may apply, and which <b>you</b> are responsible to pay, has been taken from the claimed amount.</p> <p>When covered <b>treatment</b> takes place in the U.S. but outside the U.S. provider <b>network</b>, benefit is paid at <b>Reasonable and Customary</b> costs. Please see the '<b>Treatment</b> in the U.S.' section of this membership guide.</p> <p>If <b>you</b> have U.S. cover, then any <b>treatment</b> or services received in the U.S. are not covered:</p> <ul style="list-style-type: none"> <li>○ when arrangements were not pre-authorized by <b>our</b> intermediaries in the U.S. where needed (see '<b>Treatment</b> in the U.S.' section of this membership guide); or</li> <li>○ when <b>we</b> know or have reasonable grounds to conclude, that <b>you</b> purchased cover for and travelled to the U.S. for the purpose of receiving <b>treatment</b> or services for a condition, including pregnancy, when the symptoms of the condition were apparent to <b>you</b> before buying the cover. This applies whether or not <b>your treatment</b> or services were the main or sole purpose of <b>your</b> visit and even if the <b>treatment</b> or services were pre-authorized.</li> </ul> <p><b>Emergency admissions</b></p> <p>If <b>you</b> are admitted for <b>emergency treatment</b> <b>you</b> must contact <b>our</b> dedicated team within 48 hours of admission, or as soon as reasonably possible.</p> <p>If <b>your</b> admission for <b>emergency treatment</b> is to a non-<b>network hospital</b>, <b>our</b> dedicated team may arrange to transfer <b>you</b> to a <b>network hospital</b> as soon as it is medically appropriate to do so.</p> <p>If the transfer to a <b>network hospital</b> is carried out, benefit for all covered <b>treatment</b> received at both facilities will be payable at 100 percent.</p> <p>If <b>you</b> choose to stay in a non-<b>network hospital</b> after the date <b>our</b> dedicated team decides a transfer is medically appropriate, benefit for all covered <b>treatment</b> received both before and after that date will be payable at <b>Reasonable and Customary</b> costs.</p>



# What is not covered

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

## Personal exclusions

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

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

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

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

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

**You** may have told **us** about a **pre-existing condition**. If **we** have not added any personal terms for it, **we** will cover it. If **you** are not sure about anything in this section, please contact **us** for before **you** have any **treatment**.

## General exclusions

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

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

Exclusion	Notes	Rules
Administration / registration fees		Administration and/or registration fees (unless <b>we</b> , at <b>our</b> reasonable discretion, believe that such fees are proper and usual, accepted practice in the relevant country).
Advance payments / deposits		Advance payments and/or deposits towards the costs of any <b>covered benefits</b> .
Antenatal classes		<b>We</b> will not pay for antenatal classes from <b>your</b> maternity benefits or any other benefits.
<b>Artificial life maintenance</b>		<b>We</b> will not pay for <b>artificial life maintenance</b> for more than 90 days – including mechanical ventilation, where such <b>treatment</b> will not or is not expected to result in <b>your</b> recovery or restore <b>you</b> to <b>your</b> previous state of health. Example: <b>We</b> will not pay for <b>artificial life maintenance</b> when <b>you</b> are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 days.
Birth control		Contraception, sterilisation, vasectomy, termination of pregnancy (unless there is a threat to the mother's health), family planning, such as meeting <b>your doctor</b> to discuss becoming pregnant or contraception.
Chinese medicine		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.

Exclusion	Notes	Rules
Conflict and disaster		<p><b>We</b> shall not be liable for any claims which concern, are due to or are incurred as a result of <b>treatment</b> for sickness or injuries directly or indirectly caused by <b>you</b> putting yourself in danger by entering a known area of conflict (as listed below) and/or if <b>you</b> were an active participant or <b>you</b> have displayed a blatant disregard for <b>your</b> personal safety in a known area of conflict:</p> <ul style="list-style-type: none"> <li>○ nuclear or chemical contamination</li> <li>○ war, invasion, acts of a foreign enemy</li> <li>○ civil war, rebellion, revolution, insurrection</li> <li>○ terrorist acts</li> <li>○ military or usurped power</li> <li>○ martial law</li> <li>○ civil commotion, riots, or the acts of any lawfully constituted authority</li> <li>○ hostilities, army, naval or air services operations whether war has been declared or not</li> </ul>
Convalescence, nursing home and admission for general care, or staying in <b>hospital</b> or other establishment		Convalescence, pain management, supervision, general nursing care, therapist or complementary therapist services, domestic/ living assistance such as bathing and dressing, and <b>treatment</b> that could take place as a day-patient or <b>out-patient</b> , receiving services which would not normally require trained medical professionals.
Cosmetic <b>treatment</b>		<p>Non-medically essential surgery and <b>treatment</b> to alter <b>your</b> appearance including abdominoplasty or <b>treatment</b> related to arising from the removal or addition of non-diseased or surplus or fat tissue is not covered.</p> <p><b>We</b> do not pay for <b>treatment</b> of keloid scars. <b>We</b> also do not pay for scar revision, even if the scar is causing a functional problem.</p>
Deafness		<b>Treatment</b> for or arising from deafness or partial hearing loss caused by a congenital abnormality or ageing.
Dental <b>treatment</b> /gum disease	This exclusion is not applicable if <b>your sponsor</b> has purchased the optional Dental / Optical module. Please see dental <b>treatment</b> and accident-related dental in the 'Table of Benefits'.	<p>This includes surgical operations for the <b>treatment</b> of bone disease when related to gum disease or damage.</p> <p>Examples: <b>we</b> do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth.</p>
Desensitisation and neutralisation		<b>Treatment</b> to de-sensitise or neutralise any allergic condition or disorder.
Developmental problems		<p><b>Treatment</b> for, or related to developmental problems, including:</p> <ul style="list-style-type: none"> <li>○ learning difficulties, such as dyslexia</li> <li>○ developmental problems treated in an educational environment or to support educational development</li> </ul>
Donor organs		<p><b>Treatment</b> costs for, or as a result of the following:</p> <ul style="list-style-type: none"> <li>○ transplants involving mechanical or animal organs</li> <li>○ the removal of a donor organ from a donor</li> <li>○ the removal of an organ from <b>you</b> for purposes of transplantation into another person</li> <li>○ the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible diseases or illness</li> <li>○ the purchase of a donor organ</li> </ul>

Exclusion	Notes	Rules
Experimental or unproven <b>treatment</b>		<p>Clinical tests, <b>treatments</b>, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy.</p> <ul style="list-style-type: none"> <li>○ <b>We</b> do not pay for any test, <b>treatment</b>, equipment, medicine, device or procedure that is not accepted standard clinical use but is (or should, in Bupa's reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy.</li> <li>○ <b>We</b> do not pay for any tests, <b>treatment</b>, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by <b>Bupa Global</b> in line with its criteria for standard clinical use.</li> </ul> <p>Standard clinical use includes:</p> <ul style="list-style-type: none"> <li>○ <b>treatment</b> agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved through the <b>UK</b> Cancer Drugs Fund), Royal Colleges or equivalent national <b>specialist</b> bodies in the country of <b>treatment</b>;</li> <li>○ the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or Bupa's in-house Clinical Effectiveness team) indicate that the <b>treatment</b> is safe and effective;</li> <li>○ where the <b>treatment</b> has received full regulatory approval by the licensing authority (e.g. <b>US</b> Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency) in the location where the <b>member</b> has requested <b>treatment</b>, 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</li> <li>○ tests, <b>treatments</b>, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which <b>treatment</b> is requested.</li> </ul> <p>Notes:</p> <ul style="list-style-type: none"> <li>○ Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not accepted appropriate evidence to demonstrate a test, <b>treatment</b>, equipment, medicine, device or procedure should be used in standard clinical use.</li> <li>○ Where licensing authority approval to market tests, <b>treatment</b>, equipment, medicines, devices or procedures does not, in Bupa's reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.</li> </ul>
Eyesight		<p><b>Treatment</b>, equipment or surgery to correct eyesight, such as laser <b>treatment</b>, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Examples: <b>We</b> will pay for covered <b>treatment</b> or surgery of a detached retina, glaucoma, cataracts or keratoconus.</p> <p><b>We</b> will not pay for routine eye examinations, contact lenses or spectacles unless the Dental / Optical option has been purchased, as detailed in the 'Table of Benefits'.</p>
Footcare		<p><b>Treatment</b> for corns, calluses, or thickened or misshapen nails.</p>
Genetic testing		<p>Genetic tests, when such tests are solely performed to determine whether or not <b>you</b> may be genetically likely to develop a medical condition.</p> <p>Example: <b>we</b> do not pay for tests used to determine whether <b>you</b> may develop Alzheimer's disease, when that disease is not present.</p>
Harmful or hazardous use of alcohol, drugs and/or medicines		<p><b>Treatment</b> for or arising:</p> <ul style="list-style-type: none"> <li>○ directly or indirectly, from the deliberate, reckless (including where <b>you</b> have displayed a blatant disregard for <b>your</b> 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</li> <li>○ in any event, from the illegal use of any such substance</li> </ul>

Exclusion	Notes	Rules
Health hydros, nature cure clinics or any establishment that is not a <b>hospital</b> .		<b>Treatment</b> or services received in health hydros, nature cure clinics or any establishment that is not a <b>hospital</b> .
Illegal activity		<b>We</b> will not pay for <b>treatment</b> which arises, directly or indirectly, as result of <b>your</b> deliberate or reckless participation (whether actual or attempted) in any illegal act, including road traffic offenses.
Mechanical or animal donor organs		Mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function while awaiting transplant, purchase of a donor organ from any source or harvesting or storage of stem cells when a preventive measure against possible future disease.
Obesity and weight management	<b>We</b> may cover costs associated with obesity surgery as detailed in the 'Table of Benefits'.	<b>Treatment</b> for or as a result of obesity and weight management such as: <ul style="list-style-type: none"> <li>○ slimming aids or drugs, or</li> <li>○ slimming classes</li> </ul>
<b>Persistent vegetative state</b> (PVS) and neurological damage		<b>We</b> will not pay for <b>treatment</b> while staying in <b>hospital</b> for more than 90 continuous days for permanent neurological damage or if <b>you</b> are in a <b>persistent vegetative state</b> .
Physical aids and devices	Please see optical <b>treatment</b> in the 'Table of Benefits'.	Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an appliance.  Examples: <b>we</b> will not pay for hearing aids, crutches or walking sticks.
<b>Pre-existing conditions</b>	Please note: this exclusion does not apply if <b>your sponsor</b> has purchased cover with medical history disregarded. If <b>you</b> are unsure whether <b>you</b> have this cover, please contact the customer services helpline.	Any <b>treatment</b> for a <b>pre-existing condition</b> , related symptoms, or any condition that results from or is related to a <b>pre-existing condition</b> .  Note: please contact <b>us</b> before <b>your renewal date</b> if <b>you</b> or <b>your dependants</b> have personal exclusion(s) and would like <b>us</b> to review a personal exclusion. <b>We</b> may remove <b>your</b> exclusion if, in <b>our</b> opinion, no more <b>treatment</b> will be either directly or indirectly needed for the condition, or for any related condition. There are some personal exclusions that, due to their nature, <b>we</b> will not review.  To carry out a review, <b>we</b> may ask for an up to date medical report from <b>your</b> family <b>doctor</b> or <b>specialist</b> . Any costs incurred in obtaining these details are not covered under <b>your</b> plan and are <b>your</b> responsibility.
Reconstructive or remedial surgery		<b>Treatment</b> needed to restore <b>your</b> appearance after an illness, injury or previous surgery, unless: <ul style="list-style-type: none"> <li>○ the <b>treatment</b> is a <b>surgical operation</b> to restore <b>your</b> appearance after an accident, or as the result of surgery for cancer, if either of these takes place during <b>your</b> current continuous membership of the plan</li> <li>○ the <b>treatment</b> is carried out as part of the original <b>treatment</b> for the accident or cancer</li> <li>○ <b>you</b> have obtained <b>our</b> written consent before the <b>treatment</b> takes place</li> </ul>
Sleep disorders		<b>Treatment</b> , including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.
Speech disorders		<b>Treatment</b> for speech disorders, including stammering or speech developmental delays, unless all of the following apply: <ul style="list-style-type: none"> <li>○ the <b>treatment</b> is short term therapy which is <b>medically necessary</b> as part of <b>active treatment</b> for an acute condition such as a stroke,</li> <li>○ the speech therapy takes place during and/or immediately following the <b>treatment</b> for the acute condition, and</li> <li>○ the speech therapy is recommended by the <b>specialist</b> in charge of <b>your treatment</b>, and is provided by a therapist</li> </ul> in which case <b>we</b> may pay at <b>our</b> discretion.
Stem cells		Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.  Note: <b>we</b> pay for bone marrow transplants and peripheral stem cell transplants when carried out as part of the <b>treatment</b> for cancer. This is covered under the cancer <b>treatment</b> benefit.

Exclusion	Notes	Rules
Surrogacy	Please also see maternity and childbirth cover in the 'Table of Benefits'.	<b>Treatment</b> directly related to surrogacy. This applies to <b>you</b> if <b>you</b> act as a surrogate, or to anyone else acting as a surrogate for <b>you</b> .
Temporomandibular joint (TMJ) disorders		Disorders of the Temporomandibular joint (TMJ) and related complications.
Travel costs for <b>treatment</b>		<p>Any travel costs related to receiving <b>treatment</b>, unless otherwise covered by:</p> <ul style="list-style-type: none"> <li>○ local air ambulance benefit</li> <li>○ local road ambulance benefit</li> <li>○ medical evacuation</li> <li>○ medical repatriation</li> <li>○ non-medical evacuation</li> <li>○ travel cost for an accompanying person</li> <li>○ travel cost for the transfer of children, or</li> <li>○ compassionate visit transport costs and compassionate visit living allowance</li> </ul> <p>Examples:</p> <ul style="list-style-type: none"> <li>○ <b>we</b> do not pay for taxis or other travel expenses for <b>you</b> to visit a <b>medical practitioner</b></li> <li>○ <b>we</b> do not pay for travel time or the cost of any transport expenses charged by a <b>medical practitioner</b> to visit <b>you</b></li> </ul>
<b>Treatment</b> for or related to gender dysphoria		<p><b>We</b> do not pay for:</p> <ul style="list-style-type: none"> <li>○ any surgical <b>treatment</b> (including cosmetic <b>treatment</b>) for or related to gender dysphoria unless: <ul style="list-style-type: none"> <li>○ <b>you</b> have lived continuously for at least 12 months in the gender role that is congruent with <b>your</b> gender identity; and</li> <li>○ <b>we</b> have received referral letters from two independent <b>psychologists</b> and/or psychiatrists detailing <b>your</b> personal and <b>treatment</b> history, progress and eligibility and confirming that such <b>treatment</b> is <b>medically necessary</b> for treating gender dysphoria; and, in any event</li> </ul> </li> <li>○ any <b>treatment</b> (surgical or non-surgical) for or related to gender dysphoria where such <b>treatment</b> is unlawful and/or gender dysphoria is not a clinically recognised condition in the country of <b>treatment</b>.</li> </ul>
<b>Unrecognised medical practitioner, hospital</b> or healthcare facility		<ul style="list-style-type: none"> <li>○ <b>Treatment</b> provided by a <b>medical practitioner, hospital</b> or healthcare facility which are not recognised by the relevant authorities in the country where the <b>treatment</b> takes place as having <b>specialist</b> knowledge, or expertise in, the <b>treatment</b> of the disease, illness or injury being treated.</li> <li>○ Self <b>treatment</b> or <b>treatment</b> provided by anyone with the same residence, <b>Family Members</b> (persons of a family, related to <b>you</b> by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request.</li> <li>○ <b>Treatment</b> provided by a <b>medical practitioner, hospital</b> or healthcare facility which are to whom <b>we</b> have sent a written notice that <b>we</b> no longer recognise them for the purposes of <b>our</b> health plans. <b>You</b> can contact <b>us</b> by telephone for details of <b>benefit providers we</b> have sent written notice to or visit Facilities Finder at <a href="http://bupaglobal.com/en/facilities/finder">bupaglobal.com/en/facilities/finder</a></li> </ul>

Exclusion	Notes	Rules
<p><b>Treatment</b> outside <b>your</b> geographical area of cover</p>		<p>If <b>you</b> have cover for <b>Europe</b>, then <b>we</b> will not pay for <b>treatment</b> or services received outside of <b>Europe</b>.</p> <p>If <b>you</b> have cover for <u>Worldwide, excluding the U.S.</u>, then any <b>treatment</b> or services, received in the U.S. are not covered when:</p> <ul style="list-style-type: none"> <li>○ this takes place after the 28th day of <b>your</b> visit to the U.S.; or</li> <li>○ this relates to any condition where symptoms of the condition were apparent to <b>you</b> before <b>your</b> visit to the U.S.; or</li> <li>○ <b>we</b> know or have reasonable grounds to conclude that <b>you</b> travelled to the U.S. for the purpose of receiving <b>treatment</b> or services - this applies whether or not <b>your treatment</b> or services were the main or sole purpose of <b>your</b> visit; or</li> <li>○ these relate to the delivery of a baby, other than in the case of unexpected premature delivery; or</li> <li>○ these relate to a newborn baby born in the U.S., other than in the case of an unexpected premature delivery. (In the case of unexpected premature delivery the newborn must have been validly added to the membership) or</li> <li>○ when arrangements for <b>treatment</b> or services were not pre-authorised by <b>our</b> agents in the U.S.</li> </ul> <p>Note: in order to claim for unexpected <b>treatment</b> or services received within 28 days of <b>your</b> arrival in the U.S., <b>you</b> must send a photocopy of <b>your</b> airline ticket and stamped passport as evidence of <b>your</b> arrival date with <b>your</b> claim. Please see terms around adding newborn babies in the 'Adding <b>your</b> newborn baby' in 'The lifecycle of <b>your</b> plan' section of this membership guide.</p> <p><b>Our Service Partner</b>  <b>Our Service Partner</b> in the U.S. operates a national <b>network</b> of <b>hospitals</b>, clinics and <b>medical practitioners</b>. This is the U.S. provider <b>network</b>. <b>You</b> must contact <b>our</b> dedicated team before <b>you</b> have <b>treatment</b>, and they can help to find a suitable <b>network</b> provider for <b>you</b>. If <b>you</b> choose not to have <b>your in-patient treatment</b> or <b>day-case treatment</b>, cancer <b>treatment</b>, MRI, CT and PET scans in the U.S. pre-authorised, <b>we</b> will only pay 50 percent towards the cost of covered <b>treatment</b>.</p> <p>For covered <b>treatment</b> that takes place in the U.S. using the U.S. provider <b>network</b>, benefit is paid at 100 percent once any coinsurance or <b>deductible</b> amount which may apply, and which <b>you</b> are responsible to pay, has been taken from the claimed amount.</p> <p>When covered <b>treatment</b> takes place in the U.S. but outside the provider <b>network</b>, benefit is paid at <b>reasonable and customary</b> costs. Please see the '<b>Treatment</b> in the U.S.' section of this membership guide.</p>

# General information

## Giving us true and complete information

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

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

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

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

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

## Sanctions

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

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

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

## Sharing documents

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

## Financial crime

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

## U.S. Patient Protection and Affordable Care Act

**Our** global health plans are non-U.S. insurance products and accordingly are not designed to meet the requirements of the U.S. Patient Protection and Affordable Care Act (the Affordable Care Act). **Our** plans may not qualify as minimum essential coverage or meet the requirements of the individual mandate for the purposes of the Affordable Care Act, and **we** are unable to provide tax reporting on behalf of those U.S. taxpayers and other persons who may be named on it. The provisions of the Affordable Care Act are complex and whether or

not **you** or **your dependants** are affected by its requirements will depend on a number of factors. **You** should consult an independent professional financial or tax advisor for advice. For customers whose coverage is provided under a group **health plan**, **you** should speak to **your health plan administrator** for more information.

## The law which applies to this plan

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

If there is a dispute about how to interpret this guide, the English version will take precedence over any other language version.

## Liability

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

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

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

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

## Contributing individuals

This section applies only to people who pay towards the premium (for example, through payroll deduction).

The **sponsor** must pay to **us** premiums and any other payment due for every person covered under the **agreement**. If **you** pay towards the premium for yourself (or anyone else), this does not make **you** a party to the **agreement**.

**We** consider that **we** have received payments by **you** towards the premium as soon as the **sponsor** receives them from **you**.

**We** will give **you** the terms and conditions for **your** cover as soon as **we** reasonably can. The **sponsor** will tell **you** how much **you** will need to pay towards the premium for the next **membership year**.

If **you** do not want to renew **your** cover or the cover for any of **your dependants**, **you** can let **your sponsor** know at any time in advance of the **renewal date**. If **your** cover does not renew, **your dependants** will no longer have cover either.

## Demands and needs statement

The cover provided by **your** group plan is generally suitable for someone who is looking to cover the cost of a range of health expenses. **We** have not given **you** any advice about **your** cover and how it meets **your** needs. Please read **your** insurance certificate and this guide to make sure that the cover meets **your** needs.

# Privacy notice

**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](http://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](mailto:info@bupaglobal.com) or



**Last updated:** September 2023

Information about **Bupa Global**

1. What this privacy notice covers
2. How **we** collect personal information
3. Categories of personal information
4. What **we** use personal information for and **our** legal reasons for doing so
5. Profiling and automated decision making
6. Sharing **your** information
7. International transfers
8. How long **we** keep **your** personal information
9. **Your** rights
10. Data protection contacts

## 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-notice](http://www.bupaglobal.com/legal-notice)

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](mailto: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](http://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

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

Defined term	Description
<b>Active treatment</b>	<b>Treatment</b> from a <b>medical practitioner</b> of a disease, illness or injury. This must aim to lead to <b>your</b> recovery, conservation of <b>your</b> condition or to restore <b>you</b> to <b>your</b> previous state of health as quickly as possible.
<b>Advanced therapy medicinal products (ATMPs)</b>	<b>Treatments</b> that are based on genes, tissues or cells. An example is Chimeric Antigen Receptor (CAR) T-cell <b>treatment</b> .
<b>Agreement</b>	The <b>agreement</b> between <b>Bupa Global</b> and the <b>sponsor</b> under which <b>we</b> have accepted <b>you</b> into membership of the plan.
<b>Artificial life maintenance</b>	Any medical procedure, technique, medication or intervention delivered to a patient in order to prolong life.
<b>Assisted reproduction technologies</b>	Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction.
<b>Benefit provider</b>	The <b>recognised medical practitioner, hospital</b> or clinic, or any other service provider, which provides <b>you</b> with any <b>covered benefits</b> .
<b>Birth centre</b>	A place designed for <b>you</b> to give birth in. Its aim is to feel like home. It is often a part of a <b>hospital</b> .
<b>Blue Cross Blue Shield Association / Blue Cross Blue Shield Global</b>	The Blue Cross and Blue Shield Association is an association of independent, community-based and locally-operated Blue Cross and Blue Shield companies. <b>Blue Cross Blue Shield Global</b> is a brand owned by <b>Blue Cross Blue Shield Association</b> .
<b>Bupa Global</b>	<b>Bupa Global</b> Designated Activity Company or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.

Defined term	Description
<b>Bupa Group</b>	<b>Bupa Global</b> , Bupa Insurance Services Limited and all other companies in the <b>Bupa Group</b> , and those companies which provide any administration of this plan on behalf of <b>Bupa Global</b> .
<b>Complementary medicine practitioner</b>	An acupuncturist, chiropractor, homeopath, osteopath or traditional Chinese medicine practitioner who is fully trained and legally qualified and permitted to practise by the relevant authorities in the country in which the <b>treatment</b> is received.
<b>Country of nationality</b>	The country of <b>your</b> nationality. <b>You</b> told <b>us</b> this when <b>you</b> applied to join the plan, or later told <b>us</b> in writing.
<b>Country of residence</b>	The country where <b>you</b> live. <b>You</b> told <b>us</b> about this when <b>you</b> applied to join the plan or later told <b>us</b> in writing. It is shown on <b>your</b> insurance certificate. The country where <b>you</b> live must be the country in which the relevant authorities (such as tax authorities) consider <b>you</b> to be resident while <b>you</b> have cover under the plan.
<b>Covered benefits</b>	The <b>treatment</b> and benefits shown as covered in this membership guide for <b>your</b> level of cover.
<b>Day-case treatment</b>	<b>Treatment</b> which for medical reasons requires <b>you</b> to stay in a bed in <b>hospital</b> during the day only. <b>We</b> do not require <b>you</b> to occupy a bed for <b>day-case mental health treatment</b> .
<b>Deductible</b>	The amount <b>you</b> have to pay in each <b>membership year</b> before <b>we</b> will pay for any <b>covered benefits</b> .
<b>Dental practitioner</b>	A person who: <ul style="list-style-type: none"> <li>○ is legally qualified to practice dentistry,</li> <li>○ following attendance at a recognised dental school is recognised by the relevant authorities in the country in which the <b>treatment</b> takes place as having a specialised qualification. Examples may include periodontics or paediatric dentistry, and</li> <li>○ is licensed to practice dentistry by the relevant authorities in the country where the dental <b>treatment</b> takes place.</li> </ul>

Defined term	Description
<b>Dependant</b>	The <b>main member's</b> spouse or partner. <p>Any children whose biological parent or legal guardian is the <b>main member</b>, and who are eligible to join the plan. This includes newborn children.</p> <p>Only <b>dependants</b> named on the insurance certificate are covered by the plan.</p>
<b>Diagnostic tests</b>	Investigations, such as X-rays or blood tests, to find the cause of <b>your</b> symptoms.
<b>Doctor</b>	A person who: <ul style="list-style-type: none"> <li>○ is legally qualified in medical practice following attendance at a recognised medical school to provide medical <b>treatment</b></li> <li>○ does not need a <b>specialist's</b> training, and</li> <li>○ is licensed to practise medicine in the country where the <b>treatment</b> is received.</li> </ul> <p>By recognised medical school <b>we</b> mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.</p>
<b>Emergency</b>	A serious medical condition or symptoms of one. It must result from a disease, illness or injury which arises suddenly. In the judgment of a reasonable person it must need immediate <b>treatment</b> , generally within 24 hours of starting, and not having that <b>treatment</b> would put <b>your</b> health at risk.
<b>Europe</b>	All EU countries, plus Andorra, Channel Islands, Iceland, Isle of Man, Liechtenstein, Monaco, Norway, San Marino, Switzerland, Turkey, the <b>United Kingdom</b> and Vatican City.
<b>Family member</b>	Someone related to <b>you</b> by blood or by law (or otherwise). <b>We</b> can send <b>you</b> a full list of the family members falling within this definition if <b>you</b> ask <b>us</b> .

Defined term	Description
<b>Health plan</b>	This plan at the level of cover the <b>sponsor</b> chose for <b>you</b> . This is shown on <b>your</b> insurance certificate.
<b>Hospital</b>	A centre of <b>treatment</b> which is registered, or recognised under the local country's laws. It mainly exists to: <ul style="list-style-type: none"> <li>○ carry out major surgical operations, or</li> <li>○ give <b>treatment</b> which only <b>specialists</b> can give.</li> </ul>
<b>In-patient treatment</b>	<b>Treatment</b> which for medical reasons normally means that <b>you</b> have to stay in a <b>hospital</b> bed overnight or longer.
<b>Intensive care</b>	Intensive care includes: <ul style="list-style-type: none"> <li>○ High Dependency Unit (HDU). A unit that gives a higher level of medical care and monitoring. For instance <b>you</b> might need this in single organ system failure</li> <li>○ Intensive Therapy Unit / Intensive Care Unit (ITU/ ICU). A unit that gives the highest level of care. For instance <b>you</b> might need this in multi-organ failure or in case of intubated mechanical ventilation</li> <li>○ Coronary Care Unit (CCU). A unit that gives a high level of cardiac monitoring</li> <li>○ Special care baby unit. A unit that gives the highest level of care for babies.</li> </ul>
<b>Main member</b>	The first person named on the insurance certificate.
<b>Medical practitioner</b>	A <b>specialist, doctor, psychologist, psychotherapist, physiotherapist, osteopath, chiropractor, dietitian, speech therapist, complementary medicine practitioner</b> or therapist who provides <b>active treatment</b> of a known condition.

Defined term	Description
<b>Medically necessary</b>	<p><b>Treatment</b>, medical service or prescribed drugs which are:</p> <ul style="list-style-type: none"> <li>○ consistent with the diagnosis and <b>treatment</b> for the condition;</li> <li>○ consistent with generally accepted standards of medical practice;</li> <li>○ necessary for such a diagnosis or <b>treatment</b>;</li> <li>○ is not given mainly for the convenience of the <b>member</b> or the treating <b>medical practitioner</b>.</li> </ul>
<b>Member</b>	This means each individual covered under the <b>health plan</b> .
<b>Membership year</b>	The time during which <b>your</b> cover is in place. This is shown on <b>your</b> insurance certificate. If this plan renews, a new <b>membership year</b> will begin on the <b>renewal date</b> .
<b>Mental health treatment</b>	<b>Treatment</b> of mental health conditions. This can include eating disorders.
<b>Network</b>	A <b>hospital</b> , <b>pharmacy</b> , or other facility, or <b>medical practitioner</b> which will treat <b>you</b> at rates agreed with <b>Bupa Global</b> or a <b>service partner</b> .
<b>Nurse</b>	A qualified nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the <b>treatment</b> takes place.
<b>Out-patient treatment</b>	<b>Treatment</b> given at a <b>hospital</b> , consulting room, <b>doctors' office</b> or <b>out-patient</b> clinic where <b>you</b> do not go in for <b>in-patient treatment</b> or <b>day-case treatment</b> .
<b>Ovulation induction treatment</b>	<b>Treatment</b> including medication to stimulate production of follicles in the ovary. This includes but is not limited to clomiphene and gonadotrophin therapy.

Defined term	Description
<b>Persistent vegetative state</b>	<p>A deep state of unconsciousness. Someone in a <b>persistent vegetative state</b> will:</p> <ul style="list-style-type: none"> <li>○ show no sign of being aware or that their mind functions, even if they can open their eyes and breathe without help, and</li> <li>○ not respond when touched or their name is called.</li> </ul> <p>The state of unconsciousness must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.</p>
<b>Pharmacy</b>	A facility where prescribed drugs are prepared or sold.
<b>Pre-existing condition</b>	<ul style="list-style-type: none"> <li>○ any medical condition declared in <b>your</b> application for cover which has been noted as a 'personal exclusion' under <b>your</b> insurance certificate; or</li> <li>○ any disease, illness or injury for which <b>you</b> received medication, advice or <b>treatment</b>, or <b>you</b> had experienced symptoms of whether the condition was diagnosed or not, prior to becoming a <b>member</b> which was not disclosed under <b>your</b> application for cover.</li> </ul> <p>Where <b>we</b> have accepted <b>your</b> transfer to this plan from another insurance product on a continuous cover basis, the above reference to 'application for cover' shall refer to <b>your</b> original application for cover under that previous insurance product.</p>
<b>Prophylactic surgery</b>	Surgery to remove an organ or gland that shows no signs of disease. This must be an attempt to prevent development of disease of that organ or gland.
<b>Psychologist and psychotherapist</b>	A person who is legally qualified and is permitted to practise as such in the country where they <b>treat you</b> .

Defined term	Description
<b>Reasonable and customary</b>	The 'usual', or 'accepted standard' amount charged in a particular geographical region. This applies to a specific <b>treatment</b> or service given by providers of comparable quality and experience. Government or official medical bodies' guidelines in that region may govern the amount charged. Where there are no guidelines, <b>we</b> may use <b>our</b> experience of usual, and most common, charges in that region to decide it.
<b>Recognised medical practitioner, hospital or healthcare facility</b>	Any provider who is not an <b>unrecognised medical practitioner, hospital or healthcare facility</b> .
<b>Rehabilitation</b>	<b>Treatment</b> that aims to restore full function after an acute event. Examples include a stroke, or major trauma. It must combine <b>treatments</b> such as physical, occupational and speech therapy.
<b>Renewal date</b>	Each anniversary of the date <b>you</b> , the <b>main member</b> joined the plan. If <b>your Bupa Global</b> group plan has a common renewal date for all <b>members</b> , <b>your</b> plan will follow this cycle.
<b>Serious acute illness</b>	A medical condition, or symptoms resulting from a disease, illness or injury which arises suddenly and in the reasonable opinion of the attending <b>specialist</b> and <b>our</b> medical consultants, requires immediate <b>treatment</b> , generally within 24 hours of onset, and which would otherwise put <b>your</b> health at serious risk.
<b>Service partner</b>	A company or organisation that acts for <b>us</b> . This may include services to approve cover and finding local medical facilities.
<b>Sound natural tooth / sound natural teeth</b>	A natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally in chewing and speech.

Defined term	Description
<b>Specialist</b>	<p>A surgeon, anaesthetist or physician who:</p> <ul style="list-style-type: none"> <li>○ is legally qualified to practise medicine or surgery. They must have attended a recognised medical school. This is one listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation</li> <li>○ the relevant authorities in the country where <b>you</b> have the <b>treatment</b> recognise as having specialised qualification in the field of, or expertise in, the <b>treatment</b> of the disease, illness or injury being treated.</li> </ul>
<b>Speech therapist</b>	Practitioners must be fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the <b>treatment</b> is received.
<b>Sponsor</b>	The company, firm or person <b>we</b> have an <b>agreement</b> with which gives <b>you</b> cover under the plan.
<b>Surgical operation</b>	A medical procedure that involves the use of instruments or equipment.
<b>Therapists</b>	A physiotherapist, occupational therapist, orthoptist or dietitian who is legally qualified and is permitted to practise as such in the country where the <b>treatment</b> is received.
<b>Treatment</b>	Surgical or medical services (including <b>diagnostic tests</b> ) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.
<b>UK</b>	The United Kingdom of Great Britain and Northern Ireland.

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

<b>We / our / us</b>	<b>Bupa Global</b>
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<b>You / your</b>	Anyone covered by the plan, as shown on the insurance certificate.
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