

# A GUIDE TO YOUR PREMIER GLOBAL HEALTH PLAN

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

# HELLO

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

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

- guidance on what to do when **you** need **treatment**
- simple steps to understanding the claims process
- 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
- a 'Glossary' to help understand the meaning of some of the terms used

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

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

### **YOUR INSURER**

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

### **YOUR GEOGRAPHICAL AREA FOR COVERAGE IS WORLDWIDE**

As long as it is covered by **your health plan**, **you** can have **your treatment** at any **recognised medical practitioner, hospital or clinic** in the world.

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

### **BOLD WORDS**

Any words written in **bold** are defined terms that are relevant to **your** cover. **You** can check their meaning in the 'Glossary'.

### **TREATMENT THAT WE COVER**

**Your Premier Global Health Plan** covers the **treatment** cost for a disease, illness or injury that leads to the conservation of **your** condition, **your** recovery or **you** getting back to **your** previous state of health. This includes **treatment** for chronic, congenital and hereditary conditions that may be covered, subject to underwriting.

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

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

**Your Premier Global Health Plan** also provides a range of preventive benefits to help keep **you** healthy. **You** can find these in the 'Table of benefits'.

### **ACCESSING CARE IN THE U.S**

As part of **your health plan**, **you** have access to the broadest coverage in the U.S. via **Blue Cross Blue Shield's networks**.

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

**ANY QUESTIONS? We'll** be happy to help.

Get in touch using the details printed on **your** insurance cards.

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# WHEN YOU'RE AWAKE, WE'RE AWAKE

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

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

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

**You** can ask **us** to arrange evacuations, including:

- air ambulance transportation
- commercial flights, with or without medical escorts
- stretcher transportation
- transportation of mortal remains
- travel arrangements for relatives and escorts

**We** believe that every person and situation is different and focus on finding answers and solutions that work specifically for **you**. **Our** assistance team will handle **your** case from start to finish, so **you** always talk to someone who knows what is happening.

#### **Easier to read information**

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

# NEED TREATMENT?

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

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

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

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

## The pre-authorization process

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

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

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

## Remember we can offer a second medical opinion service

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

## Pre-authorization complete and now going for treatment?

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

## Our approach to costs

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

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

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

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

There may be times when it is not possible for **you** to be treated at a **benefits provider** in **network**, for example, if **you** are taken to an 'out-of-network' **benefits provider** in an



**emergency**. If this happens, **we** will cover eligible costs of any **covered benefits** (after any applicable **co-insurance** or deductible has been deducted).

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

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

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

## Treatment in the U.S.

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

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

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

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

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

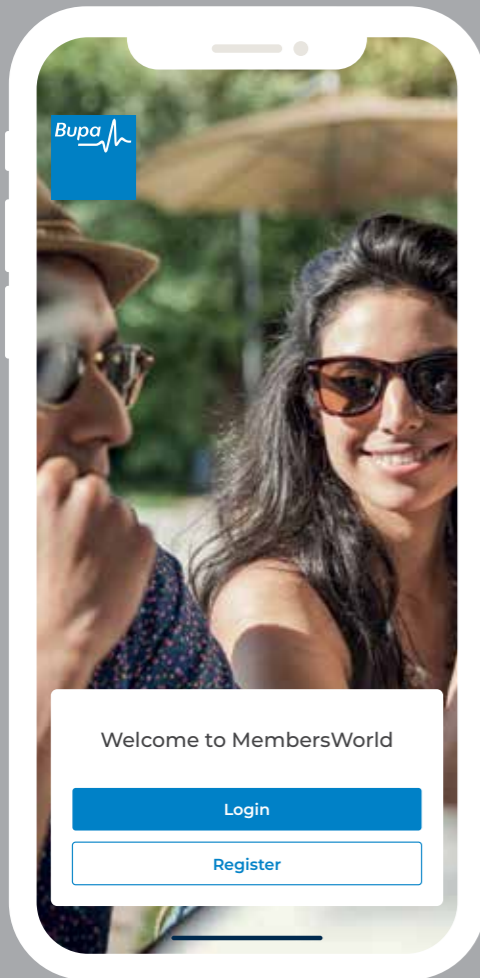
**We** can then make sure **you** are getting the right care, in the right place.

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

# WELCOME TO MEMBERSWORLD

Your MembersWorld account gives you access to **Bupa Global** whenever **you** need it.

**You** can also contact **us** through webchat in MembersWorld, which is often the quickest way to get in touch.



**You** can register for MembersWorld at: **membersworld.bupaglobal.com** and download the **Bupa Global** MembersWorld App from **your** app store.

**MembersWorld is for everyone over the age of 16 on the policy.**

All **dependants** over 16 can access these services, so it's important they register too.

If **you** are the **principal member** and would like to access information about **your dependants** in MembersWorld, they will need to register for an account and give permission. They can do this by simply going to their account settings and updating their consent options.

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



## How to access MembersWorld

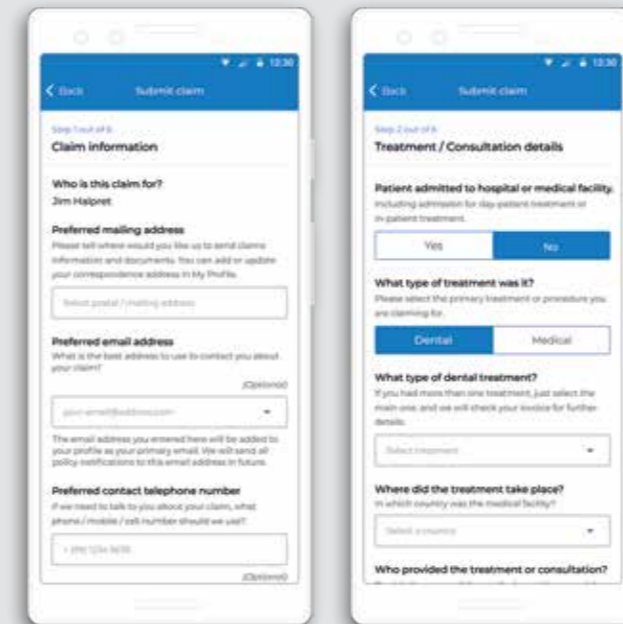
**You** can access and register online at **membersworld.bupaglobal.com** with **your** favourite web browser or via **our** app.

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



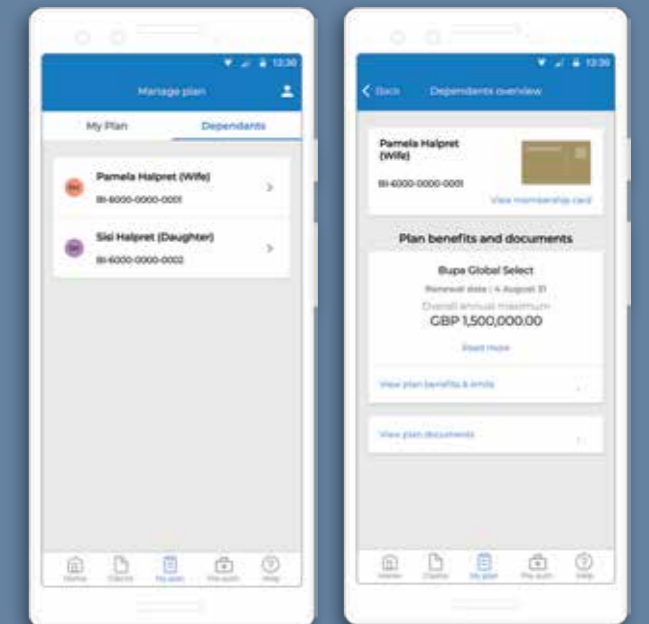
## Claims and pre-authorisations

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



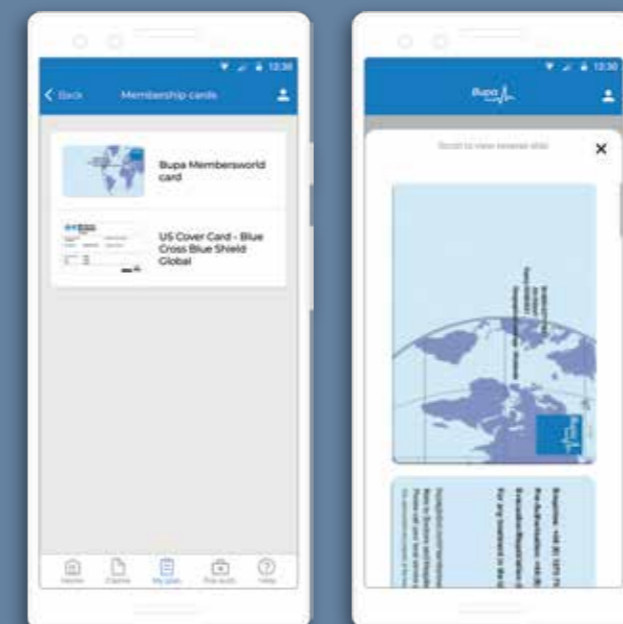
## Dependants

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



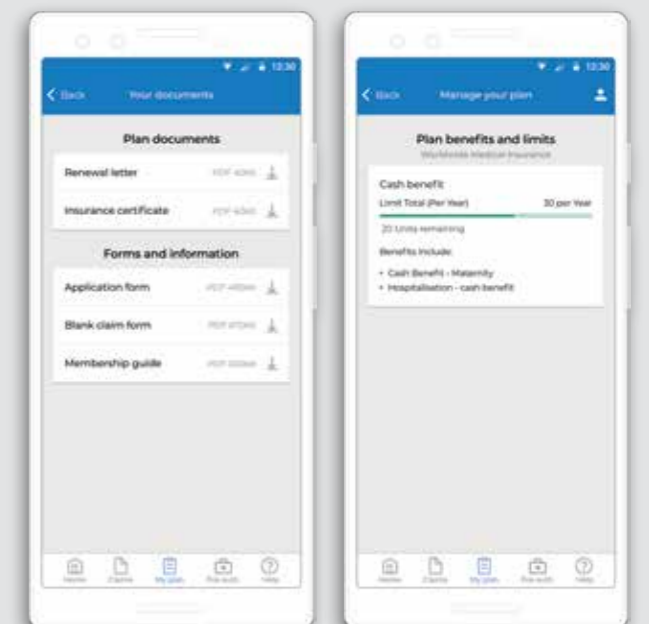
## Membership cards

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



## Policy documents

- View and download documents for your plan



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

# WELLBEING SERVICES

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

## Wellbeing Quiz

**We** do not always have time to take care of **ourselves** properly. So, take a moment to understand **your** current state of wellbeing.

**Our** short Wellbeing Quiz will help **you** to understand and measure **your** overall wellbeing and create a personalised report with a range of suggestions to help **you** live a longer, healthier, happier life. Perhaps there is a change or two **you** could make today.

Try the wellbeing quiz today:  
[bupaglobal.com/en/wellbeing-quiz](http://bupaglobal.com/en/wellbeing-quiz)

## Your Wellbeing

Explore **Bupa Global's** ever-growing health and lifestyle webpages at  
[bupaglobal.com/en/your-wellbeing](http://bupaglobal.com/en/your-wellbeing)

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

## Bupa Family Plus\*

**Bupa Global** provides **you** and **your** partner with an engaging and accessible maternity and family health programme in the form of an easy to use phone app.

**Bupa** Family Plus supports **you** during pregnancy, the early years of parenting and right through to those tricky teen years. Receive daily pregnancy tips for every trimester, seamlessly track **your** baby's feedings, learn about **your** toddler's developmental milestones and stay on top of **your** teen's immunisations, all in one place.

To discover all the app has to offer, download **Bupa** Family Plus from either App Store or Google Play.



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

## Second Medical Opinion\*

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

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

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

## Global Virtual Care\*

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

Features include (subject to local regulations):

- Video and telephonic consults
- **Doctors** notes
- Selfcare
- Referrals
- Prescriptions

Logging into the app is easy, **you** can sign in using **your** MembersWorld email address and password. If **you** have yet to register for MembersWorld, follow **our** easy guide on page 8 to get started.

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



**Bupa Global** retains the right to change the scope of these services. Select services\* noted on this page of the membership guide are provided by independent third party service provider(s); access to these services is procured by **Bupa Global** for **your** use. These services are subject to third party availability. **Bupa Global** assumes no liability and accepts no responsibility for information provided by the services detailed above

# THE CLAIMING PROCESS

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

## How to make a claim

- The quickest way to submit **your** claim is to log on to your MembersWorld account and submit your claim electronically. **You** have the choice of submitting an on-line claim or uploading any completed claims form.
- Make sure **we** have all the information as the biggest delay to paying a claim is normally incomplete, missing or ineligible information.
- Make sure **you** have given **your** correct bank details. Reimbursement by bank transfer is by far the quickest way to receive **your** payment.

## If you need assistance with a claim you can

- Go online at [membersworld.bupaglobal.com](http://membersworld.bupaglobal.com) and web chat with us
- Call us on +44 (0) 1273 323 563
- Email [info@bupaglobal.com](mailto:info@bupaglobal.com)



# WANT TO ADD MORE PEOPLE TO YOUR HEALTH PLAN?

**You** can apply to include **dependants** to this health plan by filling in an application form. **You** can download this easily from [membersworld.bupaglobal.com](https://membersworld.bupaglobal.com) or **you** can contact **us** and **we** will send one to **you**.

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

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

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

**You** may apply to include **your** newborn baby by completing a newborn application form. They will be added from their date of birth if

- o **you** and/or **your** partner have been a **Bupa Global** member for at least 10 months before the baby's birth and
- o **you** include **your** baby under **your** membership within 30 days of the baby's birth.

In this instance **your** baby will not be subject to any medical underwriting.

If the above criteria is not met medical underwriting will apply as described when adding a dependant. The cover start will be the date **we** receive **your** application to join.





# YOUR HEALTH PLAN BENEFITS

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

## Benefit limits

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

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

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

## Currencies

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

## Waiting periods

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

## How does the co-insurance work?

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

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

### EXAMPLE

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

|   |  |
|---|--|
| <b>You</b> have a consultation with <b>your doctor</b> which costs <b>€80</b> | 15% <b>out-patient</b> day to day care <b>co-insurance</b> applied is <b>€12</b> |
|---|--|

Amount paid by **us** is **€68**

|   |  |
|---|--|
| Later in the year <b>you</b> stay in <b>hospital</b> for 5 days which costs <b>€8,000</b> | As this is <b>in-patient</b> care the <b>co-insurance</b> applied is <b>€0</b> |
|---|--|

Amount paid by **us** is **€8,000**

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

# TABLE OF BENEFITS PREMIER HEALTH PLAN

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

| BENEFIT AND EXPLANATION  | LIMITS  |   |
|--|---|---|
| <b>SPECIALIST CONSULTATIONS AND DOCTOR'S FEES</b>  |   |   |
| Consultations with <b>your specialist</b> or <b>doctor</b> , for example to: <ul style="list-style-type: none"> <li>receive or arrange <b>treatment</b></li> <li>follow up on <b>treatment</b> already received</li> <li>receive routine baby/childhood check-ups</li> <li>receive pre- and post-<b>hospital</b> consultations/<b>treatment</b></li> <li>receive prescriptions for medicines, or</li> <li>diagnose <b>your</b> symptoms</li> </ul> Any vaccinations/immunisations given along with the consultation are paid for from the vaccinations benefit.<br>Such consultations may take place in the <b>specialist's</b> or <b>doctor's</b> office, by telephone or using the internet. |   |   |
| <b>QUALIFIED NURSES</b>  |   |   |
| Costs for nursing care, for example injections or wound dressings by a <b>qualified nurse</b> .  |   |   |
| <b>MENTAL HEALTH</b>   |   |   |
| Consultation fees with psychiatrists, <b>psychologists</b> and <b>psychotherapists</b> to: <ul style="list-style-type: none"> <li>receive or arrange <b>treatment</b></li> <li>receive pre- and post-<b>hospital treatment</b>, or</li> <li>diagnose <b>your</b> illness</li> </ul>  | Paid in full*<br>Up to 30 consultations each <b>policy year</b> |   |
| <b>PHYSIOTHERAPISTS, OSTEOPATHS AND CHIROPRACTORS</b>  |   |   |
| Consultations and <b>treatment</b> with <b>physiotherapists, osteopaths, chiropractors</b> for physical therapies aimed at restoring <b>your</b> normal physical function.   |   |   |
| <b>OCCUPATIONAL THERAPIST AND ORTHOPTIST</b>   |   |   |
| Consultations and <b>treatment</b> with occupational <b>therapists</b> and orthoptists.<br>Note: Occupational therapy for developmental issues, including sensory deficits, is not covered.  |   |   |
| <b>FOOTCARE</b>  |   |   |
| <b>Treatment</b> by a podiatrist, orthopaedic <b>specialist</b> , or chiropodist.<br><b>Treatment</b> for corns, calluses or thickened misshapen nails will <u>only</u> be covered if <b>you</b> have diabetes.  |   |   |
| <b>DIETETIC GUIDANCE</b>   |   |   |
| <b>We</b> pay for consultations with a <b>dietician</b> , required for dietary advice relating to a diagnosed disease or illness, such as diabetes.  |   | Paid in full* up to 4 visits each <b>policy year</b>                  |
| <b>PRESCRIBED MEDICINES AND DRESSINGS</b>  |   |   |
| Medicines and dressings prescribed by <b>your medical practitioner</b> , required to treat a disease, illness or injury.   |   | Up to EUR 2,500,<br>GBP 2,000 or<br>USD 3,400 each <b>policy year</b> |

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

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

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

| BENEFIT AND EXPLANATION   | LIMITS   |
|---|--|
| <p>OBESE SURGERY (WAITING PERIOD OF 24 MONTHS)</p> <p>Once <b>you</b> have been covered on this <b>health plan</b> for 24 months, <b>we</b> may pay, subject to <b>Bupa Global's</b> medical <b>policy</b> 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 24 months 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 is subject to <b>Bupa Global's</b> medical <b>policy</b> 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-authorization before proceeding with <b>treatment</b>. Benefit will not be paid unless pre-authorization has been provided.</p>   | Paid in full                                       |
| <p>PROPHYLACTIC SURGERY</p> <p><b>We</b> may pay subject to <b>Bupa Global's</b> medical <b>policy</b> criteria, for example, a mastectomy 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-authorization before proceeding with <b>treatment</b>. Benefit will not be paid unless pre-authorization has been provided.</p>  | Paid in full                                       |
| <p>PROSTHETIC DEVICES</p> <p>The initial prosthetic device needed as part of <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.</p> <p><b>We</b> do not pay for any replacement prosthetic devices for adults including any replacement devices required in relation to 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 18.</p>   | Per device up to EUR 3,100, GBP 2,500 or USD 4,200 |
| <p>PROSTHETIC IMPLANTS AND APPLIANCES</p> <p>Eligible prosthetic implants and appliances shown in the following lists.</p> <p>Prosthetic implants:</p> <ul style="list-style-type: none"> <li>to replace a joint or ligament</li> <li>to replace a heart valve</li> <li>to replace an aorta or an arterial blood vessel</li> <li>to replace a sphincter muscle</li> <li>to replace the lens or cornea of the eye</li> <li>to control urinary incontinence or bladder control</li> <li>to act as a heart pacemaker (internal cardiac defibrillator may be available subject to <b>Bupa Global's</b> medical <b>policy</b> criteria. Please contact <b>us</b> for pre-authorization)</li> <li>to remove excess fluid from the brain</li> <li>cochlear implant – provided the initial implant was provided when <b>you</b> were under the age of five, <b>we</b> will pay ongoing maintenance and replacements</li> <li>to restore vocal function following surgery for cancer</li> </ul> <p>Appliances:</p> <ul style="list-style-type: none"> <li>a knee brace which is an essential part of a <b>surgical operation</b> for the repair to a cruciate (knee) ligament</li> <li>a spinal support which is an essential part of a <b>surgical operation</b> to the spine</li> <li>an external fixator such as for an open fracture or following surgery to the head or neck</li> </ul> | Paid in full                                       |

| BENEFIT AND EXPLANATION  | LIMITS  |
|--|---|
| <p>RECONSTRUCTIVE SURGERY</p> <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> current continuous cover.</p> <p>Please contact <b>us</b> for pre-authorisation before proceeding with any reconstructive surgery. Benefit will not be paid unless pre-authorisation has been provided.</p>   | Paid in full  |
| <p>ACCIDENT RELATED DENTAL TREATMENT</p> <p><b>We</b> pay for dental <b>treatment</b> that is required in <b>hospital</b> after a serious accident.</p>  | Paid in full  |
| <b>HOSPICE AND REHABILITATION</b>  |   |
| <p>HOSPICE AND PALLIATIVE CARE</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>◦ <b>hospital</b> or hospice accommodation</li> <li>◦ nursing care</li> <li>◦ prescribed medicines</li> <li>◦ physical, psychological, social and spiritual care</li> </ul>  | Up to EUR 31,000, GBP 25,000 or USD 42,000 per lifetime |
| <p>REHABILITATION (MULTIDISCIPLINARY REHABILITATION)</p> <p><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.</p> <p><b>We</b> pay for <b>rehabilitation</b> only when <b>you</b> have received <b>our</b> pre-authorisation before the <b>treatment</b> starts, for up to 30 days <b>treatment</b> per <b>policy year</b>. For <b>treatment</b> in <b>hospital</b> one day is each overnight stay and for <b>day-patient</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>.</p> <p><b>We</b> only pay for multidisciplinary <b>rehabilitation</b> where it:</p> <ul style="list-style-type: none"> <li>◦ starts within 6 weeks after the end of <b>your treatment</b> in <b>hospital</b> for a condition which is covered by <b>your health plan</b> (such as trauma or stroke), and</li> <li>◦ arises as a result of the condition which required the hospitalisation or is needed as a result of such <b>treatment</b> given for that condition</li> </ul> <p>Note: in order to give pre-authorisation, <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> stayed in <b>hospital</b> to receive <b>rehabilitation</b>.</p> | Paid in full<br>Up to 30 days each <b>policy year</b>   |
| <b>IN-PATIENT AND/OR OUT-PATIENT CARE</b>  |   |
| <p>ADVANCED IMAGING</p> <p>Such as:</p> <ul style="list-style-type: none"> <li>◦ magnetic resonance imaging (MRI)</li> <li>◦ computed tomography (CT)</li> <li>◦ positron emission tomography (PET)</li> </ul> <p>when recommended by <b>your specialist</b> to help diagnose or assess <b>your</b> condition.</p>   | Paid in full  |

| BENEFIT AND EXPLANATION   | LIMITS  |
|---|---|
| <p>CANCER TREATMENT</p> <p>Once it has been diagnosed, including fees that are related specifically to planning and carrying out <b>treatment</b> for cancer. This includes tests, diagnostic imaging, consultations and prescribed medicines.</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>  | Paid in full  |
| <p>KIDNEY DIALYSIS</p> <p>Provided as an <b>in-patient</b>, <b>day-patient</b> or as an <b>out-patient</b>.</p>   | Paid in full  |
| <p>TRANSPLANT SERVICES</p> <p>All medical expenses, including consultations with a <b>doctor</b> or <b>specialist</b> and medical <b>treatments</b> whether staying in <b>hospital</b> overnight, as a <b>day-patient</b> or an <b>out-patient</b> for the following transplants, if the organ has come from a relative or a certified and verified source of donation:</p> <ul style="list-style-type: none"> <li>◦ cornea</li> <li>◦ small bowel</li> <li>◦ kidney</li> <li>◦ kidney/pancreas</li> <li>◦ liver</li> <li>◦ heart</li> <li>◦ lung, or</li> <li>◦ heart/lung transplant</li> </ul> <p>Costs for anti-rejection medicines and medical expenses for bone marrow transplants and peripheral stem cell transplants, with or without high dose chemotherapy when treating cancer, are covered under the cancer <b>treatment</b> benefit.</p> <p>Donor expenses, for each condition needing a transplant whether the donor is insured or not, including:</p> <ul style="list-style-type: none"> <li>◦ the harvesting of the organ, whether from a live or deceased donor</li> <li>◦ all tissue matching fees</li> <li>◦ <b>hospital</b>/operation costs of the donor, and</li> <li>◦ any donor complications, but to a maximum of 30 days post-operatively only</li> </ul> | Each condition up to EUR 500,000, GBP 400,000 or USD 680,000  |
| <p>TREATMENT FOR OR RELATED TO GENDER DYSPHORIA</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 subject to the limits that apply to the mental health benefit.</p> <p>All <b>treatment</b> under this benefit must be pre-authorised.</p> <p>Please refer to the '<b>Your Exclusions</b>' section.</p>   | <p>Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people</p> <p>Up to<br/>GBP 48,000<br/>USD 80,000<br/>EUR 64,000<br/>per membership year</p> <p>Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people</p> <p>Up to<br/>GBP 48,000<br/>USD 80,000<br/>EUR 64,000<br/>per membership year</p> |

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

| BENEFIT AND EXPLANATION  | LIMITS   |
|--|--|
| <p><b>TRAVEL COST FOR AN ACCOMPANYING PERSON</b></p> <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><b>you</b> need assistance to board or disembark from transport</li> <li><b>you</b> need to be transferred over a long distance (over at least 1000 miles or 1600 KM)</li> <li>there is no medical escort</li> <li>in the case of <b>serious acute illness</b></li> </ul> <p>The accompanying person may travel in a different class from the person receiving <b>treatment</b> depending on medical requirements.</p> <p>Reasonable travel costs for the return journey to the place <b>you</b> were transferred from when this is authorised in advance by <b>Bupa Global</b>.</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 air ticket whichever is the lesser amount</li> </ul> <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>.</p> | Paid in full   |
| <p><b>TRAVEL COST FOR THE TRANSFER OF CHILDREN</b></p> <p>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:</p> <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>  | Paid in full   |
| <p><b>LIVING ALLOWANCE</b></p> <p>Costs towards living expenses for a relative (spouse/partner, parent, child, brother or sister) who is authorised to travel with <b>you</b>:</p> <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, whilst away from their usual <b>specified country of residence</b></li> </ul> <p><b>We</b> do not pay for someone to travel with <b>you</b> when evacuation is for <b>out-patient treatment</b> only.</p>  | 10 days each <b>policy year</b><br>up to<br>EUR 120<br>GBP 100 or<br>USD 170 per day |
| <p><b>LOCAL AIR AMBULANCE:</b></p> <ul style="list-style-type: none"> <li>from the location of an accident to a <b>hospital</b>, or</li> <li>for a transfer from one <b>hospital</b> to another</li> </ul> <p>When a local air ambulance is:</p> <ul style="list-style-type: none"> <li><b>medically necessary</b></li> <li>used for short distances of up to 100 miles/160 KM, and</li> <li>related to <b>treatment</b> that is covered that <b>you</b> need to receive in <b>hospital</b></li> </ul> <p>A local air ambulance may not always be available in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. <b>We</b> do not pay for mountain rescue.</p>   | Paid in full   |

| BENEFIT AND EXPLANATION  | LIMITS       |
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| <p>LOCAL ROAD AMBULANCE:</p> <ul style="list-style-type: none"> <li>from the location of an accident to a <b>hospital</b></li> <li>for a transfer from one <b>hospital</b> to another, or</li> <li>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><b>medically necessary</b>, and</li> <li>related to <b>treatment</b> that is covered that <b>you</b> need to receive in <b>hospital</b></li> </ul>  | Paid in full |
| <p>REPATRIATION OF MORTAL REMAINS</p> <p>Reasonable costs for the transportation of <b>your</b> body or cremated mortal remains to <b>your</b> home country or to <b>your specified country of residence</b>:</p> <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>subject to airline requirements and restrictions</li> </ul> <p><b>We</b> will only pay statutory arrangements, such as cremation and an urn or embalming and a zinc coffin, if this is required by the airline authorities to carry out the transportation.</p> <p><b>We</b> do not pay for any other costs related to the burial or cremation, the cost of burial caskets, etc, or the transport costs for someone to collect or accompany <b>your</b> mortal remains.</p> |              |

# YOUR EXCLUSIONS

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

## Do you have cover for pre-existing conditions?

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

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

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

## General exclusions

The exclusions in this section apply in addition to and alongside any personal exclusions and restrictions explained above.

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

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

Important note: **our** global **health plans** are non-US insurance products and accordingly are not designed to meet the requirements of the US 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 **US** taxpayers and other persons who may be subject to it. The provisions of the Affordable Care Act are complex and whether or not **you** or **your dependants** are subject to its requirements will depend on a number of factors. **You** should consult an independent professional financial or tax advisor for guidance. For customers whose coverage is provided under a group **health plan**, **you** should speak to **your health plan** administrator for more information.

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

| GENERAL EXCLUSIONS                 |  |
|------------------------------------|--|
| Administration / registration fees | Administration and/or registration fees (unless <b>we</b> , at <b>our</b> reasonable discretion, deem 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> .  |
| Artificial life maintenance        | <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. |

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| 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. <b>We</b> will not pay for a pregnancy or HCG test if this is carried out solely to determine if the insured is pregnant or not.  |
| <b>Complementary therapists</b>  | <b>Treatment</b> and medicine by <b>Complementary therapists</b> including any Chinese medicine practitioner.   |
| 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 and admission for <b>treatment</b> that could take place as a day-case or <b>out-patient</b> , general care, or staying in <b>hospital</b> for | <ul style="list-style-type: none"> <li>◦ convalescence, pain management, supervision, or</li> <li>◦ receiving only general nursing care, or</li> <li>◦ <b>therapist</b> or <b>complementary therapist</b> services, or</li> <li>◦ domestic/living assistance such as bathing and dressing</li> </ul>  |
| Cosmetic <b>treatment</b>  | Non-medically essential surgery and <b>treatment</b> to alter <b>your</b> appearance including abdominoplasty or <b>treatment</b> related to or arising from the removal or addition of non-diseased or surplus or fat tissue is not covered. <b>We</b> do not pay for <b>treatment</b> of keloid scars. <b>We</b> also do not pay for scar revision.   |
| 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>   |
| Eyesight   | <b>Treatment</b> equipment or surgery to correct eyesight, such as laser <b>treatment</b> , refractive keratotomy (RK) and photorefractive keratotomy (PRK).  |

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| 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 considered to be in standard clinical use but is (or should, in <b>Bupa's</b> 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 <b>Bupa's</b> 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, etc.) in the location where the member 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 considered 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 <b>Bupa's</b> reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.</li> </ul> |
| Genetic testing   | <p>Genetic tests, when such tests are 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>  |



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| Health hydros, nature cure clinics etc                           | <b>Treatment</b> or services received in a health hydro, nature cure clinic, spa, or any similar establishment that is not a <b>hospital</b> .  |
| Infertility <b>treatment</b>                                     | <p><b>Treatment</b> to assist reproduction such as:</p> <ul style="list-style-type: none"> <li>◦ in-vitro fertilisation (IVF)</li> <li>◦ gamete intrafallopian transfer (GIFT)</li> <li>◦ zygote intrafallopian transfer (ZIFT)</li> <li>◦ artificial insemination (AI)</li> <li>◦ prescribed drug <b>treatment</b></li> <li>◦ embryo transport (from one physical location to another), or</li> <li>◦ donor ovum and/or semen and related costs</li> </ul> <p>Note: <b>we</b> pay for reasonable investigations into the causes of infertility if:</p> <ul style="list-style-type: none"> <li>◦ <b>you</b> had not been aware of any problems before joining, and</li> <li>◦ <b>you</b> have been a member of this plan (or any <b>Bupa</b> administered plan which included cover for this type of investigation) for a continuous period of two years before the investigations start</li> </ul> <p>Once the cause is confirmed, <b>we</b> will not pay for any additional investigations in the future.</p> |
| Maternity and childbirth   | <p><b>Treatment</b> for maternity including childbirth for any condition arising from maternity or childbirth except the following conditions and <b>treatments</b>:</p> <ul style="list-style-type: none"> <li>◦ abnormal cell growth in the womb (hydatidiform mole)</li> <li>◦ fetus growing outside of the womb (ectopic pregnancy)</li> <li>◦ other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant</li> </ul>  |
| Mechanical or animal donor organs                                | Mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant, purchase of a donor organ from any source or harvesting or storage of stem cells when a preventive measure against possible future disease.  |
| Obesity  | <p><b>Treatment</b> for or as a result of obesity such as: slimming aids or drugs, or slimming classes.</p> <p>Note: <b>We</b> may cover costs associated with obesity surgery as detailed in the 'Table of benefits', subject to <b>Bupa Global's</b> medical <b>policy</b> criteria.</p>  |
| <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> .  |
| Sexual problems  | Sexual problems, such as impotence, whatever the cause.   |
| Sleep disorders  | <b>Treatment</b> , including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.  |
| Stem cells   | <p>Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.</p> <p>Note: <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.</p>  |
| Surrogacy  | <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.   |

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| <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>Treatment</b> outside area of cover                                    | <b>Treatment</b> in the U.S. received outside of the <b>network</b> .   |
| <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 or healthcare facility</b> 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 or healthcare facility</b> 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 health plans</b>. <b>You</b> can contact <b>us</b> by telephone for details of <b>treatment</b> providers <b>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> |

# TERMS AND CONDITIONS

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

| No  | CLAUSE   |
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| 2.4 | <p>Should <b>we</b> be required for any reason to pay a <b>benefits provider</b> an amount which is covered by any annual deductible or <b>co-insurance</b> <b>we</b> will then collect payment from <b>you</b> for that amount.</p> <p><b>You</b> authorise <b>us</b> to take this payment from <b>you</b> under the direct debit agreement or credit card authority <b>you</b> have given to <b>us</b> in <b>your</b> application form or as updated.</p> <p>If this <b>policy</b> has an annual deductible or <b>co-insurance</b> <b>you</b> must ensure that <b>we</b> always have a valid direct debit agreement or credit card authority that enables <b>us</b> to take payment of any annual deductible or <b>co-insurance</b> <b>we</b> have paid.</p> <p><b>You</b> must update the direct debit agreement or credit card authority <b>you</b> have given to <b>us</b> when necessary or when requested by <b>us</b>. Otherwise it may cause delays in <b>our</b> paying claims. <b>We</b> will not pay claims until <b>we</b> have received any outstanding annual deductible or <b>co-insurance</b> payments.</p> |
| 2.5 | <p><b>You</b> must obtain pre-authorization for any <b>covered benefits</b> where it is stated that this is required in the Guide to <b>your Bupa Global health plan</b>. Subsequent pre-authorization should be obtained if <b>you</b> do not start receiving those <b>covered benefits</b> within 31 days of the original pre-authorization.</p> <p>Details of how to pre-authorise <b>covered benefits</b> are available in the Guide to <b>your Bupa Global health plan</b>.</p>   |
| 2.6 | <p>Before <b>we</b> pre-authorise any <b>covered benefits</b> or pay any claim, <b>we</b> are entitled to request additional information, such as medical reports, and <b>we</b> may require that <b>you</b> have a medical examination by an independent <b>medical practitioner</b> appointed by <b>us</b> (at <b>our</b> cost) who will then provide <b>us</b> with a medical report.</p> <p>If this information is not provided in a timely manner once requested this may result in a delay in pre-authorization and to <b>your</b> claims being paid. If this information is not provided to <b>us</b> at all this may result in <b>your</b> claims not being paid.</p>  |
| 2.7 | In certain situations <b>we</b> may pay for medical services or benefits which are not covered by this <b>policy</b> . This is called a discretionary or ex gratia payment and may include, should <b>we</b> determine not to seek to recover it, a payment made at <b>our</b> error. Any payment that <b>we</b> may make on this basis will still count towards the overall annual maximum limit that applies to this <b>policy</b> . If <b>we</b> make a payment like this it does not mean that <b>we</b> are required to pay identical or similar costs in the future.   |
| 3.  | <b>Premium and Payment</b>   |
| 3.1 | <p><b>You</b> should pay <b>your</b> premiums direct to <b>Bupa Global</b>. If <b>you</b> pay <b>your</b> premiums to anyone else, such as an intermediary or insurance broker, <b>we</b> are not responsible for ensuring those persons pass the premium on to <b>us</b>.</p> <p>Subscription payments may be collected by <b>Bupa Insurance Services Limited</b>. In the event that <b>Bupa Insurance Services Limited</b> receives or holds any subscription payment, it does so as agent for and on behalf of <b>your</b> insurer. <b>Bupa Insurance Services Limited</b> may also pay certain claims or refunds as agent for and on behalf of <b>your</b> insurer. The amount and method of payment is shown in <b>your</b> insurance certificate. <b>We</b> retain bank, credit/debit card and direct debit authorisation details to ensure that the <b>policy</b> does not lapse.</p>   |
| 3.2 | <p>If <b>we</b> do not receive <b>your</b> premium (or any instalment) or any other payment <b>you</b> owe <b>us</b> under this <b>policy</b> by the due date, <b>we</b> will write to <b>you the policyholder</b> requesting payment by a specific date, which will be not less than 30 days after the date <b>we</b> issue <b>our</b> letter or email to <b>you</b>.</p> <p>If <b>we</b> do not receive payment by that date, this <b>policy</b> will be cancelled and all rights under this <b>policy</b> will cease from the original date on which <b>your</b> premium (or the first missed instalment) or other payment should have been received.</p> <p><b>We</b> will not pay any claims until all overdue payments have been paid, unless the reason for non-payment is an error outside of <b>your</b> control, such as a bank error.</p>   |
| 3.3 | If <b>we</b> incorrectly make any payment to either a <b>benefits provider</b> for <b>treatment</b> or benefits received by <b>you</b> but not covered by this <b>policy</b> , or to <b>you</b> , <b>we</b> reserve the right to deduct the amount <b>we</b> incorrectly paid from <b>your</b> future claims or seek repayment from <b>you</b> .   |

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| 4.  | <b>Where another person has caused your condition or you hold other insurance cover</b>  |
| 4.1 | <p>If any person is to blame for any injury, disease, illness, condition or other event in relation to which <b>you</b> receive any <b>covered benefits</b>, <b>we</b> may make a claim in <b>your</b> name.</p> <p><b>You</b> must provide <b>us</b> with any assistance <b>we</b> reasonably require to help make such a claim, for example:</p> <ul style="list-style-type: none"> <li>◦ providing <b>us</b> with any documents or witness statements;</li> <li>◦ signing court documents; and</li> <li>◦ submitting to a medical examination.</li> </ul> <p><b>We</b> may exercise <b>our</b> rights to bring a claim in <b>your</b> name before or after <b>we</b> have made any payment under the <b>policy</b>.</p> <p><b>You</b> must not take any action, settle any claim or otherwise do anything which adversely affects <b>our</b> rights to bring a claim in <b>your</b> name.</p>   |
| 4.2 | <p>If <b>you</b> have other insurance which also covers <b>your covered benefits</b> <b>you</b> must let <b>us</b> know and provide details of the other insurance company, including on pre-authorisation and when making a claim.</p> <p><b>We</b> will only pay for <b>our</b> share of the cost of any <b>covered benefits</b>.</p>  |
| 5.  | <b>Making a claim</b>  |
| 5.1 | <p><b>We</b> aim to pay the <b>benefits provider</b> directly for any <b>covered benefits</b> covered by this <b>policy</b> whenever possible.</p> <p>Otherwise <b>you</b> must pay the <b>benefits provider</b> and then send a completed claim form to <b>us</b>, with copies of all valid invoices, relevant letters and other documents relating to the <b>covered benefits</b> <b>you</b> are claiming for. Where requested, original invoices must be provided to <b>us</b>.</p> <p><b>We</b> are not obliged to pay for any <b>covered benefits</b> if the claim form is received by <b>us</b> more than 2 years after the <b>covered benefits</b> were provided to <b>you</b>, unless there is a good reason why it was not possible for <b>you</b> to make the claim earlier.</p> <p><b>We</b> cannot return any original documents, but <b>we</b> can send <b>you</b> copies if <b>you</b> request.</p>  |
| 5.2 | <p>Where <b>you</b> have paid the <b>benefits provider</b> and <b>you</b> have made a valid claim, <b>we</b> will pay <b>you the policyholder</b>. <b>We</b> may pay a <b>dependant</b> only where the <b>dependant</b> received the <b>covered benefits</b>, they are over 18 and <b>we</b> have their current bank details.</p> <p><b>We</b> only pay by electronic transfer direct to <b>your</b> bank account or by cheque payable to <b>you</b>.</p> <p><b>We</b> pay the administration costs for making electronic transfers. If <b>your</b> local bank charges <b>you</b> an administration fee, <b>we</b> will refund <b>you</b> on receipt of proof <b>you</b> have paid such fees. All other bank charges or fees, such as currency exchange, are <b>your</b> responsibility, unless <b>you</b> are charged because <b>we</b> made a mistake.</p>   |
| 5.3 | <p><b>We</b> will only pay <b>you</b> in the currency in which <b>you</b> pay <b>your</b> premium, the currency of the invoices <b>you</b> send <b>us</b> or the currency of <b>your</b> bank account. Sometimes, international banking regulations do not allow <b>us</b> to make a payment in the currency <b>you</b> have asked for. If this is the case <b>we</b> will send a payment in the currency of <b>your</b> premium. Where payment to <b>you</b> in the usual currency may expose <b>us</b> (or <b>our Bupa group of companies and administrators</b>) to the risk of any sanction, prohibition or restriction under the laws of any relevant jurisdiction and/or United Nations resolution, <b>we</b> reserve discretion to pay <b>you</b> in such other currency as <b>we</b> are permitted and able to make payment in, if any such payment is permitted to be made.</p> <p>If <b>we</b> convert one currency to another, the exchange rate <b>we</b> use will be Reuters closing spot rate set at 16.00 UK time on the <b>UK</b> working day preceding the invoice date. If there is no invoice date, <b>we</b> will use the date of <b>your treatment</b>.</p> |

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| 5.4 | <p><b>We</b> will not provide cover and <b>we</b> shall not be liable to pay any claim or provide any benefit under this <b>policy</b> to the extent that such cover, payment of a claim(s) or benefits would:</p> <ul style="list-style-type: none"> <li>◦ cause <b>us</b> to breach any United Nations resolutions or the trade or economic sanctions, laws or regulations of any jurisdiction to which <b>we</b> are subject (which may include without limitation those of the European Union, <b>United Kingdom</b> and/or United States of America).</li> <li>◦ expose <b>us</b> to the risk of being sanctioned by any relevant authority or competent body; and/or</li> <li>◦ expose <b>us</b> to the risk of being involved in conduct (either directly or indirectly) which any relevant authority or competent body would consider to be prohibited.</li> </ul> <p>Where any resolutions, sanctions, laws or regulations referred to in this clause are, or become, applicable to this <b>policy</b>, <b>we</b> reserve all of <b>our</b> rights to take all and any such actions as may be deemed necessary in <b>our</b> absolute discretion, to ensure that <b>we</b> continue to be compliant. <b>You</b> acknowledge that this may restrict or delay <b>our</b> obligations under this <b>policy</b> and <b>we</b> may not be able to pay any claim(s) in the event of a sanctions-related concern.</p> |
| 6.  | <b>Renewal</b>  |
| 6.1 | <p><b>We</b> will write to let <b>you</b> know the terms on which <b>you</b> may renew this <b>policy</b> for the next year, in advance of the <b>renewal</b> date (unless Clause 6.2 applies).</p> <p>Each <b>policy year</b> <b>we</b> may change how <b>we</b> calculate <b>your</b> premiums, how <b>we</b> determine premiums, what <b>you</b> have to pay and the method of payment. <b>We</b> may also change the Guide to <b>your Bupa Global health plan</b> (including which <b>covered benefits</b> are covered and the limits for <b>covered benefits</b>) and the terms this <b>policy</b>.</p> <p><b>We</b> will issue <b>you</b> a notice at least 30 days in advance of the <b>renewal</b> date, with details of the new premium, any changes to the renewed <b>policy</b> and the reasons for those changes. If <b>you</b> do not want to renew this <b>policy</b> <b>you</b> must contact <b>us</b> within 30 days following the start of the renewed <b>policy</b>.</p> <p>If no contact is made, <b>your policy</b> will automatically renew and any subscription payments will be collected automatically.</p>   |
| 6.2 | <p><b>We</b> reserve the right not to renew this <b>policy</b> at <b>our</b> discretion for any reason. If so, <b>we</b> will issue <b>you</b> a notice at least 30 days before the end of the <b>policy year</b>.</p>  |
| 6.3 | <p>If <b>we</b> decide to renew this <b>policy</b>, <b>we</b> won't add any new personal restrictions or exclusions (those that appear on <b>your</b> insurance certificate) to <b>your</b> renewed <b>policy</b>. However, should <b>you</b> move to a different <b>health plan</b>, <b>we</b> may add new personal restrictions or exclusions.</p>  |
| 6.4 | <p>Please contact <b>us</b> before <b>your renewal</b> date if <b>you</b> or <b>your dependants</b> have personal exclusion(s) or cover for <b>pre-existing conditions</b> and would like <b>us</b> to review this.</p> <p><b>We</b> may remove <b>your</b> exclusion or the additional premium applied for the <b>pre-existing condition</b> if, in <b>our</b> opinion, no further <b>treatment</b> will be either directly or indirectly required for the condition, or for any related condition. There are some personal exclusions that, due to their nature, <b>we</b> will not review.</p> <p>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 consultant. Any costs incurred in obtaining these details are not covered under <b>your</b> plan and are <b>your</b> responsibility</p>   |
| 7.  | <b>Changes to your policy</b>   |
| 7.1 | <p>Except where expressly stated in this clause 7, only <b>we</b> and <b>you the policyholder</b> can agree to make changes to this <b>policy</b>. No changes will be valid unless they are confirmed in writing by <b>us</b>.</p>  |
| 7.2 | <p>If <b>you</b> ask to add a new <b>dependant</b> to this <b>policy</b>, <b>we</b> will review that person's medical history. <b>We</b> may not agree to add the person to this <b>policy</b>, or <b>we</b> may add special restrictions or exclusions to the cover for that new <b>dependant</b>. <b>We</b> may, at <b>our</b> discretion, agree to provide cover for certain <b>pre-existing conditions</b> of the new <b>dependant</b>. <b>You</b> must pay any additional premium. Children may be added without medical history or additional premium being required where this is provided for (and in accordance with any relevant requirements) in <b>your</b> Guide to <b>your Bupa Global health plan</b>.</p> <p>For certain <b>health plans</b>, <b>we</b> may not be able to add <b>dependants</b> who are over a certain age at the time <b>we</b> receive the request for them to be added to this <b>policy</b>.</p>   |
| 7.3 | <p>As this is an annual <b>policy</b>, <b>you</b> may only change <b>your Health Plan</b> on <b>renewal</b>.</p> <p>If <b>you</b> do change <b>your health plan</b> on <b>renewal</b>, any existing waiting periods (which will be shown in the Guide to <b>your Bupa Global health plan</b>) would not re-start.</p>   |

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| 7.4 | <b>We</b> may make changes to the <b>policy</b> part way through the <b>policy year</b> , but only if there is a legal or regulatory requirement to do so or where changes are made for all <b>our</b> customers with the same <b>health plan</b> to improve the cover they receive from <b>us</b> . If <b>we</b> do, <b>we</b> will write to tell <b>you</b> about the changes, in advance where possible.  |
| 7.5 | <b>We</b> may terminate this <b>policy</b> immediately, if <b>we</b> reasonably consider that by continuing this <b>policy we</b> or <b>you</b> may break any law, regulation, code or court order.<br><br>This <b>policy</b> does not provide cover to the extent that such cover would expose <b>us</b> (or <b>our Bupa group of companies and administrators</b> ) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the European Union, <b>United Kingdom</b> or United States of America.  |
| 8.  | <b>Your country of residence</b>   |
| 8.1 | <b>You</b> must tell <b>us</b> straight away if <b>you</b> move to a different country or <b>your specified country of residence</b> or <b>specified country of nationality</b> changes.<br><br>This <b>policy</b> will terminate if the law of the country in which <b>you</b> are located, or <b>your</b> country of residence or nationality, or any other law which applies to <b>us</b> or this <b>policy</b> , prohibits the provision of healthcare cover by <b>us</b> to local nationals, residents or citizens.<br><br>Without limitation to the foregoing, <b>we</b> will not be able to renew <b>your health plan</b> at the next <b>policy renewal</b> if <b>you</b> become a permanent resident of the U.S., and, if any additional people covered under <b>your policy</b> become a resident of the U.S., <b>we</b> will not be able to renew their cover under their <b>health plan</b> at the next <b>policy renewal</b> date. 'Permanent resident' shall mean a person residing in the U.S. who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in the U.S., and 'U.S.' shall include the Commonwealth of Puerto Rico for this purpose. |
| 8.2 | <b>You</b> must tell <b>us</b> straight away if <b>you</b> change <b>your</b> correspondence address or other contact details as <b>we</b> will use the last address and contact details <b>you</b> gave <b>us</b> until <b>you</b> tell <b>us</b> otherwise.  |
| 9.  | <b>Ending this policy</b>  |
| 9.1 | <b>You the policyholder</b> can choose to cancel this <b>policy</b> (which would also end the cover for all of <b>your dependants</b> ), or remove any of <b>your dependants</b> from <b>your</b> cover, at any time, by telephoning or emailing <b>us</b> .<br><br>Cancellation of <b>your</b> membership, or the removal of any additional people from cover, will take effect 14 days after <b>you</b> , the main member, notifies <b>us</b> of the request by telephone, email or post. <b>We</b> will not back-date any requests for termination, or the removal of <b>dependants</b> from cover. Claims relating to <b>treatment</b> or benefits taking place following the date of cancellation will not be payable.  |

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| 9.2  | Refund of premium will be made on the following basis.<br><br><b>A. Cancellation of your policy or removal of a dependant from cover within the first 30 days</b><br><br>If <b>you the policyholder</b> choose to cancel <b>your policy</b> within 30 days of receiving <b>your</b> first insurance certificate for the <b>policy year</b> , and <b>you</b> have not made any claims in respect of that initial 30 day period, <b>we</b> will make a full refund to <b>you the policyholder</b> of all premium paid for that <b>policy year</b> . Where a claim has been made in respect of the initial 30 day period, <b>you the policyholder</b> will be deemed to have affirmed the <b>policy</b> and the cancellation will be treated as a cancellation made during the <b>policy year</b> (see below).<br><br>If <b>you the policyholder</b> choose to cancel the cover of a <b>dependant</b> within 30 days of receiving the first insurance certificate for the <b>policy year</b> which names that <b>dependant</b> on the <b>policy</b> , and no claims have been made in respect that <b>dependant</b> for the initial 30 day period, <b>we</b> will make a full refund to <b>you the policyholder</b> of all premium paid in respect of that <b>dependant</b> for that <b>policy year</b> . Where a claim has been made in respect of the initial 30 day period, <b>you the policyholder</b> will be deemed to have affirmed the <b>dependant's</b> cover under the <b>policy</b> and the cancellation will be treated as a cancellation made during the <b>policy year</b> (see below).<br><br><b>B. Cancellation of your policy or removal of a dependant from cover during the policy year</b><br><br>If <b>you the policyholder</b> choose to cancel <b>your policy</b> following the initial 30 days of receiving <b>your</b> first insurance certificate for the <b>policy year</b> (or where cancellation is requested within the initial 30 day period and a claim has been made under the <b>policy</b> for that period), <b>we</b> will refund the amount of any premium paid to <b>us</b> for the period following the date on which the cancellation takes effect (i.e. from the 14th day of <b>us</b> being notified of the request).<br><br>If <b>you the policyholder</b> choose to remove a <b>dependant</b> from cover following the initial 30 days of receiving the first insurance certificate for the <b>policy year</b> which names that <b>dependant</b> on the <b>policy</b> (or where cancellation is requested within the initial 30 day period and a claim has been made under the <b>dependant's</b> cover for that period), <b>we</b> will refund the amount of any premium paid to <b>us</b> for the period following the date on which the removal of the <b>dependant</b> takes effect (i.e. from the the 14th day of <b>us</b> being notified of the request).<br><br>Such pro-rata return of any advance paid premium will be made to the original payment source and method as the premium was paid. <b>We</b> reserve the right to deduct any payment <b>you</b> may owe <b>us</b> from any refund.<br><br>If <b>you</b> , the <b>policyholder</b> , do not wish to renew <b>your policy</b> , <b>you</b> must inform <b>us</b> in writing as soon as <b>you</b> receive <b>your renewal</b> documents and prior to <b>your renewal</b> date. If no contact is made, <b>your policy</b> will automatically renew and any subscription fees will be collected automatically. |
| 9.3  | If the <b>policyholder</b> or a <b>dependant</b> dies <b>we</b> should be notified in writing within 30 days.<br><br>Upon the death of the <b>policyholder</b> any adult <b>dependant</b> may apply to <b>Bupa Global</b> to become the <b>policyholder</b> of the <b>policy</b> in his or her own right and include the other <b>dependants</b> under their <b>policy</b> .<br><br>If the <b>policyholder</b> dies, and no adult <b>dependant</b> has taken over the <b>policy</b> , this <b>policy</b> will end and if no valid claims have been made or <b>covered benefits</b> received under this <b>policy</b> , <b>we</b> will refund that part of the premium which relates to the period after the <b>policy</b> ended.<br><br>If a <b>dependant</b> dies then his/her cover under this <b>policy</b> will end and, provided that no valid claims have been made or <b>covered benefits</b> received under this <b>policy</b> by or on behalf of that <b>dependant</b> , <b>we</b> will refund that part of the premium which relates to the <b>dependant</b> for the period after his/her cover ended.   |
| 10.  | <b>Our role under this policy and appointment as your agent</b>  |
| 10.1 | <b>Our</b> role under this <b>policy</b> is to provide <b>you</b> with insurance cover and sometimes to make arrangements (on <b>your</b> behalf) for <b>you</b> to receive any <b>covered benefits</b> . It is not <b>our</b> role to provide <b>you</b> with the actual <b>covered benefits</b> .  |
| 10.2 | <b>You the policyholder</b> , on behalf of yourself and the <b>dependants</b> , appoint <b>us</b> to act as agent for <b>you</b> , to make appointments or arrangements for <b>you</b> to receive <b>covered benefits</b> which <b>you</b> request. <b>We</b> will use reasonable care when acting as <b>your</b> agent.   |
| 10.3 | <b>You the policyholder</b> , on behalf of yourself and the <b>dependants</b> , authorise <b>us</b> as <b>your</b> agent, if for any reason <b>you</b> are not available to give <b>us</b> instructions with regard to any <b>covered benefits</b> (for example if <b>you</b> are incapacitated), to: <ul style="list-style-type: none"> <li>◦ take such action as <b>we</b> reasonably consider to be in <b>your</b> best interests (in accordance with the cover <b>you</b> have under this <b>policy</b>);</li> <li>◦ provide any information about <b>you</b> to <b>your benefits provider</b> as <b>we</b> reasonably consider to be appropriate in the circumstances; and/or</li> <li>◦ take instructions from the person <b>we</b> reasonably consider to be the most appropriate person (for example a <b>family member</b>, <b>your treating doctor</b> or <b>your</b> employer).</li> </ul>  |

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| 10.4 | When acting as <b>your</b> agent <b>we</b> may act via <b>our Bupa group of companies and administrators</b> .  |
| 11.  | <b>Our liability to you</b>   |
| 11.1 | <b>We</b> (and <b>our Bupa group of companies and administrators</b> ) shall not be liable to <b>you</b> or anyone else for any loss, damage, illness and/or injury that may occur as a result of <b>your</b> receiving any <b>covered benefits</b> , nor for any action or failure to act of any <b>benefits provider</b> or other person providing <b>you</b> with any <b>covered benefits</b> . <b>You</b> should be able to bring a claim directly against such <b>benefits provider</b> or other person.   |
| 11.2 | <b>Your</b> statutory rights are not affected.  |
| 12.  | <b>Fraudulent Claims</b>  |
| 12.1 | In this clause 12, where <b>we</b> refer to ' <b>you</b> ' or ' <b>you the policyholder</b> ' this includes anyone acting on <b>your</b> behalf, where <b>we</b> refer to ' <b>dependant</b> ' this includes anyone acting on behalf of any <b>dependant</b> .  |
| 12.2 | <b>You the policyholder</b> and any <b>dependant</b> must not: <ul style="list-style-type: none"> <li>◦ make a fraudulent or exaggerated or falsely stated claim under this <b>policy</b>;</li> <li>◦ send <b>us</b> fake or forged documents or other false evidence, or make a false statement in support of a claim(s); and/or</li> <li>◦ provide <b>us</b> with information which <b>you the policyholder</b> or any <b>dependant</b> knows would otherwise enable <b>us</b> to refuse to pay a claim(s) under this <b>policy</b>; and/or</li> <li>◦ refuse to cooperate or fail to provide information / documentation reasonably requested by <b>us</b> to validate <b>your</b> claim(s), whether pending or paid (including but not limited to proof of payment, medical reports and original invoices).</li> </ul>  |
| 12.3 | In the event of failure to comply with clause 12.2 above, <b>we</b> reserve the right to: <ul style="list-style-type: none"> <li>◦ refuse to pay the whole of the claim and any other claim(s) submitted since the date of that claim; and/or</li> <li>◦ recover any payments <b>we</b> have already made in respect of the claim and/or other claim(s) submitted since that claim.</li> </ul> <p>In addition, if <b>you the policyholder</b> breach clause 12.2 then <b>we</b> reserve the right to notify <b>you the policyholder</b> that this <b>policy</b> has terminated from the date of the breach of clause 12.2, and not refund any premium for the <b>policy</b>.</p> <p>If only a particular <b>dependant</b> has breached clause 12.2 then <b>we</b> reserve the right to notify <b>you the policyholder</b> that the cover under this <b>policy</b> for that particular <b>dependant</b> has terminated from the date of the breach of clause 12.2 above, and not refund any premium for that cover under the <b>policy</b>.</p>  |
| 13.  | <b>Provision of accurate and complete information</b>   |
| 13.1 | In this clause 13, where <b>we</b> refer to ' <b>you</b> ' or ' <b>you the policyholder</b> ' this includes anyone acting on <b>your</b> behalf, where <b>we</b> refer to any ' <b>dependant</b> ' this includes anyone acting on behalf of any <b>dependant</b> .  |
| 13.2 | <b>You</b> and any <b>dependant</b> must take reasonable care to make sure that all information provided to <b>us</b> is accurate and complete, at the time <b>you</b> take out this plan, and at each <b>renewal</b> and variation of this plan. <b>You</b> and any <b>dependant</b> must also tell <b>us</b> if any of the answers to the questions in the application form change prior to this plan starting. Otherwise, the following apply with effect from the date the plan was taken out, renewed or varied (depending on when <b>we</b> were provided with inaccurate or incomplete information). <p>A. <b>We</b> may treat this plan as if it had not existed if <b>you</b> deliberately or recklessly give <b>us</b> inaccurate or incomplete information.</p> <p>B. Where <b>you</b> negligently or carelessly give <b>us</b> inaccurate or incomplete information, or where A. applies but <b>we</b> choose not to rely on <b>our</b> rights under A, <b>we</b> may treat the plan and any claims in a way which reflects what <b>we</b> would have done if <b>we</b> had been provided with accurate and complete information, as follows:</p> <ul style="list-style-type: none"> <li>◦ if <b>we</b> would have refused to cover <b>you</b> at all, <b>we</b> may treat this plan as if it had not existed;</li> <li>◦ if <b>we</b> would have provided <b>you</b> with cover on different terms, then <b>we</b> may apply those different terms to this plan. This means a claim will only be paid if it is covered by and/or if <b>you</b> have complied with such different terms - for example <b>your</b> plan may contain new personal restrictions or exclusions; and/or</li> <li>◦ if <b>we</b> would have charged <b>you</b> a higher premium, <b>we</b> may reduce the amount payable on any claim by comparing the additional premium to the original premium. For example, <b>we</b> will only pay half of a claim, if <b>we</b> would have charged double the premium.</li> </ul> |

| No   | CLAUSE   |
|------|--|
| 13.3 | Where it is a <b>dependant</b> (or <b>you</b> on their behalf) who has provided incomplete or inaccurate information, the same rules apply but only to that part of the plan which applies to the <b>dependant</b> , or to claims made by that <b>dependant</b> .<br>The same rules apply if someone else provides <b>us</b> with information on <b>your</b> behalf or any <b>dependant's</b> behalf.  |
| 14.  | <b>Data Processing Notice</b>  |
| 14.1 | Please see <b>Bupa Global's</b> Privacy Notice.  |
| 15.  | <b>Complaints</b>  |
| 15.1 | If <b>you</b> have a concern or complaint about this <b>policy</b> <b>you</b> can call the <b>Bupa Global</b> service team on + 33 (0) 1 57329109. Alternatively, <b>you</b> can email or write to the team via Service@bupaglobal.com; or <b>Bupa Global</b> , Victory House, Trafalgar Place, Brighton, BN1 4FY, <b>United Kingdom</b> .<br><b>You</b> can also use these contact details to request a full copy of <b>our</b> complaints procedure. |
| 15.2 | If <b>we</b> can't settle <b>your</b> complaint <b>you</b> may be able to refer <b>your</b> complaint to the Financial Services and Pensions Ombudsman. <b>You</b> can: <ul style="list-style-type: none"> <li>◦ write to them at Lincoln House, Lincoln Place, Dublin 2</li> <li>◦ call them on +353 1 567 7000</li> <li>◦ find details at their website www.fspo.ie</li> </ul>   |
| 16.  | <b>The law of this policy and where you can bring court action</b>   |
| 16.1 | This <b>policy</b> is governed by Irish law.   |
| 16.2 | If any dispute arises as to the interpretation of this <b>policy</b> as between different language versions, then the English version shall be deemed to be conclusive and take precedence over any other versions.  |

# PRIVACY NOTICE

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

If **you** have any questions about how **we** handle **your** information, please contact the **Bupa Global** service team on +44 (0)1273 323 563. Alternatively **you** can email or write to the team via [info@bupaglobal.com](mailto:info@bupaglobal.com) or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, **United Kingdom**.

**Last updated:** August 2020

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## 1. Information about us

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

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

**Bupa Global** is a trading name of **Bupa Global** Designated Activity Company, **Bupa** Denmark, filial af **Bupa Global**, Ireland, **Bupa** Insurance Services Limited and **Bupa** Denmark Services A/S.

In relation to international private medical insurance: **Bupa Global** Designated Activity Company is a designated activity company limited by shares registered in Ireland under company number 623889 and having its registered office at Second Floor, 10 Pembroke Place, Ballsbridge, Dublin 4, D04 V1W6, and is regulated by the Central Bank of Ireland.

**Bupa** Insurance Services Limited is registered in England and Wales at Companies House under number 3829851. The

registered office is 1 Angel Court, London, EC2R 7HJ, and is authorised and regulated by the Financial Conduct Authority (regulation number 312526). **Bupa** Denmark Services A/S, 8 Palaegade, DK-1261 Copenhagen K, Denmark, Company No. 32451780 is an agent for **Bupa Global** Designated Activity Company.

In relation to Travel:

**Bupa** Denmark, filial af **Bupa Global** DAC, Ireland is a Danish branch of **Bupa Global** Designated Activity Company, having its registered address at Palaegade 8 DK-1261 Copenhagen K Denmark, and is regulated by the Central Bank of Ireland and subject to limited regulation by the Danish Financial Services Authority (Finanstilsynet). **Bupa** Denmark Services A/S, 8 Palaegade, DK-1261 Copenhagen K, Denmark, Company No. 32451780 is an agent for **Bupa Global** Designated Activity Company.

## 2. Scope of our privacy notice

**Summary:** This privacy notice applies to anyone who interacts with **us** about **our** products and services ('you', 'your'), in any way (for example, by email, through **our** website, by phone, through **our** app). **We** will give **you** further privacy information if necessary for specific contact methods or in relation to specific products or services.

For example, if **you** use **our** apps, **we** may give **you** privacy notices which apply just to a particular type of information which **we** collect through that app.

## 3. How we collect personal information

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

**Where you provide us with information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.**

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

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

**We** also collect information from other people and organisations.

**For all our customers, we may collect information from:**

- **your** parent or guardian, if **you** are under 18 years old;
- a **family member**, or someone else acting on **your** behalf;
- **doctors**, other clinicians and health-care professionals, **hospitals**, clinics and other health-care providers;
- any service providers who work with **us** in relation to **your** product or service, if **we** don't provide it to **you** direct, such as providing **you** with apps, medical **treatment**, dental **treatment** or health assessments;
- organisations who carry out customer-satisfaction surveys or market research on **our** behalf, or who provide **us** with statistics and other information (for example, about **your** interests, purchases and type of household) to help **us** to improve **our** products and services;
- fraud-detection and credit-reference agencies; and
- sources which are available to the public, such as the edited electoral register or social media.

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

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

## 4. Categories of personal information

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

- standard personal information (for example, information **we** use to contact **you**, identify **you** or manage **our** relationship with **you**);
- special categories of information for example, health information; and
- information about criminal convictions and offences (**we** may get this information when carrying out fraud or money laundering checks, or other background screening to prevent crime).

**More information:**

**Standard personal information includes:**

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

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

**Special category information includes:**

- information about **your** physical or mental health, including genetic information or biometric information (**we** may get this information from application forms **you** have filled in, from notes and reports about **your** health and any **treatment** and care **you** have received or need, or it may be recorded in details of contact **we** have had with **you** such as information about complaints or incidents, and referrals from **your** existing insurance provider, quotes and records of medical services **you** have received).

**Criminal offences and convictions information includes:**

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

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

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

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

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

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

- **it is necessary for the purposes of preventive or occupational medicine**, to assess whether **you** are able to work, medical diagnosis, to provide health or social care or **treatment**, or to manage health-care or social-care systems (including to monitor whether **we**

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

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

## 6. Legitimate interests

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

**More information:** Legitimate interest is one of the legal reasons why **we** may process **your** personal information. Taking into account **your** interests, rights and freedoms, legitimate interests which allow **us** to process **your** personal information include:

- to manage **our** relationship with **you**, **our** business and third parties who provide products or services for **us** (for example, to check that **you** have received a service that **you're** covered for, to validate invoices and so on);

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

## 7. Marketing and preferences

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

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

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

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

## 8. Processing for profiling and automated decision-making

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

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

### More information:

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

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

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

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

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

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

### Profiling and automated decision-making

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

- Depending on the type of insurance product that **you** want to benefit from, to help **us** decide what level of cover **we** can offer **you**, **we** will ask **you** to provide information about **your** medical history. **We** may use software to review this information to find out whether **you** have any previous or existing health conditions which **we** cannot cover **you** for and which will be excluded from **your policy**.
- **We** may use software to help **us** calculate the price of products and services based on what **we** know about **you** and other customers. For example, **our** technology may analyse information about **your** claims history and compare it with the information **we** hold about previous claims to evaluate how likely **you** are to need to make a claim. **We** may also evaluate **your** age, where **you** live and other details relating to **your** health (such as existing health conditions and whether **you** smoke) to calculate prices for community-rated products which are based on predefined groups with similar risk profiles.

### Profiling

The processes set out below involve profiling.

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

## 9. Sharing your information

**Summary:** **We** share **your** information within the **Bupa** Group, with relevant **policyholders** (including **your** employer if **you** are covered under a group scheme), with funders arranging services on **your** behalf, with people acting on **your** behalf (for example, brokers and other agents) and with others who help **us** provide services to **you** (for example, health-care providers and medical-assistance providers) or who **we** need information from to allow **us** to handle or confirm claims or entitlements (for example, professional associations). **We** also share **your** information in line with the law. For more information about who **we** share **your** information with and why, please see below.

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

**For all our customers, we share your information with:**

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

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

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

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

## 10. Anonymised and combined information

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

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

**We** deal with many international organisations and use global information systems. As a result, **we** transfer **your** personal information to countries outside the EEA (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy notice.

**We** take steps to make sure that, when **we** transfer **your** personal information to another country, appropriate protection is in place, in line with data-protection laws. Often, this protection is set out under a contract with the organisation who receives that information. For more information about this protection, please contact **us** at [info@bupaglobal.com](mailto:info@bupaglobal.com)

## 12. How long we keep your personal information

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

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

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

## 13. Your rights

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

**More information:** **You** have the following rights (certain exceptions apply).

- **Right of access:** **You** have the right to make a written request for details of **your** personal information and a copy of that personal information.
- **Right to rectification:** **You** have the right to have inaccurate information about **you** corrected or removed.
- **Right to erasure ('right to be forgotten'):** **You** have the right to have certain personal information about **you** deleted from **our** records.
- **Right to restriction of processing:** **You** have the right to ask **us** to use **your** personal information for restricted purposes only.
- **Right to object:** **You** have the right to object to **us** processing (including profiling) **your** personal information in cases where **our** processing is based on a

task carried out in the public interest or where **we** have let **you** know it is necessary to process **your** information for **our** or a third party's legitimate interests. **You** can object to **us** using **your** information for direct marketing and profiling purposes in relation to direct marketing.

- **Right to data portability:** **You** have the right to ask **us** to transfer the personal information **you** have given **us** to **you** or to someone else in a format that can be read by computer.
- **Right to withdraw consent:** **You** have the right to withdraw any permission **you** have given **us** to handle **your** personal information. If **you** withdraw **your** permission, this will not affect the lawfulness of how **we** used **your** personal information before **you** withdrew permission, and **we** will let **you** know if **we** will no longer be able to provide **you** with **your** chosen product or service.
- **Right in relation to automated decisions:** **You** have the right not to have a decision which produces legal effects which concern **you** or which have a significant effect on **you** based only on automated processing, unless this is necessary for entering into a contract with **you**, it is authorised by law or **you** have given **your** permission for this. **We** will let **you** know if **we** make automated decisions, **our** legal reasons for doing this and the rights **you** have.

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

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

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

In order to exercise **your** rights, please contact **us** at [info@bupaglobal.com](mailto:info@bupaglobal.com)

## 14. Data-protection contacts

If **you** have any questions, comments, complaints or suggestions in relation to this notice, or any other concerns about the way in which **we** process information about **you**, please contact **our** service team on +44 (0)1273 323 563. Alternatively **you** can email or write to **our** Data Protection Officer or Privacy Team at [info@bupaglobal.com](mailto:info@bupaglobal.com) or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, **United Kingdom**.

**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. **You** have a right to make a complaint to them or to **your** local privacy supervisory authority.



# GLOSSARY

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| <b>Active treatment</b>   | <b>Treatment</b> from a <b>medical practitioner</b> of a disease, illness or injury that leads 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>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 intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction. |
| <b>Benefits 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>Blue Cross Blue Shield Association / Blue Cross Blue Shield Global / BCBSA</b> | The <b>Blue Cross and Blue Shield Association</b> is a national federation of 36 independent, community-based and locally-operated <b>Blue Cross and Blue Shield</b> companies. <b>Blue Cross Blue Shield Global</b> is a brand owned by <b>Blue Cross Blue Shield Association</b> .        |
| <b>Bupa</b>   | The British United Provident Association Limited, a <b>UK</b> limited liability company limited by guarantee, registered in England and Wales with company number 00432511, with registered office at <b>Bupa</b> , 1 Angel Court, London, EC2R 7HJ, England.                               |
| <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.  |
| <b>Bupa group of companies and administrators</b>                                 | <b>Bupa Global, Bupa</b> Insurance Services Limited and all other companies in the <b>Bupa</b> Group, and those companies which provide any administration of this <b>policy</b> on behalf of <b>Bupa Global</b> .  |
| <b>Co-insurance</b>   | The percentage <b>you</b> have to pay towards those <b>covered benefits</b> to which <b>co-insurance</b> applies, as indicated in <b>your</b> membership certificate and membership guide.  |
| <b>Complementary therapist</b>  | Such as an acupuncturist, homeopath, reflexologist, naturopath or Chinese medicine practitioner who is fully trained and legally qualified and permitted to practise by the relevant authorities in the country in which the <b>treatment</b> is received.                                  |
| <b>Covered benefits</b>   | The <b>treatment</b> and benefits shown as covered in the Guide to <b>your Bupa Global health plan</b> .  |
| <b>Day-patient</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-patient mental health treatment</b> .  |

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| <b>Dental practitioner</b>                      | A person who:<br>- is legally qualified to practice dentistry,<br>- is recognised by the relevant authorities in the country in which the <b>treatment</b> takes place as having a specialised qualification following attendance at a recognised dental school, and<br>- is permitted to practice dentistry by the relevant authorities in the country where the dental <b>treatment</b> takes place<br><br>Examples of a specialised qualification in the field of dentistry may include (but are not limited to) periodontics or paediatric dentistry. |
| <b>Dependants</b>                               | Any other people covered by this <b>policy</b> , as named on the insurance certificate.   |
| <b>Diagnostic tests</b>                         | Investigations, such as X-rays or blood tests, to find the cause of <b>your</b> symptoms.   |
| <b>Dietician</b>                                | Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the <b>treatment</b> is received.  |
| <b>Doctor</b>                                   | A person who: is legally qualified in medical practice following attendance at a recognised medical school to provide medical <b>treatment</b> , does not need a <b>specialist's</b> training, and is licensed to practise medicine in the country where the <b>treatment</b> is received. 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.  |
| <b>Emergency</b>                                | A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgment of a reasonable person, requires immediate <b>treatment</b> , generally within 24 hours of onset, and which would otherwise put <b>your</b> health at risk.  |
| <b>Family Members</b>                           | Persons of a family relationship (related to <b>you</b> by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.   |
| <b>Guide to your Premier Global health plan</b> | The booklet entitled " <b>Guide to your Premier Global health plan</b> " for the <b>health plan</b> which is stated to apply to <b>you</b> on <b>your</b> insurance certificate. This sets out which <b>treatments</b> and benefits are included under and any exclusions that apply to this <b>policy</b> . Where <b>you the policyholder</b> have a different <b>health plan</b> to the <b>dependants</b> , a different " <b>Guide to your health plan</b> " will apply to each of <b>you</b> .   |
| <b>Health plan</b>                              | Any insurance plans made available by <b>Bupa Global</b> from time to time.   |
| <b>Hospital</b>                                 | A centre of <b>treatment</b> which is registered, or recognised under the local country's laws, as existing primarily for carrying out major <b>surgical operations</b> , or providing <b>treatment</b> which only <b>specialists</b> can provide.  |
| <b>Illegal activity</b>                         | <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.  |
| <b>In-patient</b>                               | <b>Treatment</b> which for medical reasons normally means that <b>you</b> have to stay in <b>hospital</b> bed overnight or longer.  |
| <b>Intensive care</b>                           | <b>Intensive care</b> includes; High Dependency Unit (HDU): a unit that provides a higher level of medical care and monitoring, for example in single organ system failure. Intensive Therapy Unit/ <b>Intensive Care</b> Unit (ITU/ICU): a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation. Coronary Care Unit (CCU): a unit that provides a higher level of cardiac monitoring. Special care baby unit: a unit that provides the highest level of care for babies.      |

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| <b>Medical practitioner</b>                           | A <b>specialist, doctor, psychologist, psychotherapist, physiotherapist, osteopath, chiropractor, dietician, speech therapist, complementary therapist or therapist</b> who provides <b>active treatment</b> of a known condition.  |
| <b>Medically necessary:</b>                           | <b>treatment</b> , medical service or prescribed drugs/medication which is:<br>(a) consistent with the diagnosis and medical <b>treatment</b> for the condition;<br>(b) consistent with generally accepted standards of medical practice;<br>(c) necessary for such a diagnosis or <b>treatment</b> ;<br>(d) not being undertaken primarily for the convenience of the member or the treating <b>medical practitioner</b>   |
| <b>Mental health treatment</b>                        | <b>Treatment</b> of mental health conditions, including eating disorders.   |
| <b>Network</b>  | A <b>hospital, pharmacy</b> , or similar facility, or medical practitioner which has an agreement in effect with <b>Bupa Global</b> or <b>service partner</b> to provide <b>you</b> with eligible <b>treatment</b> .  |
| <b>Out-patient</b>                                    | <b>Treatment</b> given at a <b>hospital</b> , consulting room, <b>doctor's</b> office or <b>out-patient</b> clinic where <b>you</b> do not stay overnight or as a <b>day-patient</b> to receive <b>treatment</b> .  |
| <b>Ovulation induction treatment</b>                  | <b>Treatment</b> including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.  |
| <b>Persistent vegetative state:</b>                   | A state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and the person does not respond to stimuli such as calling their name, or touching. The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.  |
| <b>Pharmacy</b>                                       | A facility where prescribed drugs are prepared or sold.   |
| <b>Physiotherapists, osteopaths and chiropractors</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>Policy</b>   | <b>Your</b> contract of insurance with <b>Bupa Global</b> as described in Clause 1 of the Terms and Conditions.   |
| <b>Policy year</b>                                    | The 12 month period for which this <b>policy</b> is effective, as first shown on <b>your</b> insurance certificate and, if this <b>policy</b> is renewed, each 12 month period which follows the <b>renewal</b> date.   |
| <b>Policyholder</b>                                   | The main applicant set out in the application form and who will be the first person named on the insurance certificate.   |
| <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 on <b>your</b> membership certificate as a 'personal exclusion' or covered <b>pre-existing condition</b>.</li> <li>◦ Any medical condition declared in <b>your</b> application for cover which has been accepted with no 'personal exclusion' or underwriting loading applied</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 member which was not disclosed on <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 be deemed to mean <b>your</b> original application for cover under that previous insurance product.</p> |

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| <b>Prophylactic surgery</b>   | Surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland.   |
| <b>Psychologist and psychotherapist</b>                                 | A person who is legally qualified and is permitted to practice as such in the country where the <b>treatment</b> is received.   |
| <b>Qualified nurse</b>  | A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the <b>treatment</b> is received.  |
| <b>Reasonable and Customary</b>   | <b>Reasonable and Customary</b> means the 'usual', or 'accepted standard' amount payable for a specific healthcare <b>treatment</b> , procedure or service in a particular geographical region, and provided by <b>benefits providers</b> of comparable quality and experience.   |
| <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>Registered clinical trial</b>  | An ethically approved and clinically controlled trial that is registered on a national or international database of clinical trials (eg clinicaltrials.gov, ISRCTN.ORG or <a href="http://public.ukcrn.org.uk">http://public.ukcrn.org.uk</a> ).  |
| <b>Rehabilitation (Multidisciplinary rehabilitation)</b>                | <b>Treatment</b> in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.  |
| <b>Renewal</b>  | Each anniversary of the date <b>you</b> joined the <b>health plan</b> .   |
| <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 physician 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 provides services on behalf of <b>Bupa Global</b> . These services may include pre-authorisation of cover and location of local medical facilities.  |
| <b>Specialist</b>   | A surgeon, anaesthetist or physician who: is legally qualified to practise medicine or surgery following attendance at a recognised medical school, is recognised by the relevant authorities in the country in which the <b>treatment</b> is received as having specialised qualification in the field of, or expertise in, the <b>treatment</b> of the disease, illness or injury being treated. 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. |
| <b>Specified country of nationality</b>                                 | The country of nationality specified by <b>you</b> in <b>your</b> application form or as advised to <b>us</b> in writing, whichever is the later.   |
| <b>Specified country of residence</b>                                   | The country of residence specified by <b>you</b> in <b>your</b> application and shown in <b>your</b> insurance certificate, or as advised to <b>us</b> in writing, whichever is the later. The country <b>you</b> specify must be the country in which the relevant authorities (such as tax authorities) consider <b>you</b> to be resident for the duration of the <b>policy</b> .  |
| <b>Speech therapist</b>   | Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the <b>treatment</b> is received.  |
| <b>Surgical operation</b>   | A medical procedure that involves the use of instruments or equipment.  |
| <b>Therapists</b>   | An occupational <b>therapist</b> or orthoptist, who is legally qualified and is permitted to practise as such in the country where the <b>treatment</b> is received.  |

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| <b>Treatment</b>   | Surgical or medical services (including <b>diagnostic tests</b> ) that are needed to diagnose, relieve or cure disease, illness or injury.   |
| <b>UK</b>  | Great Britain and Northern Ireland.  |
| <b>Unrecognised medical practitioner, provider or facility</b> | <ul style="list-style-type: none"> <li>◦ <b>Treatment</b> provided by a <b>medical practitioner, hospital or healthcare facility</b> 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 or healthcare facility</b> 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 health plans</b>. <b>You</b> can contact <b>us</b> by telephone for details of <b>treatment</b> providers <b>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> |
| <b>We/us/our</b>   | <b>Bupa Global</b>   |
| <b>You the policyholder</b>                                    | Just the <b>policyholder</b> .   |
| <b>You/your</b>  | The <b>policyholder</b> and/or any <b>dependants</b> .   |

**General services:**

+44 (0) 1273 323 563

**Medical related enquiries:**

+44 (0) 1273 333 911

**Your** calls may be recorded or monitored.

**Bupa Global**

Victory House  
Trafalgar Place  
Brighton  
BN1 4FY

**United Kingdom**

**Bupa Global offers you:**

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

**For services in the U.S.**

**Blue Cross Blue Shield Global**

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**Bupa Global** is a trading name of **Bupa Global**  
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