

# WORLDWIDE HEALTH OPTIONS

Administered by



## Membership Guide

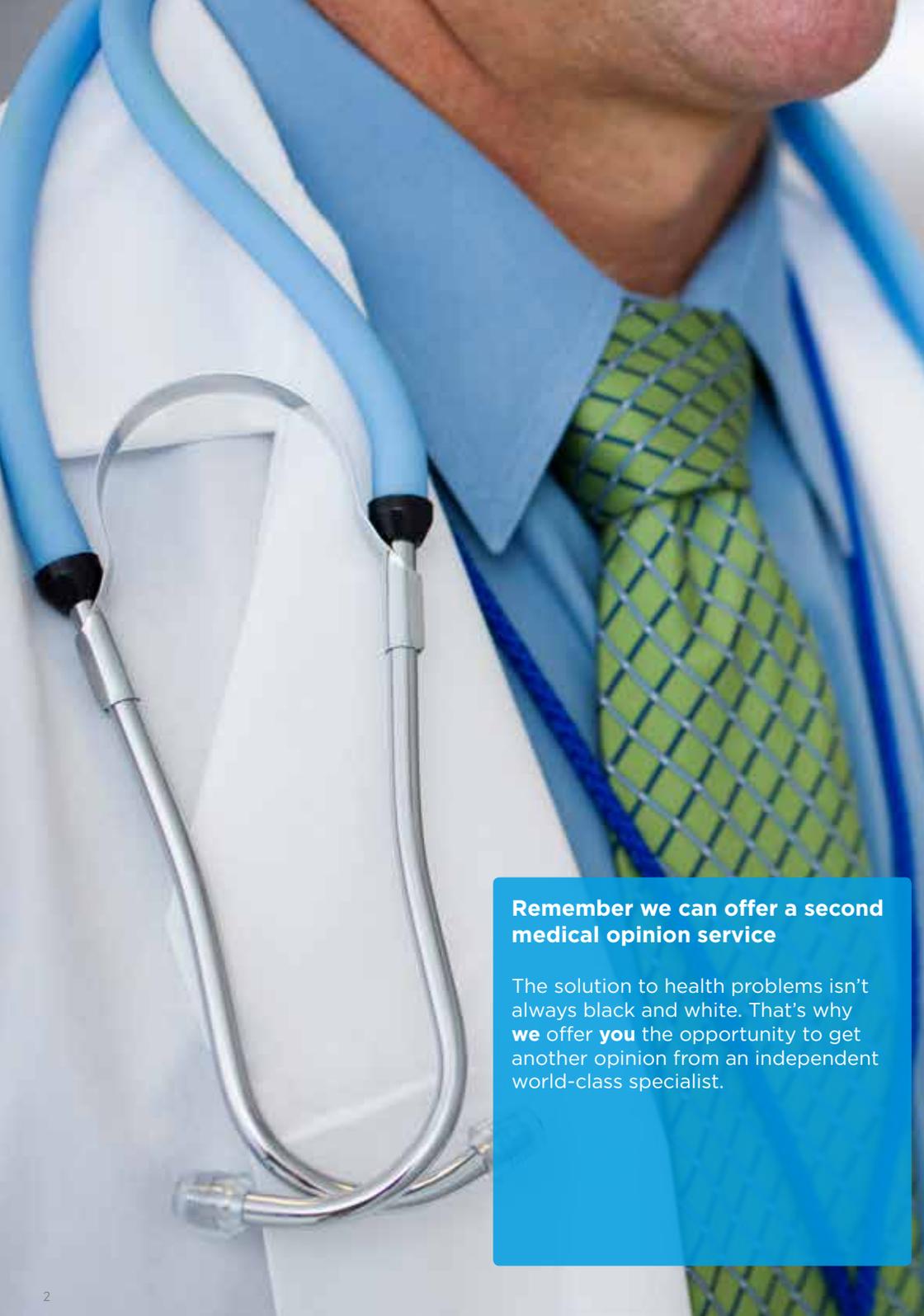
This booklet explains the terms and conditions of the Worldwide Health Options plan. Detailed information such as prior approval, making a claim and moving country can be found in this booklet.

From 1 April 2018

Insured by

**RafflesHealth**insurance

Raffles Health Insurance Pte Ltd ("RHI") (Company Registration Number: 200413569G) is the insurer and Bupa Global, the trading name of Bupa Insurance Services Limited, is the administrator of RHI international health insurance plans in Singapore.



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**Your** plan is insured by Raffles Health Insurance Pte Ltd (“RHI”) and administered by **Bupa Global**. **Bupa Global** is the trading name of Bupa Insurance Services Limited who is the administrator of this plan.

This policy is protected under the Policy Owners’ Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for **your** policy is automatic and no further action is required from **you**. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact **your** insurer or visit the GIA/LIA or SDIC web-sites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg).)

## 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 an independent world-class specialist.

# Welcome

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

This includes:

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

Please keep **your** membership guide in a safe place. If **you** need another copy, **you** can call **us**, or view and print it online at: [bupaglobal.com/membersworld](http://bupaglobal.com/membersworld)

## Bold words

Words in bold have particular meanings in this membership guide. Please check their definition in the Glossary before **you** read on. **You** will find the Glossary in the back of this membership guide.

# Contact us

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

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

### Healthline\* +44 (0) 1273 333 911

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

- o general medical information
- o finding local medical facilities
- o arranging and booking appointments
- o access to a second medical opinion
- o travel information
- o security information
- o information on inoculation and visa requirements
- o **emergency** message transmission
- o interpreter and embassy referral

You can ask **us** to arrange medical evacuations and repatriations, if covered under **your** plan, including:

- o air ambulance transportation
- o commercial flights, with or without medical escorts
- o stretcher transportation
- o transportation of mortal remains
- o 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.

### General enquiries +65 6340 1660

You can call **us** between 8:30am and 5.30pm (SGT), Monday to Friday

Raffles Health Insurance Pte Ltd  
(Company Registration No: 200413569G)  
39 Robinson Road  
#07-02 Robinson Point  
Singapore 068911

Email: rhi-bupa@raffleshealthinsurance.com\*\*  
Web: www.raffleshealthinsurance.com

### General enquiries: Bupa Global +44 (0) 1273 323 563

Your **Bupa Global** customer services helpline:

- o **you** can check cover and pre-authorise **in-patient** and **day-case treatment**
- o membership and payment queries
- o claims information

Email: info@bupaglobal.com \*\*  
Web: bupaglobal.com  
Tel: +65 6340 1688 (from within Singapore)

### Correspondence

Any correspondence, including **your** claims, should be sent to the following address:

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

### Contact details changed?

It's very important that **you** let **us** know when **you** change **your** contact details (correspondence address, email or telephone). **We** need to keep in touch with **you** so **we** can provide **you** with important information regarding **your** plan or **your** claims. Simply log onto MembersWorld or call, email or write to **us**.

\* **We** obtain health, travel and security information from third parties. **You** should check this information as **we** do not verify it, and so cannot be held responsible for any errors or omissions, or any loss, damage, illness and/or injury that may occur as a result of this information.

\*\* Please note that **we** cannot guarantee the security of email as a method of communication. Some companies, employers and/or countries do monitor email traffic, so please bear this in mind when sending **us** confidential information.

Your calls may be recorded or monitored.

### Easier to read information

**Braille, large print or audio**  
**We** want to make sure that members with special needs are not excluded in any way. **We** also offer a choice of Braille, large print or audio for **our** letters and literature. Please let **us** know which **you** would prefer.

### Making a complaint

**We're** always pleased to hear about aspects of **your** plan that **you** have particularly appreciated, or that **you** have had problems with.

If something does go wrong, this membership guide outlines a simple procedure to ensure **your** concerns are dealt with as quickly and effectively as possible. Please see the 'Making a Complaint' section for more details.

If **you** have any comments or complaints, **you** can call the **Bupa Global** customer helpline on +44 (0) 1273 323 563, 24 hours a day, 365 days a year.

Alternatively **you** can email via bupaglobal.com/membersworld, or write to **us**.

# Your website: MembersWorld

## We want to put you in control of your health insurance.

That's why **we** give **you** access to MembersWorld, an exclusive and secure website where **you** can manage **your** health plan in an easier and faster way.

**We** want to make **your** experience as simple and stress free as possible, so **you** can spend **your** time on the things that matter to **you**.

## In just a few clicks, it's easy to:

- o check **your** benefits
- o update **your** details and read documents
- o pre-authorise **in-patient** and day-case **treatment**
- o submit and track **your** claims\*
- o request a second medical opinion at no extra cost
- o if **your** sponsor has purchased **your health plan** via a broker, **you** can allow them access to view **your health plan** information (except claim related documents)
- o specify a preferred address for claim reimbursements – useful if **you** have multiple addresses or are travelling.

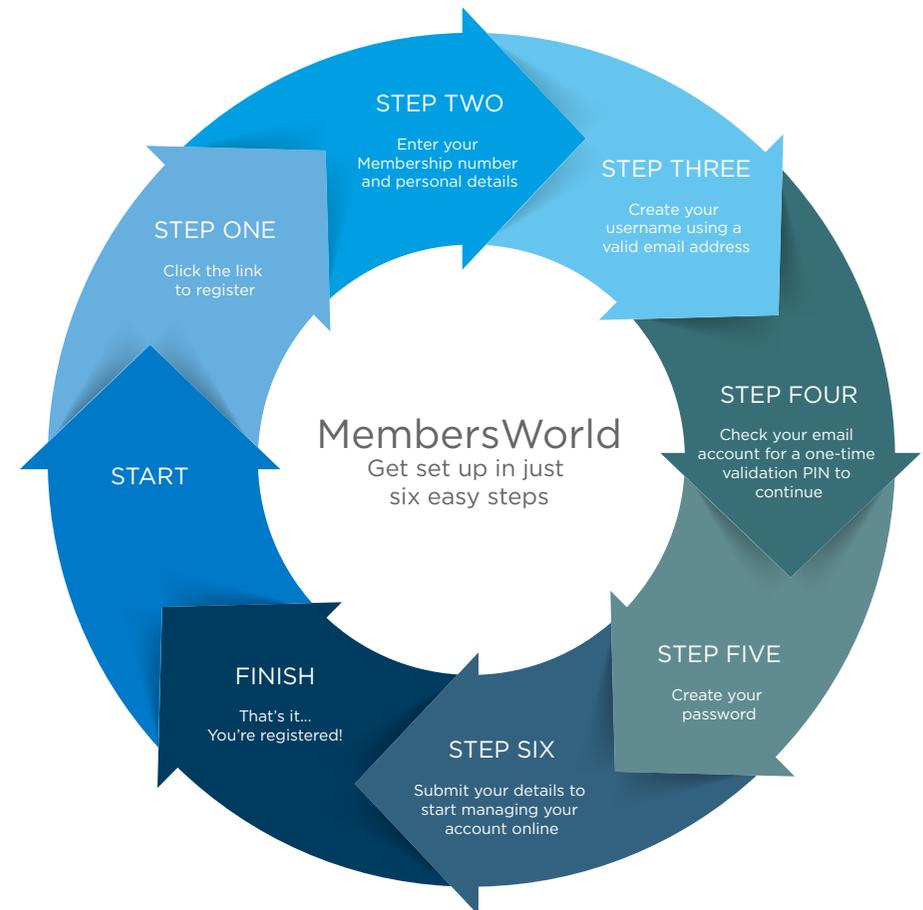
There are many more benefits online; log in to see for yourself.

\* MembersWorld may not be able to track claims in the U.S. as a third party is used here.

It's all there. Easy to find, simple and faster to use.

Why not spend a few moments to sign up to MembersWorld and start taking control of **your** plan today.

Go to: [bupaglobal.com/membersworld](http://bupaglobal.com/membersworld) to find out more.



# Pre-authorisation

## Please remember to pre-authorise your treatment

CALL: +44 (0) 1273 323 563  
(from outside Singapore)

CALL: +65 6340 1688  
(from within Singapore)

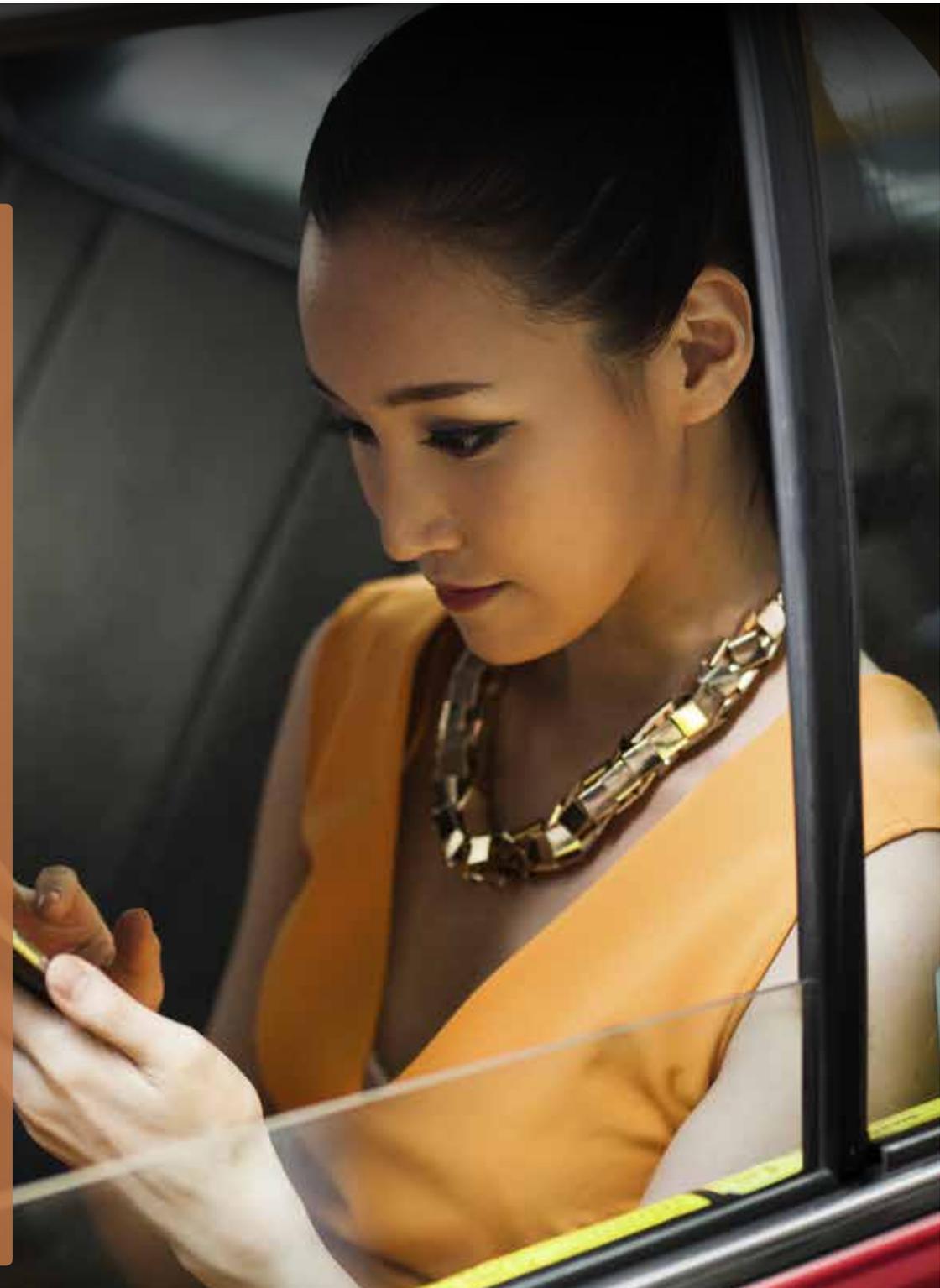
Or via **our** secure MembersWorld website at:  
[bupaglobal.com/membersworld](http://bupaglobal.com/membersworld)

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

If **we** pre-authorise **your** treatment, this means that **we** will pay up to the limits of **your** plan, provided that all the following requirements are met:

- o the **treatment** is eligible **treatment** that is covered by **your** plan,
- o **you** have an active membership at the time that **treatment** takes place,
- o the **treatment** carried out matches the **treatment** authorised,
- o **you** have provided a full disclosure of the condition and **treatment** required,
- o **you** have enough benefit entitlement to cover the cost of the **treatment**,
- o the **treatment** is medically necessary, and
- o the **treatment** takes place within 31 days after pre-authorisation is given.

This is a summary, please refer to the 'Pre-authorisation' section of this membership guide, and membership certificate for full details on how to claim.



# How to claim

If **you** need assistance with a claim call **us** on +44 (0) 1273 323 563 or go online at [bupaglobal.com/membersworld](http://bupaglobal.com/membersworld) or email **us** on [info@bupaglobal.com](mailto:info@bupaglobal.com). These details can be found on **your** membership card.

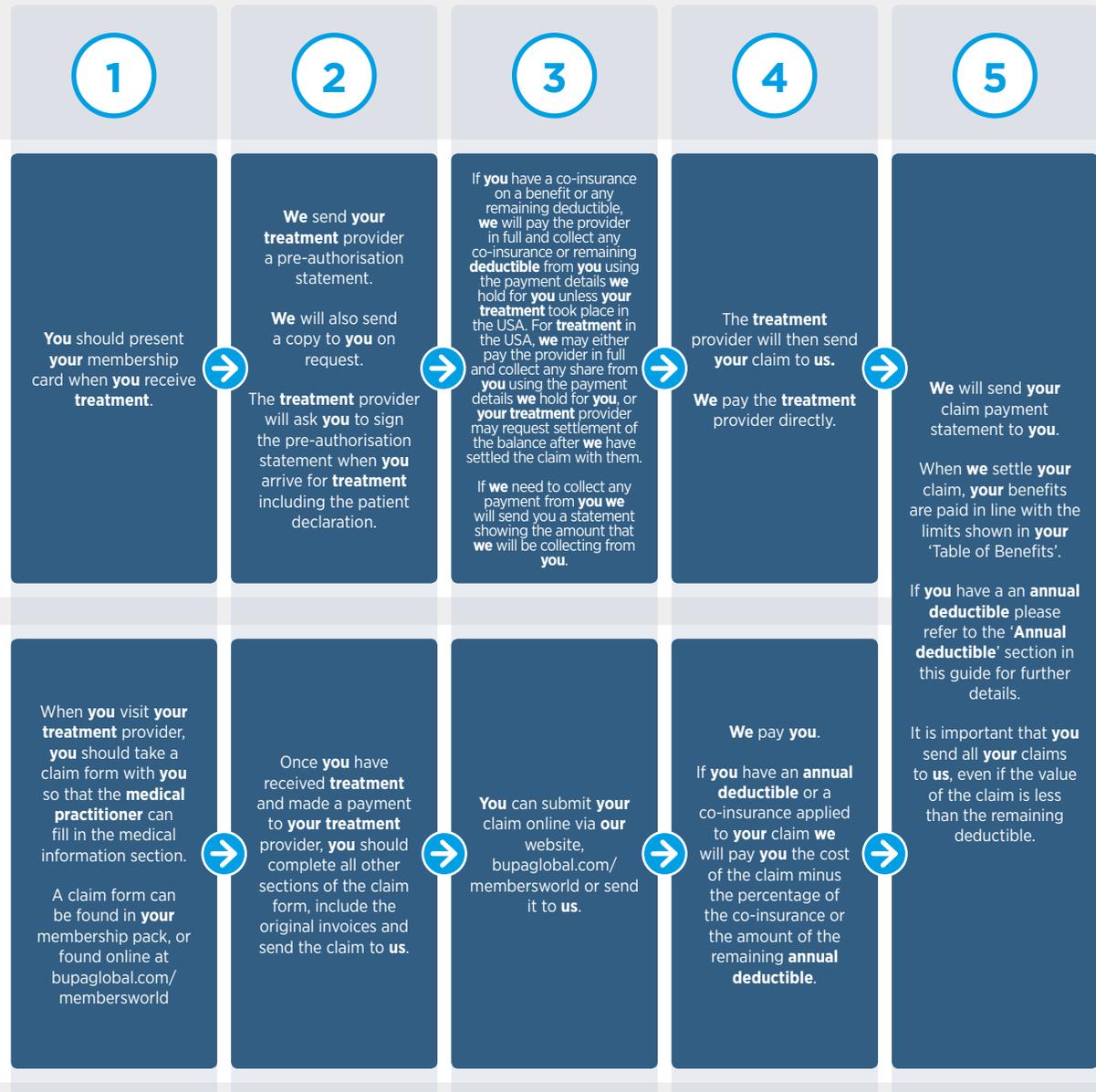
Whether **you** choose direct payment or 'pay and claim' **we** provide a quick and easy claims process. **We** aim to arrange direct settlement wherever possible, but it has to be with the **agreement** of whoever is providing the **treatment**. In general, direct settlement can only be arranged for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

## Direct Settlement

Direct settlement is where the provider of **your treatment** claims directly from **us**, making things easier for **you**.

## Pay and Claim

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



# Things you need to know about your Worldwide Health Options plan

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## How your plan works

In this section **you** will find information on how **your** plan works.

Find out more about:

- **our** service
- what happens if **you** need **treatment**
- **treatment** in the USA
- how to claim
- how **you** will be paid

## Our service

As a member, **you** have access to a number of services to help make **your** life easier.

### Round the clock reassurance from our Medical Centre

**Our** dedicated Medical Centre gives **you** the confidence of knowing that all **your** medical and wellbeing needs will be looked after by medically trained people who understand **your** situation.

**You** can call **our** Medical Centre on +44 (0) 1273 333 911 for healthcare advice, support and assistance at any time of the day or night.

### What help can you expect?

**You** will find **our Bupa Global** Assistance an accessible, knowledgeable and comprehensive resource for all health related questions and concerns. **We** will talk in **your** own language and give **you** access to medical experts and local facilities around the globe.

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

- medical referral options and advice
- booking appointments
- medical 'second opinions'
- travel advice
- security advice

\* **We** obtain health, travel and security information from third parties. **You** should check this information, as **we** cannot be held responsible for any errors or omissions, or any loss, damage, illness and/or injury that may occur as a result of this

information.

If **you** have purchased the Worldwide Evacuation option **you** can ask **us** to arrange evacuations and repatriations, including:

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

**Our Bupa Global** Assistance teams will handle **your** case from start to finish, so that **you** can always talk to someone who knows what is happening and they will aim to give **you** the support and consistent advice **you** require.

**You** will be treated as a valued individual rather than a policy number – **we** believe that every person and situation is different, and **we** focus on finding answers and solutions that work specifically for **you**.

### Online support at MembersWorld

To make **your** life easier and save **you** time and hassle, **we** have created an exclusive, secure and password protected members website.

**You** can log on to **your** MembersWorld website at [bupaglobal.com/membersworld](http://bupaglobal.com/membersworld) from anywhere in the world to manage **your** cover and access a comprehensive library of information and expert advice.

**You** can use **our** online features to:

- check cover and pre-authorise in-patient and **day-case treatment**
- view **your** plan documents
- update **your** personal details
- track the progress of **your** claims
- search **our** international **hospital** directory
- download claim forms and other useful documents
- talk to **us** using webchat

### Get expert health advice from [bupa.com](http://bupa.com)

**Our** health area is full of up-to-date information that can help **you** to stay fit and well. Look up the names of commonly used medicines and find out how they work and any side-effects and alternatives.

## What happens if you need treatment

If for any reason **you** need **treatment**, please get in touch with **us** first. **We** can then check **your** cover, talk through any concerns **you** may have and arrange prior approval\*.

\* **Your insurer** cannot be held responsible for any loss, damage, illness and/or injury that may occur as a result of receiving medical **treatment** at a **hospital** or from a **medical practitioner**, even when **we** have approved the **treatment** as being covered under **your** plan.

### Pre-authorisation (Prior Approval)

**We** want to make sure things run as smoothly as possible. After all, the last thing **you** want to worry about when **you** are not well is filling in forms and paying bills.

That is why **we** ask **you** to seek prior approval before going into **hospital**. It's important that **you** contact **us** before receiving **treatment**, whether **you** are:

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

**We** can then confirm that **your treatment** is covered by **your** plan. **Our** medically qualified staff can also offer advice and help to make sure **you** are receiving the most appropriate care.

Prior approval also allows **us** to be in direct contact with **your hospital** or clinic, so that **we** can take care of the bills, while **you** concentrate on getting well.

When **we** have been contacted about prior approval, **we** will send a pre-authorisation statement to **your hospital** or clinic, to let them know that **your treatment** is covered and ask them to send all the bills directly to **us**.

**We** will also send **you** a pre-authorisation statement. This can be used as a claim form to send to **us** with the original invoices if **you** need to pay for any of **your treatment**.

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**. **We** may require that **you** have a medical examination by an independent **medical practitioner** appointed by **us** (at **our** cost) who will then provide **us** with a medical report. If this information is not provided in a timely manner once requested this may result in a delay in pre-authorisation and to **your** claims being paid. If this information is not provided to **us** at all this may result in **your** claims not being paid.

Important rules: please note that pre-authorisation is only valid if all the details of the authorised **treatment**, including dates and locations, match those of the **treatment** received. If there is a change in the **treatment** required, if **you** need to have further **treatment**, or if any other details change, then **you** or **your** consultant must contact **us** to pre-authorise this separately. **We** make **our** decision to approve **your treatment** based on the information given to **us**. **We** reserve the right to withdraw **our** decision if additional information is withheld or not given to **us** at the time the decision is being made.

### How does it work?

Please follow these simple steps:

- make sure **you** take **your** membership card when **you** go for **treatment**
- give **your** card to the admissions staff when **you** arrive and ask them to contact **us** – all the information they need is on the card

- **we** will confirm whether the **treatment you** are having is covered and that **your** membership is in order
- **we** will arrange direct settlement with them, wherever possible. If **you've** chosen to pay a **deductible**, **we** will collect any amount due from **your** bank or credit card
- please note: If **you** have chosen to pay a **deductible**, **we** will collect any amount due from **your** bank or credit card
- **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**

And that is it. **You** can then relax and have **your treatment** knowing that **we** will take care of the costs for **you**.

### Our approach to costs

When **you** are in need of a **treatment** 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 **treatment** 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 **treatment** 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 **treatment** 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**' **treatment** provider will not be paid.

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

- **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**' **treatment** provider;
- **we** cannot control what amount **your** chosen 'out-of-**network**' **treatment** provider will seek to charge **you** directly.

There may be times when it is not possible for **you** to be treated at a **treatment** provider in **network**, for example, if **you** are taken to an 'out-of-**network**' **treatment** 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**' **treatment** provider in an **emergency**, it is important that **you**, or the **treatment** 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 **treatment** provider in **network** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a **treatment** 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**' **treatment** provider in certain countries.

## Treatment in the USA

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

Please call 844 369 3797 (from inside the **US**) or +1 844 369 3797 (from outside the **US**).

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

This cover still gives **you** the freedom to choose to have **your treatment** at any **hospital**. However, if **you** decide to have **your treatment** at a **hospital** which is not included in the **network**, **we** will only pay **Reasonable and Customary** costs towards the cost of covered **treatment**. Please see the " **Our approach to costs**" section of this membership guide.

There may be occasions when it is not possible for **you** to be treated at a **network hospital**.

These include:

- there is no **network hospital** within 30 miles/ 50 kilometres of **your** address
- the **treatment you** need is not available in the **network hospital**

In these cases, **we** won't ask **you** to share the cost of **your treatment**.

If **you** choose not to get prior approval for **your treatment in hospital**, and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans in the USA pre-authorised, **you** will be required to pay 50 percent of **your** covered expenses. Without prior approval, the special arrangements and **network** pricing **we** have put in place for **you** cannot be accessed.

Of course **we** understand that there are times when **you** cannot get prior approval, such as in an **emergency**. If **you** are taken to **hospital** in an **emergency**, it is important that **you** arrange for the **hospital** to contact **us** within 48 hours of **your** admission, or as soon as reasonably possible in the circumstances. **We** can then make sure **you** are getting the right care, in the right place. If **you** have been taken to a **hospital** which is not part of the **network**, and if it is the best thing for **you**, **we** may arrange for **you** to be moved to a **network hospital** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a provider in **network** (should this be offered to be arranged, where medically appropriate) only the **Reasonable and Customary** costs of any covered **treatment** or services received following the date of the transfer being offered will be paid (after any applicable co-insurance or **deductible** has been deducted).

## How to claim

**We** always aim to settle **your** claim directly with **your treatment** provider. If **we** cannot do this for any reason, please send **us** a claim by post. If **you** subscribe to **our** secure MembersWorld website, **you** can view **your** documents online, upload **your** claims and view **your** claims statement.

To help **us** to settle **your** claim promptly, **you** should include:

- a fully completed claim form
- all the original invoices for **your treatment**

**We** cannot return original documents such as invoices or letters, but **we** are happy to send copies if **you** ask for these when **you** submit **your** claim.

**We** may need to ask for extra information to help **us** process **your** claim, for example:

- medical reports or other information about **your** condition
- the results of any independent medical examination that **we** may ask for at **our** expense
- written confirmation that **you** cannot claim against another person or insurer

If this is the case, there will be a delay before **we** are able to make any claim payment.

**We** will pay for:

- **treatment** and conditions included on **your** plan while **you** are covered by **your** membership
- costs as described in **your** 'Table of benefits' as applicable on the date(s) of **your treatment**
- **treatment** which is clinically appropriate and suitable for **you**
- **active treatment** of a disease, illness or injury that leads to **your** recovery, conservation of **your** condition or to restore **you** to **your** previous state of health
- costs for **treatment** which **you** have received, but not deposits or advance payments for **treatment** to be received in the future, or registration/administration fees charged by the provider of **treatment**
- **Reasonable and Customary** costs. This means that the costs charged by **your treatment** provider should not be more than they would normally charge and be representative of charges by other **treatment** providers in the same area\*

\* 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) may be published by a government or official medical body. In such cases, or where published insurance industry standards exist, **Bupa Global** may refer to these when assessing and paying claims. Charges in excess of published guidelines or **Reasonable and Customary** costs may not be paid.

**We** will not pay for **treatment** which in **our** reasonable opinion is inappropriate based on established clinical and medical practice, and **we** are entitled to conduct a review of **your treatment**, when it is reasonable for **us** to do so.

## How you will be paid

**We** will pay only one of the following:

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

**We** will pay by either:

- electronic transfer direct to **your** bank account, or
- cheque

Electronic transfers are quick, secure and convenient, and **we** even pay the administration costs for making payments in this way. **Our** bank is instructed to pass these charges back to **us** for payment, but sometimes **you** will still be charged by **your** local bank. If this happens, **we** will refund these costs to **you**. Any other bank charges or fees, such as for currency exchange, are **your** responsibility, unless they are charged as a result of **our** error.

If **you** wish **us** to pay **you** using electronic transfer, **we** will need the following details:

- full account number
- SWIFT code
- bank address
- IBAN number (if **your** account is held in Europe)

Please include all this information in the payment section of **your** claim form.

If **we** pay **you** by cheque and **you** don't cash it within 6 months, it will no longer be valid. If this happens simply get in touch and **we** will send **you** a replacement.

### Which currency will you be paid in?

**We** will pay **you** in the currency **you** asked for in the payment section of **your** claim form, unless **we** are not allowed to due to international banking regulations, or where this may expose **us** (or **our** Bupa group of companies and administrators) to any sanction, prohibition or restriction under the

laws of any relevant jurisdiction and/or United Nations resolution. If this happens, **we** will pay **you** in the currency **you** use to pay **us**, or, at **our** discretion, such other currency **we** are permitted and able to make payment in, if any such payment is permitted to be made.

If **we** have to make a conversion from one currency to another, the exchange rate **we** use will be Reuters closing spot rate set at 16.00 **UK** time on the **UK** working day preceding the invoice date. If there is no invoice date, **we** will use the date of **your treatment**.

### How much will you be paid?

**Your** benefits are paid in line with the limits shown in **your** 'Table of benefits' and any **deductibles** **you** may have chosen.

The benefit limits are shown in three currencies (see **your** 'Table of benefits').

The currency in which **you** have chosen to pay **your** subscriptions is the one **we** use to calculate **your** benefits.

There are different types of benefit limits, which are quoted separately for each person included in **your** membership:

- annual maximum – **we** will pay up to this amount for all **treatments** in total, each **membership year**
- money limit – **we** will pay up to this amount for a particular **treatment**, each **membership year**
- visits limit – **we** will cover up to this number of visits or **treatments**, each **membership year**
- lifetime limit – **we** will pay up to this amount (in money or visits) for the whole of **your** membership of this plan\*
- single condition limit – **we** will pay up to this amount (in money or visits) for a single diagnosis, each **membership year**

\* Exception – the lifetime limit for **psychiatric treatment** in **hospital** applies to the whole of **your** membership with **your insurer**. Please read about **psychiatric treatment** in **your** 'Table of benefits'.

### Discretionary payments

Sometimes, in certain situations, **we** may pay for **treatment you** have received which is outside the terms of **your** cover. This is called a discretionary or ex-gratia payment. Any payment that **we** may make on this basis will still count towards the maximum limits on **your** membership. If **you** receive a discretionary payment like this, it does not mean that **we** are required to pay similar costs in the future.

**We** are not required to pay for any **treatment** or condition that is not covered by **your** plan, even if **we** have paid an earlier claim for similar or identical **treatments** or conditions.

### Claiming for treatment when others are responsible

**You** must complete the appropriate section of the claim form if **you** are claiming for **treatment** that is needed when someone else is at fault, for example in a road accident in which **you** are a victim. If so, **you** will need to take any reasonable steps **we** ask of **you** to assist **us** to:

- recover from the person at fault (such as through their insurance company) the cost of the **treatment** paid for by **Bupa Global**, and
- claim interest if **you** are entitled to do so

If any person is to blame for any injury, disease, illness, condition or other event in relation to which **you** receive any covered benefits, **we** may make a claim in **your** name.

**You** must provide **us** with any assistance **we** reasonably require to help make such a claim, for example:

- providing **us** with any documents or witness statements;
- signing court documents; and
- submitting to a medical examination.

**We** may exercise **our** rights to bring a claim in **your** name before or after **we** have made any payment under the membership. **You** must not take any action, settle any claim or otherwise do anything which adversely affects **our** rights to bring a claim in **your** name.

### Claiming with joint or double insurance

**You** must complete the appropriate section on the claim form if **you** have any other insurance cover for the cost of the **treatment** or benefits **you** have claimed from **us**. If **you** do have other insurance cover, this must be disclosed to **us** when claiming, and **we** will only pay **our** proportional share of the cost of the **treatment** or benefits claimed.

# Summary of Benefits

Level

## Core cover: Worldwide Medical Insurance

Overall annual maximum - GBP 1,700,000 / USD 2,890,000 / EUR 2,125,000*	●
Staying in <b>hospital</b> overnight or as a <b>day-case</b>	●
Parent accommodation	●
Nursing care	●
Operating room, medicines and surgical dressings	●
<b>Intensive care</b> , intensive therapy, coronary care and high dependency unit	●
In-patient, <b>day-case</b> and <b>out-patient surgical operations</b> , including surgeons' and anaesthetists' fees	●
<b>Specialists'</b> consultation fees	●
Pathology, X-rays and <b>diagnostic tests</b>	●
<b>Physiotherapy, chiropractor</b> and <b>osteopathy, therapists, complementary therapists, dietician</b> and <b>speech therapist</b>	●
<b>Rehabilitation</b>	●
Advanced imaging	●
<b>Psychiatric treatment</b> overnight in <b>hospital</b> , including room, board and <b>treatment</b> costs	●
<b>Psychiatric treatment</b> as a <b>day-case</b> , including room, board and <b>treatment</b> costs	●
Prosthetic implants and appliances	●
Prosthetic devices	●
Childbirth and <b>treatment</b> in <b>hospital</b>	●
Childbirth at home or <b>birthing centre</b>	●
Complications of maternity and childbirth	●
Medically essential Caesarean section	●
Newborn care	●
Cancer <b>treatment</b>	●
Transplant services	●
Hospice and palliative care	●
Local road ambulance	●
Local air ambulance	●
Home nursing	●
Hospitalisation cash benefit	●
<b>Emergency</b> dental <b>treatment</b>	●
<b>Treatment</b> of congenital and hereditary conditions	●
Kidney dialysis	●

## Option: Worldwide Medical Plus

Overall annual maximum - GBP 25,000 / USD 42,500 / EUR 31,250* (excluding transplant services benefits)	●
<b>Specialists'</b> consultation and <b>doctors'</b> fees	●
<b>Physiotherapy, osteopathy</b> and <b>chiropractor treatment</b>	●
Consultations and <b>treatment</b> with <b>therapists, complementary therapists</b> and <b>qualified nurses</b>	●
Psychiatrists', <b>psychologists'</b> and <b>psychotherapist</b> fees	●
Speech therapy	●
Pathology, X-rays and <b>diagnostic tests</b>	●
Young child care	●
Maternity	●
Accident-related dental <b>treatment</b>	●
Transplant services	●

# Summary of Benefits (continued)

Level

## Option: Worldwide Medicines and Equipment

Prescribed medicines and dressings	●
Durable medical equipment - up to 45 days rental each condition	●
Long-term prescription medicines	●

## Option: Worldwide Wellbeing

Overall annual maximum - GBP 5,000 / USD 8,500 / EUR 6,250*	●
Full health screen	●
Mammogram	●
Papanicolaou (PAP) test	●
Prostate cancer screen	●
Colon cancer screen	●
Bone densitometry	●
Four dietetic consultations	●
Vaccinations	●
Dental benefits	●
Dental - Preventive - 100%	●
Dental - Routine and major restorative - 80%	●
Dental - Orthodontic - 50%	●
Eye test (including consultation)	●
Spectacle lenses	●
Contact lenses	●
Spectacle frames	●

## Option: Worldwide Evacuation

Evacuation	●
Repatriation	●
Travel cost for an accompanying person	●
Travel cost for the transfer of minor children	●
Living allowance	●
Repatriation of mortal remains	●
Compassionate visit and return	●
Compassionate visit living allowance	●

# Summary of Exclusions

	Level
Surrogate parenting	●
Artificial life maintenance	●
Birth control	●
Conflict and disaster	●
Convalescence and admission for general care, or staying in <b>hospital</b> for	●
Cosmetic <b>treatment</b>	●
Developmental problems	●
Donor organs	●
<b>Epidemics and pandemics:</b>	●
Experimental <b>treatment</b>	●
Eyesight	●
Foetal surgery	●
Footcare	●
Harmful or hazardous use of alcohol, drugs and/or medicines	●
Health hydros, nature cure clinics etc.	●
Infertility <b>treatment</b>	●
Obesity	●
<b>Persistent vegetative state</b> (PVS) and neurological damage	●
Personal exclusions	●
Personality disorders	●
<b>Pre-existing conditions</b>	●
Preventive <b>treatment</b>	●
Reconstructive or remedial surgery	●
Self-inflicted injuries	●
Sexual problems/gender issues	●
Sleep disorders	●
Stem cells	●
Temporomandibular joint (TMJ) disorders	●
Travel costs for <b>treatment</b>	●
<b>Unrecognised medical practitioner, hospital or healthcare facility</b>	●
USA <b>treatment</b>	●

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

# Table of Benefits

The table of benefits shows the benefits, limits and the detailed rules that apply to **your** plan. **You** also need to read the 'What is not covered?' section so that **you** understand the exclusions on **your** plan which these benefits are subject to.

## Core cover: Worldwide Medical Insurance

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

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

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

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

Benefits	Level	Explanation of benefits
Overall annual maximum - GBP 1,700,000 / USD 2,890,000 / EUR 2,125,000*		* It is possible that not all currencies will be available to <b>you</b> . Please see <b>your</b> membership certificate for the currency applicable to <b>your</b> contract.
Staying in <b>hospital</b> overnight or as a <b>day-case</b>	Paid in full	<p><b>We</b> pay <b>hospital</b> room and board costs when:</p> <ul style="list-style-type: none"> <li>○ there is a medical need to stay in <b>hospital</b></li> <li>○ <b>your treatment</b> is given or managed by a <b>specialist</b></li> <li>○ <b>you</b> are staying in <b>hospital</b></li> <li>○ the length of <b>your</b> stay is medically appropriate for the procedure that <b>you</b> are admitted for. For example, unless medically essential, <b>we</b> do not pay for <b>day-case</b> accommodation for <b>out-patient treatment</b>, and <b>we</b> do not pay for in-patient accommodation for <b>day-case treatment</b>.</li> <li>○ <b>you</b> occupy a standard single room with private bathroom. (This means <b>we</b> will not pay the extra costs of a deluxe, executive or VIP suite, etc)</li> <li>○ if <b>treatment</b> fees are charged in line with the room type, <b>we</b> will pay for <b>treatment</b> at the cost which would have been charged if <b>you</b> had stayed in a standard single room with private bathroom</li> </ul> <p>If <b>you</b> need to stay in <b>hospital</b> for longer than <b>we</b> have given prior approval, or if <b>your treatment</b> plan changes, <b>your specialist</b> must send <b>us</b> a medical report as soon as possible telling <b>us</b>:</p> <ul style="list-style-type: none"> <li>○ <b>your</b> diagnosis</li> <li>○ <b>treatment you</b> have already had</li> <li>○ <b>treatment that you</b> need to have</li> <li>○ how long <b>you</b> need to stay in <b>hospital</b></li> </ul> <p><b>We</b> will also pay up to GBP 10/USD 17/EUR 13 each day for personal expenses such as newspapers, television rental and guest meals when <b>you</b> have had to stay overnight in <b>hospital</b>.</p> <p><b>We</b> do not pay <b>hospital</b> room and board charges if <b>you</b> are staying in <b>hospital</b> for any of the following reasons:</p> <ul style="list-style-type: none"> <li>○ convalescence</li> <li>○ general supervision</li> <li>○ pain management</li> <li>○ general nursing care without <b>specialist treatment</b>, except when in a hospice and receiving palliative care</li> <li>○ services from a <b>therapist</b> or <b>complementary therapist</b>, physiotherapist, osteopath, <b>chiropractor</b>, <b>dietician</b> or <b>speech therapist</b></li> <li>○ domestic services such as help in walking, bathing or preparing meals, or</li> <li>○ receiving <b>treatment</b> that could have taken place as an <b>out-patient</b></li> </ul>

## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Parent accommodation	Paid in full	<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>○ <b>you</b> are staying in the same <b>hospital</b> as the child</li> <li>○ <b>you</b> are staying with a child up to 18 years old, and</li> <li>○ the child is a member and receiving <b>treatment</b> that is covered</li> </ul>
Nursing care	Paid in full	<p><b>We</b> pay for reasonable costs of a <b>qualified nurse</b> for <b>your treatment</b> if the <b>hospital</b> does not provide nursing staff.</p> <p><b>We</b> do not pay for nurses hired in addition to the <b>hospital's</b> own staff.</p>
Operating room, medicines and surgical dressings	Paid in full	<p><b>We</b> pay for the 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 for use during <b>your hospital</b> stay</li> </ul> <p><b>We</b> do not pay medicines and dressings prescribed for use at home unless <b>you</b> have bought the Worldwide Medicines and Equipment option.</p>
<b>Intensive care</b> , intensive therapy, coronary care and high dependency unit	Paid in full	<p><b>We</b> pay room and board costs if <b>you</b> are treated in an <b>intensive care</b>/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when it is the most appropriate place for <b>you</b> to receive <b>treatment</b> and:</p> <ul style="list-style-type: none"> <li>○ it is an essential part of <b>your treatment</b> and is required routinely by patients undergoing the same type of <b>treatment</b> as <b>you</b>, or</li> <li>○ it is <b>medically necessary</b> in the event of unexpected circumstances, for example if <b>you</b> have an allergic reaction during surgery</li> </ul>
In-patient, <b>day-case</b> and <b>out-patient surgical operations</b> , including surgeons' and anaesthetists' fees	Paid in full	<p><b>We</b> pay for in-patient, <b>day-case</b> and <b>out-patient surgical operations</b>, procedures including surgeons' and anaesthetists' fees, as well as <b>treatment</b> needed immediately before and after the surgery on the same day. This includes <b>surgical operations</b>/procedures such as dialysis performed whether staying in <b>hospital</b> overnight, as a <b>day-case</b> or as an <b>out-patient</b>.</p> <p><b>We</b> do not pay for <b>out-patient treatment</b> received prior to the day of surgery or as a follow-up after the day of surgery unless <b>you</b> have bought the Worldwide Medical Plus option.</p>
<b>Specialists'</b> consultation fees	Paid in full	<p><b>We</b> pay for <b>specialists'</b> consultation fees during <b>your</b> stay in <b>hospital</b> when <b>you</b> have:</p> <ul style="list-style-type: none"> <li>○ medical <b>treatment</b>, for example if <b>you</b> have pneumonia</li> <li>○ meetings with <b>your specialist</b>, for example to discuss <b>your</b> surgery</li> <li>○ <b>specialist</b> attendance when <b>medically necessary</b>, for example in the unlikely event that <b>you</b> have a heart attack during surgery</li> </ul>

## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Pathology, X-rays and <b>diagnostic tests</b>	Paid in full	<p><b>We</b> pay for:</p> <ul style="list-style-type: none"> <li>○ pathology, such as checking blood and urine samples</li> <li>○ radiology, such as X-rays</li> <li>○ <b>diagnostic tests</b> such as electrocardiograms (ECGs)</li> </ul> <p>if 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>
<b>Physiotherapy, chiropractor</b> and <b>osteopathy, therapists, complementary therapists, dietician</b> and <b>speech therapist</b>	Paid in full	<p><b>We</b> pay for <b>treatment</b> provided by <b>therapists</b> (such as occupational <b>therapists</b>), <b>complementary therapists</b> (such as acupuncturists), <b>physiotherapy, osteopathy, chiropractor</b> and <b>dietician</b> or <b>speech therapist</b> if it is needed as part of <b>your treatment</b> in <b>hospital</b>, as long as this <b>treatment</b> is not the primary reason for <b>your hospital</b> stay.</p>
<b>Rehabilitation</b>	<p><b>We</b> pay in full for up to 30 days each condition (which may be in-patient <b>treatment</b> or <b>day-case treatment</b>) each <b>membership year</b></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 <b>physiotherapy</b>.</p> <p><b>We</b> pay for <b>rehabilitation</b>; only when <b>you</b> have received <b>our</b> written agreement before the <b>treatment</b> starts, for up to 30 days <b>treatment</b> for each separate condition requiring <b>rehabilitation</b>. For <b>treatment</b> in <b>hospital</b> one day is each overnight stay and for <b>day-case</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 <b>rehabilitation</b> where it:</p> <ul style="list-style-type: none"> <li>○ starts within 30 days after the end of <b>your treatment</b> in <b>hospital</b> for a condition which is covered by <b>your</b> membership (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 written agreement, <b>we</b> must receive full clinical details from <b>your</b> consultant; 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>
Advanced imaging	Paid in full	<p><b>We</b> pay for advanced imaging 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>if recommended by <b>your specialist</b> to help diagnose or assess <b>your</b> condition, whether <b>you</b> need this during a <b>hospital</b> stay overnight, as a <b>day-case</b> or as an <b>out-patient</b>.</p>

## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
<p><b>Psychiatric treatment</b> overnight in <b>hospital</b>, including room, board and <b>treatment</b> costs</p>	<p>90 days' lifetime limit</p>	<p><b>We</b> pay for <b>psychiatric treatment</b> overnight in <b>hospital</b> or as a <b>day-case</b>, to include room, board and <b>treatment</b> costs related to the psychiatric condition.</p> <p><b>We</b> pay for a total of 90 days' <b>psychiatric treatment</b>, during <b>your</b> lifetime, for which <b>you</b> are medically required to stay overnight in <b>hospital</b>.</p> <p>This applies to all Bupa administered plans <b>you</b> have been a member of in the past, or may be a member of in the future, even if <b>you</b> have had a break in <b>your</b> cover.</p> <p>Example: if Bupa has paid for 45 days' <b>psychiatric treatment</b> in <b>hospital</b> under another Bupa administered plan, this plan will only pay for another 45 days' <b>treatment</b>.</p> <p><b>We</b> also pay for <b>psychiatric treatment</b> received as a <b>day-case</b> in <b>hospital</b>, for up to 20 days each <b>membership year</b>.</p>
<p><b>Psychiatric treatment</b> as a <b>day-case</b>, including room, board and <b>treatment</b> costs</p>	<p>Paid in full for 20 days each <b>membership year</b></p>	
<p>Prosthetic implants and appliances</p>	<p>Paid in full</p>	<p><b>We</b> pay for prosthetic implants and appliances shown in the following lists.</p> <p><b>Prosthetic implants:</b></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</li> <li>○ to remove excess fluid from the brain</li> <li>○ cochlear implant – provided the initial implant was provided to the member when under the age of five, <b>we</b> will pay ongoing maintenance and replacements</li> <li>○ breast reconstruction following surgery for cancer when the reconstruction was carried out as part of the original <b>treatment</b> for the cancer and <b>you</b> have obtained <b>our</b> written consent before receiving the <b>treatment</b></li> <li>○ to restore vocal function following surgery for cancer</li> </ul> <p><b>Appliances:</b></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>
<p>Prosthetic devices</p>	<p>Each device, up to GBP 2,000, USD 3,400 or EUR 2,500</p>	<p><b>We</b> pay for the initial prosthetic device needed as part of <b>your treatment</b>. By this <b>we</b> mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of <b>your</b> surgical procedure.</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 16.</p>

## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Childbirth and <b>treatment</b> in <b>hospital</b>	Each <b>membership year</b> , up to GBP 8,000, USD 13,600 or EUR 10,000	<p><b>We</b> pay for maternity <b>treatment</b> and childbirth after the mother has been a member of this plan for 24 months, including:</p> <ul style="list-style-type: none"> <li>○ <b>hospital</b> charges, obstetricians' and midwives' fees for normal childbirth</li> <li>○ post-natal care required by the mother immediately following normal childbirth, such as stitches</li> </ul> <p><b>Treatment</b> for</p> <ul style="list-style-type: none"> <li>○ abnormal cell growth in the womb (hydatiform mole)</li> <li>○ foetus growing outside the womb (ectopic pregnancy)</li> </ul> <p>are not covered from this benefit but may be covered by <b>your</b> other benefits.</p> <p>(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by <b>your</b> other benefits).</p> <p><b>Note: routine care for your baby</b>  <b>We</b> pay for routine care for the baby, for up to seven days following birth, from the mother's maternity benefit. Any non-routine care, if eligible, is paid from the baby's newborn care benefit, not from the mother's maternity benefit.</p> <p><b>Your</b> baby is also covered for up to seven days routine care following birth if <b>your</b> baby was born to a surrogate mother and <b>you</b>, as the intended parent, have been covered on the plan for 24 months when the baby is born.</p> <p>Please see surrogate parenting in the 'What is not covered?' section.</p> <p>Please read the 'Adding members to <b>your</b> plan' section.</p>
Childbirth at home or <b>birthing centre</b>	Each <b>membership year</b> , up to GBP 650, USD 1,105 or EUR 810	<p><b>We</b> pay for midwives' or other <b>specialists'</b> fees for childbirth at home or <b>birthing centre</b> after the mother has been a member for 24 months.</p> <p>Please see surrogate parenting in the 'What is not covered?' section.</p> <p>Please read the 'Adding members to <b>your</b> plan' section.</p>
Complications of maternity and childbirth	Paid in full	<p>Once <b>you</b> have been covered on this health plan for 24 months:</p> <p><b>Treatment</b> which is <b>medically necessary</b> as a direct result of pregnancy and childbirth complications.</p> <p>By complications <b>we</b> mean those conditions which only ever arise as a direct result of pregnancy or childbirth for example pre-eclampsia, threatened miscarriage, gestational diabetes, still birth.</p> <p>Please contact <b>us</b> for pre-authorisation where possible. If <b>you</b> require an <b>emergency</b> admission as a direct result of pregnancy and childbirth complications, please contact <b>us</b> within 48 hours of <b>your</b> admission.</p> <p>Please see surrogate parenting in the 'What is not covered?' section.</p> <p>Please read the 'Adding members to <b>your</b> plan' section.</p>

## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Medically essential Caesarean section	Each <b>membership year</b> , up to GBP 13,000, USD 22,100 or EUR 16,250	<p><b>We</b> pay for <b>hospital</b>, obstetricians' and other medical fees for the cost of the delivery of <b>your</b> baby by Caesarean section, after the mother has been a member of this plan for 24 months, when it is medically essential for a Caesarean section for example as a result of non progression during labour (eg dystocia, foetal distress, haemorrhage).</p> <p>Note: if <b>we</b> are unable to determine that <b>your</b> Caesarean section was medically essential, it will be paid from <b>your</b> maternity and childbirth benefit limit.</p> <p><b>We</b> do not pay for <b>treatment</b> received as an <b>out-patient</b> before or after the birth unless <b>you</b> have bought the Worldwide Medical Plus option.</p> <p>Please see surrogate parenting in the 'What is not covered?' section.</p> <p>Please read the 'Adding members to <b>your</b> plan' section.</p>
Newborn care	Each <b>membership year</b> , up to GBP 75,000, USD 127,500 or EUR 93,750	<p><b>We</b> pay newborn care benefits:</p> <ul style="list-style-type: none"> <li>○ for all <b>treatment</b> (including routine preventive care, check-ups and immunisations) that is required for the newborn during the first 90 days' following birth, instead of any other benefit. (The first seven days of routine care for <b>your</b> baby will be paid from the mother's maternity benefit, whether <b>your</b> baby is entitled to newborn cover benefits or not)</li> <li>○ only for children covered under this plan within 30 days after birth and who are added from their date of birth</li> </ul> <p><b>We</b> do not pay newborn care benefits for babies born as a result of <b>assisted reproduction technologies, ovulation induction treatment</b>, born to a surrogate or who have been adopted, or those children being enrolled on their own membership as these children can only join once they are 91 days old.</p> <p>Please read the 'Adding members to <b>your</b> plan' section.</p>
Cancer <b>treatment</b>	Paid in full	<p><b>We</b> pay for <b>treatment</b> of cancer, once it has been diagnosed, including:</p> <ul style="list-style-type: none"> <li>○ fees that are related specifically to planning and carrying out <b>treatment</b> for cancer. This includes tests, scans, consultations and drugs (such as cytotoxic drugs or chemotherapy).</li> </ul>

## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Transplant services	Each condition, up to GBP 150,000, USD 255,000 or EUR 187,500	<p><b>We</b> pay medical expenses 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><b>We</b> will also pay medical expenses for bone marrow transplants (either using <b>your</b> own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy when carried out for conditions other than cancer.</p> <p><b>We</b> pay donor expenses, for each condition needing a transplant whether the donor is a member or not, including:</p> <ul style="list-style-type: none"> <li>○ the harvesting of the organ, whether from 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> <p><b>We</b> do not pay for <b>treatment</b> received as an <b>out-patient</b> before or after the transplant for either <b>you</b> or <b>your</b> donor unless <b>you</b> have bought the Worldwide Medical Plus option.</p> <p><b>We</b> do not pay for anti-rejection medicines unless <b>you</b> have bought the Worldwide Medicines and Equipment option three or more years before needing these medicines.</p> <p><b>We</b> do not pay medical costs for <b>you</b> to have an organ harvested, when the intended recipient is not a member of a <b>Bupa Global</b> administered plan.</p> <p>Please read about transplant services under Worldwide Medical Plus.</p> <p>Please also read about donor organs in the 'What is not covered' section.</p>
Hospice and palliative care	Lifetime limit of GBP 20,000, USD 34,000 or EUR 25,000	<p><b>We</b> pay for the following 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> <p>The amount shown here is the total amount <b>we</b> shall pay for these expenses during the whole of <b>your</b> lifetime of Bupa, whether continuous or not.</p>

## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Local road ambulance	Paid in full	<p><b>We</b> pay for a 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>
Local air ambulance	Each <b>membership year</b> , up to GBP 5,000, USD 8,500 or EUR 6,250	<p><b>We</b> pay for a local air ambulance:</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 kilometres, 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.</p> <p><b>We</b> do not pay for mountain rescue.</p> <p><b>We</b> do not pay for evacuation or repatriation if the <b>treatment you</b> need is not available locally unless <b>you</b> have bought the Worldwide Evacuation option.</p>
Home nursing	Paid in full for 30 days each <b>membership year</b>	<p><b>We</b> pay for home nursing if <b>you</b> have had <b>treatment</b> in <b>hospital</b> which is covered under this plan, when it:</p> <ul style="list-style-type: none"> <li>○ is prescribed by <b>your specialist</b></li> <li>○ starts immediately after <b>you</b> leave <b>hospital</b></li> <li>○ reduces the length of <b>your</b> stay in <b>hospital</b></li> <li>○ is provided by a <b>qualified nurse</b> in <b>your</b> home and</li> <li>○ is needed to provide medical care, not personal assistance</li> </ul>
Hospitalisation cash benefit	Up to 30 nights each <b>membership year</b> , up to GBP 100, USD 170 or EUR 125 per night	<p><b>We</b> pay <b>hospital</b> cash benefit if <b>you</b>:</p> <ul style="list-style-type: none"> <li>○ have received <b>treatment</b> in <b>hospital</b> which is covered under this plan</li> <li>○ have not been charged for <b>your</b> room and board, and</li> <li>○ have not been charged for <b>your treatment</b></li> </ul>

## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
<b>Emergency dental treatment</b>	Paid in full	<p><b>We</b> pay for <b>emergency dental treatment</b> when:</p> <ul style="list-style-type: none"> <li>○ the <b>treatment</b> is needed as part of <b>your</b> overall <b>treatment</b> following a serious accident causing <b>you</b> to stay in <b>hospital</b>, and</li> <li>○ it is not the primary reason for <b>you</b> to be in <b>hospital</b></li> </ul> <p>This benefit is paid instead of any other dental benefits <b>you</b> may have, when <b>you</b> need <b>treatment</b> as a result of a serious accident requiring hospitalisation.</p>
<b>Treatment</b> of congenital and hereditary conditions	Each <b>membership year</b> , up to GBP 20,000, USD 34,000 or EUR 25,000	<p><b>We</b> pay for <b>treatment</b> of congenital and hereditary conditions:</p> <ul style="list-style-type: none"> <li>○ by congenital conditions <b>we</b> mean any abnormalities, deformities, diseases, illnesses or injuries present at birth,</li> <li>○ by hereditary conditions <b>we</b> mean any abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of <b>your</b> family</li> </ul> <p>If <b>you</b> have bought Worldwide Medical Plus, Worldwide Medicines and Equipment, Worldwide Wellbeing or Worldwide Evacuation the stated limits will apply for benefits included under those options. If <b>you</b> are unsure whether <b>your</b> condition may be classed as congenital or hereditary, please contact <b>us</b> for further information.</p>
Kidney dialysis	Paid in full	<p><b>We</b> pay for kidney dialysis - provided as In-patient, <b>day-case</b> or as on <b>out-patient</b>.</p>

## Option: Worldwide Medical Plus

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

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

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

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

Benefits	Level	Explanation of benefits
Overall annual maximum - GBP 25,000 / USD 42,500 / EUR 31,250* (excluding transplant services benefits)		* It is possible that not all currencies will be available to <b>you</b> . Please see <b>your</b> membership certificate for the currency applicable to <b>your</b> contract.
<b>Specialists' consultation and doctors' fees</b>	Paid in full up to 35 visits each <b>membership year</b>	<p><b>We</b> pay for consultations or meetings with <b>your specialist</b> or <b>doctor</b> to:</p> <ul style="list-style-type: none"> <li><input type="radio"/> receive <b>treatment</b></li> <li><input type="radio"/> arrange <b>treatment</b></li> <li><input type="radio"/> as a follow-up to <b>treatment</b> already received, or</li> <li><input type="radio"/> diagnose <b>your</b> illness or interpret <b>your</b> symptoms</li> </ul> <p>Such meetings may take place in the <b>specialist's</b> or <b>doctor's</b> office, by telephone or using the internet.</p>
<b>Physiotherapy, osteopathy and chiropractor treatment</b>	Paid in full up to 30 visits each <b>membership year</b>	<b>We</b> pay for <b>physiotherapy, osteopathy and chiropractor treatments</b> , which are physical therapies aimed at restoring <b>your</b> normal physical functions.
Consultations and <b>treatment</b> with <b>therapists, complementary therapists and qualified nurses</b>	Paid in full up to 15 visits each <b>membership year</b>	<p><b>We</b> pay for nursing charges for general nursing care, for example injections or wound dressings by a <b>qualified nurse</b> and consultations and <b>treatment</b> with <b>therapists</b> and <b>complementary therapists</b> when they are appropriately qualified and registered to practice in the country where <b>treatment</b> is received.</p> <p>This includes the cost of both consultation and <b>treatment</b>, including any complementary medicines prescribed or administered as part of <b>your treatment</b>.</p> <p>Example: should any complementary medicines or <b>treatments</b> be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate visit.</p>
Psychiatrists', <b>psychologists'</b> and <b>psychotherapist</b> fees	Paid in full up to 30 visits each <b>membership year</b>	<p><b>We</b> pay for psychiatrists', <b>psychologists'</b> and <b>psychotherapist</b> fees for:</p> <ul style="list-style-type: none"> <li><input type="radio"/> meeting with <b>your specialist</b> to assess <b>your</b> condition, or</li> <li><input type="radio"/> <b>treatment</b> provided by a psychiatrist or <b>psychologist</b> or <b>psychotherapist</b></li> </ul>

**Option: Worldwide Medical Plus (continued)**

Benefits	Level	Explanation of benefits
Speech therapy	Paid in full	<p><b>We</b> pay for speech therapy only when it is:</p> <ul style="list-style-type: none"> <li>○ short term for a condition such as a stroke and</li> <li>○ part of the <b>treatment</b> for that condition</li> <li>○ taking place during or immediately following <b>treatment</b> for that condition, and</li> <li>○ recommended by <b>your specialist</b></li> </ul> <p><b>We</b> do not pay for <b>treatment</b> of speech or language disorders such as stammering or resulting from learning difficulties or developmental studies.</p>
Pathology, X-rays and <b>diagnostic tests</b>	Paid in full	<p><b>We</b> pay for the following if recommended by <b>your specialist</b> or <b>doctor</b> to help diagnose or assess <b>your</b> condition:</p> <ul style="list-style-type: none"> <li>○ pathology, such as checking blood and urine samples</li> <li>○ radiology (such as X-rays)</li> <li>○ <b>diagnostic tests</b> such as electrocardiograms (ECGs) or hearing tests</li> </ul>
Young child care	Each <b>membership year</b> , up to GBP 1,000, USD 1,700 or EUR 1,250	<p><b>We</b> pay the following young child benefits for children from the age of 91 days up to the age of five covered under this plan:</p> <ul style="list-style-type: none"> <li>○ routine preventive care and check-ups, and</li> <li>○ immunisations</li> </ul>

## Option: Worldwide Medical Plus (continued)

Benefits	Level	Explanation of benefits
Maternity	Each <b>membership year</b> , up to GBP 3,000, USD 5,100 or EUR 3,750	<p><b>We</b> pay for maternity care and <b>treatment</b> after <b>you</b>, the mother, have been covered on this option for 24 months including:</p> <ul style="list-style-type: none"> <li>○ <b>treatment</b> before and after the birth,</li> <li>○ home nurse following delivery</li> </ul> <p><b>We</b> also pay for pregnancy and childbirth complications, by which <b>we</b> mean those conditions which only ever arise as a direct result of pregnancy or childbirth.</p> <p>These include:</p> <ul style="list-style-type: none"> <li>○ pre-eclampsia</li> <li>○ miscarriage</li> <li>○ threatened miscarriage, gestational diabetes, when the foetus has died and remains with the placenta in the womb</li> <li>○ still birth</li> <li>○ heavy bleeding in the hours and days immediately after childbirth (post partum haemorrhage)</li> <li>○ afterbirth left in the womb after delivery of the baby (retained placental membranes)</li> <li>○ complications following any of the above conditions</li> </ul> <p><b>Treatment</b> for</p> <ul style="list-style-type: none"> <li>○ abnormal cell growth in the womb (hydatiform mole)</li> <li>○ foetus growing outside the womb (ectopic pregnancy)</li> <li>○ are not covered from this benefit but may be covered by <b>your</b> other benefits.</li> </ul> <p>(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by <b>your</b> other benefits).</p> <p><b>Note: routine care for your baby</b>  <b>We</b> pay for routine care for the baby, for up to seven days following birth, from the mother's maternity benefit. Any non-routine care, if eligible, is paid from the baby's newborn care benefit, not from the mother's maternity benefit.</p> <p><b>Your</b> baby is also covered for up to seven days routine care following birth if <b>your</b> baby was born to a surrogate mother and <b>you</b>, as the intended parent, have been covered on the plan for 24 months when the baby is born.</p> <p>Please see surrogate parenting in the 'What is not covered?' section.</p> <p>Please read the 'Adding members to <b>your</b> plan' section.</p>
Accident-related dental <b>treatment</b>	Each <b>membership year</b> , 80% up to GBP 500, USD 850 or EUR 625	<p><b>We</b> pay for accident-related dental <b>treatment</b> that <b>you</b> receive from a dental practitioner for <b>treatment</b> during an <b>emergency</b> visit following accidental damage to any tooth.</p> <p><b>We</b> only pay any accident-related dental <b>treatment</b> which takes place up to 30 days after the accident.</p>

**Option: Worldwide Medical Plus (continued)**

Benefits	Level	Explanation of benefits
Transplant services	Each condition, up to GBP 50,000, USD 85,000 or EUR 62,500	<p><b>We</b> pay for all costs for <b>treatment</b> received by <b>you</b> or <b>your</b> donor for, or related to, a covered transplant which has not been provided during a stay in <b>hospital</b>, such as:</p> <ul style="list-style-type: none"> <li>○ <b>specialists'</b> and <b>doctors'</b> fees</li> <li>○ pathology, X-rays and <b>diagnostic tests</b></li> <li>○ <b>physiotherapy, osteopathy</b> and <b>chiropractor treatment</b>, or</li> <li>○ any donor complications, but to a maximum of 30 days post-operatively only</li> </ul> <p><b>We</b> do not pay for anti-rejection medicines unless <b>you</b> have bought the Worldwide Medicines and Equipment option three or more years before needing these medicines.</p> <p>Please read about transplant services under Worldwide Medical Insurance.</p>

## Option: Worldwide Medicines and Equipment

### For prescribed medicines and medical equipment

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

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

Benefits	Level	Explanation of benefits
Prescribed medicines and dressings	Each <b>membership year</b> , up to GBP 1,500, USD 2,550 or EUR 1,875	<p><b>We</b> pay for medicines and dressings:</p> <ul style="list-style-type: none"> <li><input type="radio"/> prescribed by <b>your medical practitioner</b>, and</li> <li><input type="radio"/> that are only used if <b>you</b> have a disease, illness or injury</li> </ul> <p>If <b>you</b> are staying in <b>hospital</b>, medicines and dressings will be covered under <b>your</b> Worldwide Medical Insurance benefits – read note 'Operating room, medicines and surgical dressings'.</p> <p>Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit 'Consultations and <b>treatment</b> with <b>therapists</b> and <b>complementary therapists</b>'.</p>
Durable medical equipment - up to 45 days rental each condition		<p><b>We</b> pay for durable medical equipment that:</p> <ul style="list-style-type: none"> <li><input type="radio"/> can be used more than once</li> <li><input type="radio"/> is not disposable</li> <li><input type="radio"/> is used to serve a medical purpose</li> <li><input type="radio"/> is not used in the absence of a disease, illness or injury, and</li> <li><input type="radio"/> is fit for use in the home</li> </ul>
Long-term prescription medicines	Each <b>membership year</b> , 80% up to GBP 10,000, USD 17,000 or EUR 12,500  Lifetime limit of GBP 60,000, USD 102,000 or EUR 75,000	<p><b>We</b> pay for long-term prescribed medicines:</p> <ul style="list-style-type: none"> <li><input type="radio"/> after <b>you</b> have been covered on this option for three years, and</li> <li><input type="radio"/> which have been prescribed for a period of at least six months</li> </ul> <p>A medical report from <b>your specialist</b> or <b>doctor</b> is required confirming:</p> <ul style="list-style-type: none"> <li><input type="radio"/> the condition <b>you</b> need the medicines for, and</li> <li><input type="radio"/> that <b>you</b> need to take these medicines for at least six months</li> </ul>

## Option: Worldwide Wellbeing

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

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

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

Benefits	Level	Explanation of benefits
Overall annual maximum - GBP 5,000 / USD 8,500 / EUR 6,250*		* It is possible that not all currencies will be available to <b>you</b> . Please see <b>your</b> membership certificate for the currency applicable to <b>your</b> contract.
Full health screen	Each <b>membership year</b> , up to GBP 600, USD 1,020 or EUR 750	<p><b>We</b> pay for a full health screening:</p> <ul style="list-style-type: none"> <li><input type="radio"/> after <b>you</b> have been covered on this option for one <b>membership year</b></li> <li><input type="radio"/> then each alternate <b>membership year</b></li> </ul> <p>A full health screening generally includes various routine tests performed to assess <b>your</b> state of health and could include tests such as high cholesterol, high blood pressure, diabetes, anaemia and lung function, liver and kidney function and cardiac risk assessment. In addition, <b>you</b> may also have the specific screenings as part of a full health screening. The actual tests <b>you</b> have will depend on those supplied by the <b>treatment</b> provider where <b>you</b> have <b>your</b> screening.</p>
Mammogram		<p><b>We</b> pay for mammogram, PAP (also known as a smear test), prostate cancer screening (which may include a prostate-specific antigen (PSA) test and/or physical examination), colon cancer screening and bone densitometry.</p> <p>These tests and/or screenings:</p> <ul style="list-style-type: none"> <li><input type="radio"/> do not have a waiting period, and</li> <li><input type="radio"/> may take place independently of full health screening</li> </ul>
Papanicolaou (PAP) test		
Prostate cancer screen		
Colon cancer screen		
Bone densitometry		
Four dietetic consultations		<p><b>We</b> pay for dietetic consultations when required for dietary advice relating to a diagnosed disease or illness, such as diabetes.</p> <p><b>We</b> do not pay for slimming classes, slimming aids and weight management.</p>

## Option: Worldwide Wellbeing (continued)

Benefits	Level	Explanation of benefits
Vaccinations		<p><b>We</b> pay for vaccinations and immunisations such as:</p> <ul style="list-style-type: none"> <li>○ travel vaccinations</li> <li>○ malaria tablets</li> <li>○ pneumococcal vaccinations, or</li> <li>○ vaccinations to aid the prevention of cancer, such as human papilloma virus (HPV), as and when these are complete medical trials and are approved for use in the country of <b>treatment</b></li> </ul> <p><b>We</b> do not pay for immunisations for newborns or for children up to the age of five from this benefit.</p> <p>If <b>you</b> have bought the Worldwide Medical Plus option <b>we</b> will pay immunisations for children aged 91 days up to the age of 5 from the young child care benefit. Immunisations within the first 90 days are paid from the newborn care benefit (if eligible).</p> <p>Please read about newborn care under Worldwide Medical Insurance.</p>
Dental benefits		<p><b>We</b> pay for <b>treatment you</b> receive from <b>your</b> dental practitioner. Certain dental/oral <b>treatments</b> will not be paid from this benefit, but from the Worldwide Medical Insurance and/or Worldwide Medical Plus benefits if <b>you</b> bought this option (please read notes under those benefits).</p> <p>These conditions are those which are more specialised and need to be performed by a maxillofacial or oral <b>specialist in hospital</b>, such as:</p> <ul style="list-style-type: none"> <li>○ put a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident</li> <li>○ surgically remove a complicated, buried or impacted tooth, teeth or root</li> <li>○ benign gum cysts/jaw cysts</li> <li>○ chronic (large) mouth ulcers</li> <li>○ facial deformity such as cleft palate or lip</li> <li>○ facial injuries such as after an accident or cancer, or</li> <li>○ salivary gland diseases</li> </ul> <p>This benefit is paid instead of any other dental benefits <b>you</b> may have, when <b>you</b> need preventive, routine or orthodontic <b>treatment</b>.</p>
Dental - Preventive - 100%	Each <b>membership year</b> , up to GBP 3,500, USD 5,950 or EUR 4,375	<p>Dental – preventive, after <b>you</b> have been covered on this option for six months includes:</p> <ul style="list-style-type: none"> <li>○ two check-ups/exams each <b>membership year</b></li> <li>○ X-rays/bitewing/single view/Orthopantomogram (OPG)</li> <li>○ scale and polish</li> <li>○ gum shield/mouth guard, and</li> <li>○ night guard</li> </ul>
Dental - Routine and major restorative - 80%		<p>Dental – routine and major restorative, after <b>you</b> have been covered on this option for six months includes:</p> <ul style="list-style-type: none"> <li>○ all fillings—either amalgam (silver) or composite (white)</li> <li>○ root canal <b>treatment</b></li> <li>○ crowns/bridge</li> <li>○ dental implant, and</li> <li>○ anaesthesia costs</li> </ul>

## Option: Worldwide Wellbeing (continued)

Benefits	Level	Explanation of benefits
Dental - Orthodontic - 50%	Please see previous page for shared limit.	Dental – orthodontic <b>treatment</b> up to the age of 19, after <b>you</b> have been covered on this option for two years includes: <ul style="list-style-type: none"> <li>○ consultations and monthly check-ups</li> <li>○ removal of deciduous/baby teeth/milk teeth/primary teeth</li> <li>○ <b>treatment</b> planning</li> <li>○ models/gum impressions</li> <li>○ extractions</li> <li>○ anaesthesia</li> <li>○ X-rays including single/bitewing/periapical (root X-ray)/full-mouth X-rays/Orthopantomogram (OPG) and Cephalometric (CEPH)</li> <li>○ digital photography, and</li> <li>○ metal braces/retainers</li> </ul>
Eye test (including consultation)	One each <b>membership year</b> , 100%	<b>We</b> pay for one eye test each <b>membership year</b> , which includes the cost of <b>your</b> consultation and sight/vision testing.
Spectacle lenses	80%	<b>We</b> pay for spectacle and contact lenses which are: <ul style="list-style-type: none"> <li>○ prescribed by <b>your</b> eye <b>specialist</b>, and</li> <li>○ to correct a sight/vision problem such as short or long sight</li> </ul>
Contact lenses	80%	
Spectacle frames	Once every two <b>membership years</b> , 80% up to GBP 150, USD 255 or EUR 185	<b>We</b> pay for spectacle frames. This benefit is payable: <ul style="list-style-type: none"> <li>○ once every two <b>membership years</b></li> <li>○ only if <b>you</b> have been prescribed spectacle lenses</li> </ul> <b>Your</b> spectacle lens prescription or invoice will be required in support of <b>your</b> claim for spectacle frames.

## Option: Worldwide Evacuation

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

When the **treatment you** need is not available locally, the Worldwide Evacuation option covers **you** for reasonable transport costs to the nearest appropriate place of **treatment**, when the **treatment you** need is not available nearby. Repatriation, which is also included, gives **you** the added option of returning to **your specified country of residence** or **specified country of nationality**, to be treated in familiar surroundings when the **treatment** is not available locally.

For all medical transfers, either evacuation or repatriation:

- **you** must contact **our service partner** for authorisation before **you** travel, on +44 (0) 1273 333 911
- **our service partners** must agree the arrangements with **you**
- **your** Worldwide Evacuation benefit is applicable for **hospital treatment**, either overnight or as a **day-case**. Evacuation only (not repatriation) may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy
- the **treatment** must be recommended by **your specialist** or **doctor**
- the **treatment** is not available locally
- the **treatment** must be eligible under **your** plan
- **you** must have cover for the country **you** are going to be treated in, for example the USA
- **you** must have Worldwide Evacuation Cover in place before **you** need the **treatment**.

**You** must provide **us** with any information or proof that **we** may reasonably ask **you** for to support **your** request. **We** will only pay if all arrangements are agreed and approved in advance by **Bupa Global's service partners**.

**We** will not approve a transfer which in **our** reasonable opinion is inappropriate based on established clinical and medical practice, and **we** are entitled to conduct a review of **your** case, when it is reasonable for **us** to do so. Evacuation or Repatriation will not be authorised if it would be against medical advice.

The costs of any **treatment you** receive either before or after an evacuation or repatriation will be paid from Worldwide Medical Insurance or any options **you** have bought as appropriate, provided this is covered under **your** plan.

**We** will not be able to arrange evacuation or repatriation in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone.

**We** 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 **our** control.

**Bupa Global** is not the provider of the transportation and other services set out in the transportation/travel section, but will arrange those services on **your** behalf. In some countries **we** may use **service partners** to arrange these services locally, but **Bupa Global** will always be here to support **you**.

**We** do not pay for extra nights in **hospital**, when **you** are no longer receiving **active treatment** which requires **you** to be and are awaiting **your** return flight.

## Option: Worldwide Evacuation (continued)

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

## Option: Worldwide Evacuation (continued)

Benefits	Level	Explanation of benefits
Travel cost for an accompanying person	Paid in full	<p><b>We</b> pay reasonable travel costs for a relative or partner to accompany <b>you</b>:</p> <ul style="list-style-type: none"> <li><input type="radio"/> if there is a reasonable need for <b>you</b> to be accompanied, and</li> <li><input type="radio"/> the return journey to the place <b>you</b> were transferred from</li> </ul> <p>when:</p> <ul style="list-style-type: none"> <li><input type="radio"/> this is authorised in advance by <b>Bupa Global's service partners</b>, and</li> <li><input type="radio"/> the return journey is within 14 days of the end of the <b>treatment</b></li> </ul> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"> <li><input type="radio"/> the reasonable cost of the return journey by land or sea, or</li> <li><input type="radio"/> the cost of an economy class air ticket</li> </ul> <p>whichever is the lesser amount.</p> <p><b>We</b> do not pay for someone to travel with <b>you</b> when the evacuation is for <b>you</b> to receive <b>out-patient treatment</b>.</p> <p>By 'reasonable need' <b>we</b> mean that <b>you</b> need someone to accompany <b>you</b> for one of the following reasons:</p> <ul style="list-style-type: none"> <li><input type="radio"/> <b>you</b> need assistance to board or disembark from transport</li> <li><input type="radio"/> <b>you</b> need to be transferred over a long distance (1000 miles or 1600 KM)</li> <li><input type="radio"/> there is no medical escort</li> <li><input type="radio"/> <b>you</b> are very seriously ill</li> </ul> <p>The accompanying person may travel in a different class from the member receiving <b>treatment</b> depending on medical requirements.</p>
Travel cost for the transfer of minor children	Paid in full	<p><b>We</b> pay reasonable travel costs for minor 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><input type="radio"/> it is <b>medically necessary</b> for <b>you</b> as their parent or guardian to be evacuated or repatriated</li> <li><input type="radio"/> <b>your</b> spouse, partner, or other joint guardian is accompanying <b>you</b>, and</li> <li><input type="radio"/> they would otherwise be left without a parent or guardian</li> </ul>
Living allowance	For a maximum of 10 days each <b>membership year</b> , each day up to GBP 100, USD 170 or EUR 125	<p><b>We</b> pay towards living expenses for the relative or partner who is authorised to travel with <b>you</b>:</p> <ul style="list-style-type: none"> <li><input type="radio"/> following an evacuation only, and</li> <li><input type="radio"/> 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>

## Option: Worldwide Evacuation (continued)

Benefits	Level	Explanation of benefits
Repatriation of mortal remains	Maximum benefit of GBP 6,500, USD 11,050 or EUR 8,125	<p><b>We</b> pay for reasonable costs for the transportation only 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><input type="radio"/> in the event of <b>your</b> death while <b>you</b> are away from home, and</li> <li><input type="radio"/> subject to airline requirements and restrictions</li> </ul> <p><b>We</b> do not pay for 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>
Compassionate visit and return	<p>For a maximum of five trips per lifetime.</p> <p>Each visit up to GBP 800, USD 1,360 or EUR 1,000</p>	<p><b>We</b> pay for economy class travel costs for one close relative (spouse/partner, parent, child, brother or sister) who is in another country to visit when <b>you</b> have a sudden accident or illness and are going to be hospitalised for at least five days or <b>you</b> have received a short-term terminal prognosis. This includes the equivalent of economy class costs of <b>your</b> relative's return journey to their home country.</p> <p><b>We</b> pay:</p> <ul style="list-style-type: none"> <li><input type="radio"/> a maximum of five trips for the lifetime of <b>your</b> membership</li> <li><input type="radio"/> only when authorised in advance by <b>Bupa Global's service partners</b></li> </ul> <p><b>We</b> also pay towards living expenses for <b>your</b> relative:</p> <ul style="list-style-type: none"> <li><input type="radio"/> following an eligible compassionate visit only, and</li> <li><input type="radio"/> for up to 10 days whilst away from their usual <b>specified country of residence</b></li> </ul> <p><b>We</b> do not pay this benefit when either an evacuation or repatriation has taken place. In the event of an evacuation or repatriation taking place during a compassionate visit, no further benefits as described in notes 'Travel cost for an accompanying person', 'Travel cost for the transfer of minor children' or 'Living allowance' will be payable.</p>
Compassionate visit living allowance	<p>For a maximum of 10 days each visit, each day up to GBP 100, USD 170 or EUR 125</p>	

# What is not covered?

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

## Important - please read

### General exclusions

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

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

### Important note:

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

Exclusion	Notes	Rules
Surrogate parenting	Please also see maternity cover in the table of benefits.	<p><b>Treatment</b> directly related to surrogacy. This applies:</p> <ul style="list-style-type: none"> <li>○ to <b>you</b> if <b>you</b> act as a surrogate, and</li> <li>○ to anyone else acting as a surrogate for <b>you</b></li> </ul>
Artificial life maintenance		<p>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.</p> <p>Example: <b>We</b> will not pay for artificial life maintenance when <b>you</b> are unable to feed or breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days.</p>
Birth control		<ul style="list-style-type: none"> <li>○ contraception</li> <li>○ sterilisation</li> <li>○ vasectomy</li> <li>○ termination of pregnancy unless there is a threat to the mother's health</li> <li>○ family planning, such as meeting <b>your doctor</b> to discuss becoming pregnant or contraception</li> </ul>
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>

Exclusion	Notes	Rules
Convalescence and admission for general care, or staying in <b>hospital</b> for		<ul style="list-style-type: none"> <li>○ convalescence, pain management, supervision</li> <li>○ receiving only general nursing care</li> <li>○ <b>therapist</b> or <b>complementary therapist</b> services</li> <li>○ domestic/living assistance such as bathing and dressing, and</li> <li>○ <b>treatment</b> that could take place as a <b>day-case</b> or <b>out-patient</b></li> </ul>
Cosmetic <b>treatment</b>		<p><b>Treatment</b> to improve <b>your</b> appearance such as:</p> <ul style="list-style-type: none"> <li>○ facelift or re-modelled nose, abdominoplasty</li> <li>○ cosmetic dentistry such as the replacement of a sound, natural tooth with an implant, veneers, etc</li> <li>○ orthodontic <b>treatment</b> over the age of 19 (<b>we</b> pay for orthodontic <b>treatment</b> under the age of 19 if <b>you</b> have bought the Worldwide Wellbeing option)</li> <li>○ <b>treatment</b> related to or arising from the removal of non-diseased, or surplus or fat tissue, such as liposuction, whether or not it is needed for medical or psychological reasons</li> <li>○ hair transplants for any reason</li> <li>○ surgery to change the shape, enhance or reduce <b>your</b> breast(s) for any reason, except reconstruction following <b>treatment</b> for cancer</li> </ul> <p>Examples: <b>we</b> do not pay for breast reduction for backache, or gynaecomastia (the enlargement of breasts in men).</p> <p>Note: If <b>your doctor</b> recommends cosmetic <b>treatment</b> to correct a functional problem, for example, excess eye tissue which is interrupting the visual field, <b>your</b> case will be assessed by <b>our</b> clinical teams on an individual basis. If approved, benefits will be paid in line with the rules and benefits of <b>your</b> plan.</p> <p><b>We</b> may pay for <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) when:</p> <ul style="list-style-type: none"> <li>○ there is a significant family history of the disease, for example ovarian cancer, which is part of a genetic cancer syndrome, and/or</li> <li>○ <b>you</b> have positive results from genetic testing (please note that <b>we</b> will not pay for the genetic testing)</li> </ul> <p>Please contact <b>us</b> for prior approval before proceeding with <b>treatment</b>. It may be necessary for <b>us</b> to seek a second opinion as part of <b>our</b> approval process. Benefit will not be paid unless prior approval has been received. The limit shown under Worldwide Medical Insurance will apply for <b>prophylactic surgery</b> for congenital and hereditary conditions other than cancer.</p>
Developmental problems		<ul style="list-style-type: none"> <li>○ learning difficulties, such as dyslexia</li> <li>○ behavioural problems, such as attention deficit hyperactivity disorder (ADHD)</li> <li>○ problems relating to physical development such as short height, or</li> <li>○ developmental problems treated in an educational environment or to support educational development</li> </ul>
Donor organs		<ul style="list-style-type: none"> <li>○ mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant</li> <li>○ purchase of a donor organ from any source, or</li> <li>○ harvesting and storage of stem cells, when this is carried out as a preventive measure against possible future disease</li> </ul>
<b>Epidemics</b> and <b>pandemics</b> :		<p><b>We</b> do not pay for <b>treatment</b> for or arising from any <b>epidemic</b> disease and/or <b>pandemic</b> disease and <b>we</b> do not pay for vaccinations, medicines or preventive <b>treatment</b> for or related to any <b>epidemic</b> disease and/or <b>pandemic</b> disease.</p>
Experimental <b>treatment</b>		<ul style="list-style-type: none"> <li>○ <b>We</b> do not pay for any <b>treatment</b> or medicine which in <b>our</b> reasonable opinion is experimental based on <b>acceptable current clinical evidence</b> and practice</li> <li>○ <b>We</b> do not pay for any <b>treatment</b> or medicine which in <b>our</b> reasonable opinion is not effective based on <b>acceptable current clinical evidence</b> and practice</li> <li>○ <b>We</b> do not pay for medicines and equipment used for purposes other than those defined under their licence unless this has been pre-authorised</li> </ul>

Exclusion	Notes	Rules
Eyesight		<p><b>Treatment</b>, equipment or surgery to correct eyesight, such as laser <b>treatment</b>, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Exceptions: If <b>you</b> have bought Worldwide Wellbeing cover, <b>your</b> optical benefits will be shown.</p>
Foetal surgery		<p><b>Treatment</b> or surgery undertaken in the womb before birth.</p>
Footcare		<p><b>Treatment</b> for:</p> <ul style="list-style-type: none"> <li>○ corns</li> <li>○ calluses, or</li> <li>○ thickened or misshapen nails</li> </ul>
Harmful or hazardous use of alcohol, drugs and/or medicines		<p><b>Treatment</b> for or arising from the harmful, hazardous or addictive use of any substance including alcohol, drugs and/or medicines.</p>
Health hydros, nature cure clinics etc.		<p><b>Treatment</b> or services received in a:</p> <ul style="list-style-type: none"> <li>○ health hydro</li> <li>○ nature cure clinic</li> <li>○ spa, or</li> <li>○ any similar establishment that is not a <b>hospital</b></li> </ul>
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><b>We</b> pay for investigations into the cause of infertility when <b>your specialist</b> believes there are symptoms and/or evidence to suggest a medical cause. <b>We</b> will only pay when:</p> <ul style="list-style-type: none"> <li>○ <b>you</b> have been a member of this plan (or any Bupa administered plan which includes this cover) for two years before the investigations start, and</li> <li>○ <b>you</b> were unaware and had not been suffering any symptoms prior to joining</li> </ul>
Obesity		<p><b>Treatment</b> for or as a result of obesity such as:</p> <ul style="list-style-type: none"> <li>○ slimming aids or drugs</li> <li>○ slimming classes, or</li> <li>○ obesity surgery</li> </ul>
Persistent vegetative state (PVS) and neurological damage		<p><b>We</b> will not pay for <b>treatment</b> whilst 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>.</p>

Exclusion	Notes	Rules
Personal exclusions		<p>Please check <b>your</b> membership certificate to see if <b>you</b> have any personal exclusions or restrictions on <b>your</b> plan. The exclusions in this section apply in addition to and alongside any such personal exclusions and restrictions.</p> <p>For all exclusions in this section, and for any personal exclusions or restrictions shown on <b>your</b> membership certificate, please note that:</p> <ul style="list-style-type: none"> <li>○ <b>we</b> do not pay for conditions which are directly related to excluded conditions or <b>treatments</b></li> <li>○ <b>we</b> do not pay for any additional or increased costs arising from excluded conditions or <b>treatments</b></li> <li>○ <b>we</b> do not pay for complications arising from excluded conditions or <b>treatments</b>.</li> </ul> <p>Example:</p> <p><b>You</b> have a personal exclusion for diabetes</p> <ul style="list-style-type: none"> <li>○ If <b>your</b> diabetes were to cause kidney problems, <b>we</b> would not pay for the <b>treatment</b> of such kidney problems.</li> <li>○ If while receiving <b>treatment</b> for another condition, <b>you</b> need to stay extra nights in <b>hospital</b> because of <b>your</b> diabetes <b>we</b> would not pay for these extra nights.</li> </ul> <p>Exceptions</p> <p>This section describes some circumstances where exceptions can be made to exclusions or restrictions. Where this is the case, benefit is payable up to the limits set out in <b>your</b> Table of Benefits.</p>
Personality disorders		<p>Any <b>treatment</b> for personality disorders, including but not limited to:</p> <ul style="list-style-type: none"> <li>○ affective personality disorder</li> <li>○ schizoid personality (not schizophrenia), or</li> <li>○ histrionic personality disorder</li> </ul>
<b>Pre-existing conditions</b>		<p>Any <b>treatment</b> for a <b>pre-existing condition</b>, related symptoms, or any condition that results from or is related to a <b>pre-existing condition</b>.</p> <p>Please contact <b>us</b> before <b>your</b> next renewal date if <b>you</b> or <b>your</b> dependants have personal exclusion(s) and believe that there will be no further <b>treatment</b> for that <b>pre-existing condition</b> after <b>your</b> next renewal date. In order for <b>us</b> to review whether to remove any personal exclusions, <b>we</b> must receive full current clinical details from <b>your medical practitioner</b>. There are some <b>pre-existing conditions</b> that, due to their nature, <b>we</b> will not review.</p>
Preventive <b>treatment</b>		<p>Health screening, including routine health checks and vaccinations, or any preventive <b>treatment</b>, except if <b>you</b> have bought the Worldwide Wellbeing option.</p> <p><b>We</b> may pay for <b>prophylactic surgery</b> when:</p> <ul style="list-style-type: none"> <li>○ there is a significant family history of the disease, for example ovarian cancer, which is part of a genetic cancer syndrome, and/or</li> <li>○ <b>you</b> have positive results from genetic testing (please note that <b>we</b> will not pay for the genetic testing)</li> </ul> <p>The limit shown under Worldwide Medical Insurance will apply for <b>prophylactic surgery</b> for congenital and hereditary conditions other than cancer.</p> <p>Please contact <b>us</b> for prior approval before proceeding with <b>treatment</b>. It may be necessary for <b>us</b> to seek a second opinion as part of <b>our</b> approval process. Benefit will not be paid unless prior approval has been received.</p>

Exclusion	Notes	Rules
Reconstructive or remedial surgery		<p><b>Treatment</b> to restore <b>your</b> appearance after an illness, injury or surgery.</p> <p><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 membership.</p> <p>Please contact <b>us</b> for prior approval before proceeding with <b>treatment</b>. It may be necessary for <b>us</b> to seek a second opinion as part of <b>our</b> approval process. Benefit will not be paid unless prior approval has been received.</p>
Self-inflicted injuries		<p><b>Treatment</b> for or as a result of an injury or condition <b>you</b> have knowingly caused to yourself, such as in an attempted suicide.</p>
Sexual problems/gender issues		<ul style="list-style-type: none"> <li>○ sexual problems, such as impotence, whatever the cause, or</li> <li>○ sex changes or gender reassignments</li> </ul>
Sleep disorders		<ul style="list-style-type: none"> <li>○ insomnia</li> <li>○ snoring</li> <li>○ sleep-related disorders including sleep apnoea, or</li> <li>○ participation in sleep studies beyond the initial study</li> </ul> <p><b>We</b> may pay for <b>treatment</b> of sleep apnoea when <b>your specialist</b> believes this to be life-threatening. <b>We</b> will only pay for:</p> <ul style="list-style-type: none"> <li>○ an initial sleep study</li> <li>○ surgery, if medically appropriate, and</li> <li>○ equipment hire, such as a Continuous Positive Airway Pressure (CPAP) machine (only if <b>you</b> have bought the Worldwide Medicines and Equipment option)</li> </ul> <p>Please contact <b>us</b> for prior approval before proceeding with <b>treatment</b>. It may be necessary for <b>us</b> to seek a second opinion as part of <b>our</b> approval process. Benefit will not be paid unless prior approval has been received.</p>
Stem cells		<p><b>We</b> do not pay for the harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.</p>
Temporomandibular joint (TMJ) disorders		<p>Temporomandibular joint (TMJ) disorders</p>
Travel costs for <b>treatment</b>		<p>Any travel costs related to receiving <b>treatment</b>.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>○ <b>we</b> do not pay for taxis or other travel expenses for <b>you</b> to visit a <b>medical practitioner</b></li> <li>○ <b>we</b> do not pay for travel time or the cost of any transport expenses charged by a <b>medical practitioner</b> to visit <b>you</b></li> </ul> <p>Exceptions:</p> <ul style="list-style-type: none"> <li>○ Road Ambulance cover</li> <li>○ Air Ambulance cover</li> <li>○ <b>you</b> have bought Worldwide Evacuation cover and <b>your</b> travel meets the qualifying conditions of that cover</li> </ul>
<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</b> health plans. <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>

Exclusion	Notes	Rules
USA <b>treatment</b>		<p>If <b>you</b> have not bought cover for the USA, then <b>we</b> will not pay for <b>treatment</b> or services, received in the USA.</p> <p>If <b>you</b> have bought cover for the USA, <b>we</b> will not pay for <b>treatment</b> or services, received there:</p> <ul style="list-style-type: none"> <li>○ when arrangements were not pre-authorized by <b>our</b> agents in the USA where required (see 'Pre-authorization - <b>Treatment</b> in the USA' section of this membership guide); or</li> <li>○ when <b>we</b> know or have reasonable grounds to conclude, that <b>you</b> purchased cover for and travelled to the USA for the purpose of receiving <b>treatment</b> or services for a condition, including pregnancy when the symptoms of the condition were apparent to <b>you</b> before buying the cover. This applies whether or not <b>your treatment</b> or services were the main or sole purpose of <b>your</b> visit and even if the <b>treatment</b> or services were pre-authorized.</li> </ul> <p><b>Our Service Partner</b> in the USA operates a national <b>network</b> of <b>hospitals</b>, clinics and <b>medical practitioners</b>. This is the USA provider <b>network</b>. <b>You</b> must contact <b>our</b> dedicated team before <b>you</b> have <b>treatment</b>, and they can help to find a suitable <b>network</b> provider for <b>you</b>.</p> <p>For eligible <b>treatment</b> that takes place in the USA using the USA provider <b>network</b>, benefit is paid at 100 percent, once any co-insurance or <b>deductible</b> amount which may apply, and which <b>you</b> are responsible to pay, has been deducted from the claimed amount. When eligible <b>treatment</b> takes place in the USA but outside the provider <b>network</b>, benefit is paid at <b>Reasonable and Customary</b> costs. Please see the "<b>Our</b> approach to costs" section of this membership guide.</p> <p>Please note: If <b>you</b> have chosen to include cover for <b>pre-existing conditions</b>, this is not extended to <b>treatment</b> received in the USA, even when <b>you</b> have bought cover for <b>treatment</b> in the USA. Therefore, <b>you</b> will see a specific exclusion on <b>your</b> membership certificate for the costs of <b>treatment</b> in the USA for these <b>pre-existing conditions</b>.</p>

# Deductibles

**Deductibles** are the contributions **you** make towards the cost of **your treatment**.

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

The table below explains the value of the **deductible** which applies to each option. **You** will find details of **your deductibles** on **your** membership certificate.

## Worldwide Medical Insurance

- USD \$ 425, 850, 1,700, 3,400, 8,500

## Option: Worldwide Medical Plus

- USD \$ 170

## Option: Worldwide Medicines and Equipment

- USD \$ 80

## How do deductibles work?

A **deductible** is the amount **you** must pay towards covered expenses before **we** will start paying for **your treatment**.

It's important that **you** send all **your** claims to **us**, even if the value of **your** claim is less than the **deductible**. **We** won't make any payment, but the claim will count towards **your deductible**.

**Deductibles** apply separately for **treatment you** have under each of the options. For example, if **you** have Worldwide Medical Insurance with a \$425 **deductible** and have chosen Worldwide Medical Plus, the **deductible** for each would be applied as follows:

- **You** have **treatment** in **hospital** for a broken leg, which costs USD 1,000
- **Deductible** applied is USD 425 from Worldwide Medical Insurance (as this covers **hospital treatments**)

- Amount paid by **us** is USD 575
- **You** have **physiotherapy** for **your** broken leg (usually paid from **your** Worldwide Medical Plus option), which costs USD 300
- **Deductible** applied is USD 170 from Worldwide Medical Plus
- Amount paid by **us** is USD 130

If **your** claim is for an amount higher than the value of **your deductible** or remaining **deductible**, **we** will pay for covered expenses after the **deductible** has been met in full.

Once **your deductible** has been reached, all covered expenses will be paid in line with **your** benefit limits.

Please remember:

- the **deductibles** apply separately for each person included on **your** membership
- the **deductibles** apply each **membership year**. If **you** have **treatment** which continues over **your anniversary**, the **deductible** will be payable separately for **treatment** received both before and after **your anniversary**
- the **deductible** for Worldwide Medical Insurance and each option is counted separately
- **you** must have a valid direct debit agreement or credit card authority with **us**, so **we** can collect **your deductible**
- **you** are responsible for paying the **deductible** in all circumstances

## How will claims be paid?

If **we** are paying **you**:

- payment will be less the amount of the **deductible**

If **we** are paying **your treatment** provider:

- payment for covered **treatment** and within any limits will be made in full
- any **deductible** due will be collected from **you** using **your** direct debit agreement or credit card authority

**We** will always send **you** a claims statement showing how much has been counted towards **your deductible** and how much has been paid.

**Your deductible** invoice will show the amount **we** will collect from **your** account.

## Changing your deductible

**You** can request a change to **your deductible** on **your anniversary** each year. This request could be to add or remove a **deductible**, or to increase or decrease an existing **deductible**. If **you** wish to remove or reduce **your deductible**, **we** will ask **you** to complete a medical history questionnaire. This means that **we** may apply new special restrictions or exclusions, which are personal to **you**.

If **you** add or increase a **deductible your** subscriptions will be lower. If **you** remove or reduce a **deductible your** subscriptions will be higher.

# Important Information

## Your membership

**Your** plan is an annual contract that will begin on the 'Period of cover from' date on **your** membership certificate. **Your anniversary** falls on this date in each following year of **your** membership. **Your** membership will continue automatically each year, regardless of **your** age or current state of health.

Please read 'What happens on my **anniversary**?' section.

## Our legal agreement

**You** (the **main member**) have formed an agreement with **your insurer** about **your** cover on Worldwide Health Options. Only **you** and **your insurer** have legal rights under this agreement. This means that only **you** and no-one else may enforce the terms of this agreement.

**You**, or anyone else who is covered under **your** membership, have complete access to **our** complaints and dispute resolution process.

Please read 'Making a complaint' section.

## What forms my membership?

**Your** membership with **us** consists of:

- **your** application, whether **you** have sent in a form or applied by telephone or online and any declarations that **you** made during **your** enrolment for **you** and other members included in **your** membership
- **your** rules and benefits in the Membership Guide within **your** membership pack
- **your** membership certificate, which shows full details of **your insurer**

## What happens if I move?

**You** must always let **us** know when **you** change **your** address, so that **we** can keep in touch and get important documents to **you**.

If **you** move to another country, **you** must let **us** know straight away. **Your** new country may have different regulations about health insurance. **You**, the principal member, need to tell **us** of any change so that **we** can make sure that **you** have the right cover.

## Specified country of residence

If **you** move to a new country or change **your specified country of nationality you**, the **main member**, must tell **us** straight away if **your** country of residence or **your specified country of nationality** changes. **We** may need to end **your** membership if the change results in a breach of regulations governing the provision of healthcare cover to local nationals, residents or citizens.

The details of regulations vary from country to country and may change at any time.

In some countries **we** have local partners who are licensed to provide insurance cover but which are administered by **Bupa Global**. This means that customers experience the same quality **Bupa Global** service.

If **your specified country of residence** changes to a country where **we** have a local partner, in most cases **you** will be able to transfer to **our** partner's insurance policy without further medical underwriting. **You** may also be entitled to retain

**your** continuity of **Bupa Global** membership; which means that for those benefits which aren't covered until **you** have been a member for a certain period, the time **you** were a member with **us** will count towards that. Please note that if **you** request a transfer to a local partner, **we** will have to share **your** personal information and medical history with the local partner.

If **you** change **your specified country of residence** or **your specified country of nationality**, please call the **Bupa Global** customer services helpline so **we** can confirm if **your** membership is affected, and, if so, whether **we** can offer **you** a transfer service.

Please read 'How are my subscriptions calculated?' section.

Without limitation to the foregoing, **we** will not be able to renew **your** membership at **your** next **anniversary** date if **you** become a permanent resident of the USA, and, if any **additional people** covered under **your** membership become a resident of the USA, **we** will not be able to renew their cover under the membership at the next **anniversary** date. 'Permanent resident' shall mean a person residing in the USA who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in the USA, and 'USA' shall include the Commonwealth of Puerto Rico for this purpose.

### When does my membership begin?

**Your** membership begins on the 'Period of cover from' date on the first membership certificate **we** send. **Your anniversary** falls on this date each year.

If **you** include any **additional people**, their membership will begin on the 'Period of cover from' date on the first membership certificate **we** send on which they are listed.

If, for any reason, **you** do not continue **your** membership, any **additional people** included in **your** plan can apply for their own membership.

### What happens on my anniversary?

**Your** membership will continue automatically, regardless of **your** age or state of health.

**We** will write to **you** and let **you** know:

- any changes to the benefits provided
- any changes to **your** membership pack, or
- the subscriptions and other charges payable

Any new changes will come into effect after **your anniversary** only.

In some circumstances, **we** may decide to end the plan **you** are a member of. This is a rare event, but if it does happen **we** will do **our** best to make sure **you** are not inconvenienced in any way. **We** will:

- offer **you** membership of another suitable plan, wherever possible, or
- transfer **your** membership within one month without any new personal restrictions or exclusions

### Ending your membership or removing additional people from cover

**You**, the **main member**, can choose to cancel **your** membership (which would also end the cover for all of **your additional people**), or remove any **additional people** from **your** cover, at any time, by telephoning or emailing **us**.

Cancellation of **your** membership, or the removal of any **additional people** from cover, will take effect from the 1st day of the following month from **you**, the **main member**, notifying **us** of the request.

**We** will not back-date any requests for termination, or the removal of **additional people** from cover. Claims relating to **treatment** or benefits taking place following the date of cancellation will not be payable.

To help **us** continue to maintain and improve **our** level of service, **we** would appreciate it if **you** could also let **us** know the reason **you** are ending **your** membership or removing any **additional people** from cover.

Please be aware that **your** membership will end automatically in the following circumstances:

- if **you** do not pay subscriptions or other charges (such as Insurance Premium Tax (IPT) taxes or levies) before, or within 30 days of, the date they are due. If **you** are having trouble paying **your** subscriptions please get in touch – **we** may be able to help, or
- in the event of the death of the **main member**. In this case, any **additional people** in **your** plan can apply to become the **main member**. If the membership is transferred within one month of the date of death of the original **main member** and without a break in cover, **we** will not apply any new personal restrictions or exclusions.

### Refunding your subscriptions

#### Cancellation of your membership or removal of a dependant from cover within the first 28 days

If **you**, the **main member**, choose to cancel **your** membership within 28 days of receiving **your** first membership certificate for that **membership year**, and **you** have not made any claims in respect of that initial 28 day period, **we** will make a full refund to **you**, the **main member**, of all subscriptions paid for that **membership year**. Where a claim has been made in respect of the initial 28 day period, **you**, the **main member**, will be deemed to have affirmed **your** membership and the cancellation will be treated as a cancellation made during the **membership year** (see below).

If **you**, the **main member**, choose to cancel the membership of any **additional people** within 28 days of receiving the first membership certificate for that **membership year** which names that **additional people** on the plan, and no claims have been made in respect of any **additional people** for the initial 28 day period, **we** will make a full refund **you**, the **main member**, of all subscriptions paid in respect of any **additional people** for that **membership year**. Where a claim has been made in respect of the initial 28 day period, **you**, the **main member**, will be deemed to have affirmed the **additional people** covered under the plan and the cancellation will be treated

as a cancellation during the **membership year** (see below).

#### Cancellation of your membership or removal of any additional people from cover during the membership year

If **you**, the **main member**, choose to cancel **your** membership following the initial 28 days of receiving **your** first membership certificate for that **membership year** (or where cancellation is requested within the initial 28 day period and a claim has been made under the membership for that period), **we** will refund the amount of any subscriptions paid to **us** for the period following the date on which the cancellation of membership takes effect (i.e. from the 1st day of the following month from **us** being notified of the request).

If **you**, the **main member**, choose to remove any **additional people** from cover following the initial 28 days of receiving the first membership certificate for that **membership year** which names **additional people** on the plan (or where cancellation is requested within the initial 28 day period and a claim has been made under the **additional people** covered for that period), **we** will refund the amount of any subscriptions paid to **us** for the period following the date on which the removal of the **additional people** takes effect (i.e. from the 1st day of the following month from **us** being notified of the request).

Such pro-rata return of any advance paid subscriptions will be made to the original payment source and method as the subscriptions were paid. **We** reserve the right to deduct any payment **you** may owe **us** from any refund.

### How can I change my plan?

**Your** membership with **us** is an annual contract. This means that **we** can only add or remove options for **you** on **your anniversary** (with the exception of USA upgrades which can be requested at any time).

If **you** want to add or remove options, please contact **us** before **your anniversary** to discuss **your** choices.

If **you** add options to **your** plan, **your** subscriptions will be higher. If **you** remove options from **your** plan, **your** subscriptions will be lower.

If **you** add new options to **your** cover, **we** will ask **you** to complete a medical history questionnaire. This means that **we** may apply new special restrictions or exclusions on the new options **you** have chosen, which are personal to **you**.

### Adding members to your plan

**You** can apply to include **additional people** on **your** membership by filling in a Worldwide Health Options form. **You** can download this easily from MembersWorld at [bupaglobal.com/membersworld](http://bupaglobal.com/membersworld). Or **you** can contact **us** and **we** will send one to **you**.

The medical history for all **additional people you** apply to include on **your** membership, including newborn children, will be reviewed by **our** medical underwriters.

This may result in special restrictions or exclusions, which are personal to them and which will be shown on **your** membership certificate, or **we** may decline to offer cover. For newborn children any exclusions or restrictions will be applied from their 91st day of birth if they are eligible for newborn care, or **we** may decline to offer cover after 90 days of birth.

Newborn children are eligible for newborn care and can be included on **your** membership from their date of birth when:

- at least one parent has been covered on this membership for 10 months or more prior to the child's birth
- the child has not been born as a result of **assisted reproduction technologies, ovulation induction treatment**, adopted or born to a surrogate
- **you** have completed a membership amendment form and **we** have received it before **your** child is 30 days old

Newborn children who are not eligible for newborn care can be included from their 91st day once **you** have completed a Worldwide Health Options form and the process for adding **additional people** will be followed.

Newborn care is not available in the USA if cover for pregnancy has been excluded in the USA as shown on **your** certificate of cover.

Newborn care is not available in the USA if the child was born in the USA as a result of a planned pregnancy when the mother did not purchase full USA cover.

Please note: Children joining on their own membership (where they are the **main member**) can only join on or after their 5th birthday.

Please read 'Newborn care' benefits in **your** 'Table of benefits'.

### Adding USA cover to your plan

**You** can apply to include coverage in USA at any time following **your** original date of joining. To apply **you** will need to complete a Worldwide Health Options form which can be downloaded easily from [membersworld](http://membersworld.com/membersworld) at [bupaglobal.com/membersworld](http://bupaglobal.com/membersworld). **Your** application will be reviewed by **our** medical underwriters and may result in exclusions or restrictions specific to coverage in the USA.

Please note that **your** subscriptions will be higher or lower from the effective date of adding or removing cover for the USA.

### New membership certificates

**We** will send **you** a new membership certificate to record any changes made on **your** plan, such as a change of address or the addition of another person.

**Your** new membership certificate will replace any earlier ones **you** have received with effect from the 'Certificate issue date', so please discard the previous one.

### How are my subscriptions calculated?

**Your** subscriptions are calculated according to the country in which **you** inform **us** **you** reside and are based on a number of rating factors such as **your** age, cover (including whether **you** elect USA coverage), level of benefits selected, level of **deductible** and any underwriting loading.

Additionally, countries are grouped into zones according to a number of different factors, including the costs and frequency of **treatment** in those countries.

Any decision to vary premiums for a zone is applied to all members in the zone. On renewal **you** would therefore receive the price impact which applies across the zone to members with **your** rating factors.

### How do I pay subscriptions and other charges?

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

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

The total amount **you** have to pay on **your** invoice is inclusive of any taxes, charges or levies, such as Insurance Premium Tax (IPT), or goods and services taxes (GST) depending on the Applicable law that governs **your** membership.

Please pay **your** subscriptions directly to **your insurer**. If **you** pay **your** subscriptions to anyone else, such as an intermediary or insurance broker, then that person is acting on **your** behalf as **your** agent. **Your insurer** will not be responsible for any subscriptions paid to a third party.

### What happens if I don't pay?

If **you** do not pay subscriptions and other charges when they are due, **your** membership may be suspended. **We** may also suspend **your** membership if **you** do not pay in full any relevant contribution for a claim **we** have paid direct to **your treatment** provider.

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

### Will the amount I pay change?

It is likely that the amount **we** charge **you** at **your anniversary** will change. Some of the factors which might affect this include the rising cost of medical **treatments**, which **we** aim to control through negotiating cost control measures with **hospitals** and clinics. Additionally, the ages of everyone on **your** membership, **your** resident country and changes to **your** cover such as adding, changing or removing options or **deductibles** may also influence **your** subscription.

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

### Bank charges

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

### Making a complaint

**We** are always pleased to hear about any aspect of **your** membership that **you** have particularly appreciated, or that **you** have had problems with. If something does go wrong, **we** have a simple procedure to ensure **your** concerns are dealt with as quickly and effectively as possible.

If **you** have any comments or complaints, **you** can call **our** customer helpline on +44 (0) 1273 323 563, 24 hours a day, 365 days a year. Alternatively **you** can email **us** at [www.bupaglobal.com/membersworld](http://www.bupaglobal.com/membersworld), or write to **us** at:

## Bupa Global

Victory House  
Trafalgar Place  
Brighton  
BN1 4FY

United Kingdom

## Easier to read information

**We** want to make sure that members with special needs are not excluded in any way. **We** also offer a choice of Braille in English, large print or audio for **our** letters and literature. Please let **us** know which **you** would prefer.

## Taking it further

If **we** have not been able to resolve the problem and **you** wish to take **your** complaint further, please write to the General Manager at:

Raffles Health Insurance Pte Ltd  
(Int'l Health Products)  
39 Robinson Road  
#07-02 Robinson Point  
Singapore 068011

Please let **us** know if **you** want a full copy of **our** complaints procedure. (None of these procedures affect **your** legal rights.)

## Confidentiality

The confidentiality of patient and member information is of paramount concern to both **RHI** and **Bupa Global**. To this end, **RHI** and **Bupa Global** fully comply with the relevant Data Protection Legislation and Medical Confidentiality Guidelines.

## Useful notes and legal information

### Other parties

No other party is allowed to make or confirm any changes to **your** membership on **our** behalf, or decide not to enforce any of **our** rights. No change to **your** membership will be valid unless it is confirmed in writing, which may be by letter, email or webchat. Any confirmation of **your** cover will only be valid if it is confirmed in writing by **your insurer**, as above.

## Correspondence

Letters to **your insurer** must be sent by post with the postage paid. **We** do not return original documents, with the exception of official documents such as birth or death certificates. However, **we** can provide copies, if **you** request it at the time **you** send any original documents (such as invoices).

## Applicable law

**Your** membership is governed by the laws of Singapore. Any dispute that cannot otherwise be resolved will be dealt with by courts in Singapore. If any dispute arises as to the interpretation of this document, then the English version of this document shall be deemed to be conclusive and taking precedence over any other language version of this document. **You** can obtain a copy at any time by contacting **our** customer helpline on +44 (0) 1273 323 563.

## Sanction clause

**We** will not provide cover nor pay claims under this policy if **our** obligations (or the obligations of **our** group companies and administrators) under the laws of any relevant jurisdiction, including **UK**, European Union, the United States of America, or international law, prevent **us** from doing so. **We** will normally tell **you** if this is the case unless this would be unlawful or would compromise **our** reasonable security measures. This policy does not provide cover to the extent that such cover would expose **us** (or **our** group companies and administrators) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, **UK** or United States of America, or under other relevant international law.

## Fraud prevention and detection

**We** have the right, where appropriate, to check **your** details with fraud prevention agencies, other insurers and other relevant third parties for the purpose of preventing and detecting false information or fraudulent activity. If **you** give **us** false or inaccurate information and **we** suspect fraud, **we** may record this with a fraud prevention agency. **We** and other organisations may also use and search these records to:

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

## Fraudulent Claims

**You** and any dependant (or anyone acting on behalf of **you** or any dependant) must not:

- make a fraudulent or exaggerated claim under this plan;
- send **us** fake or forged documents or other false evidence, or make a false statement in support of a claim; and/or
- provide **us** with information which **you** or any dependant knows would otherwise enable **us** to refuse to pay a claim under this plan

Failure to comply with the above will give **us** the right to:

- refuse to pay the whole of the claim;
- recover any payments **we** have already made in respect of the claim; and/or
- notify **you** that this plan (or if the fraudulent claim is made by or on behalf of a particular dependant, the cover under this plan for that particular dependant) has terminated from the date of any of the acts or omissions set out above, and **we** will not refund the premium.

## Provision of accurate and complete information

**You** and any dependant must take reasonable care to make sure that all information provided to **us** is accurate and complete, at the time **you** take out this membership, and at each renewal and variation of this membership. **You** and any dependant must also tell **us** if any of the answers to the questions in the application form change prior to this membership starting. Otherwise, the following apply with effect from the date the membership was taken out, renewed or varied (depending on

when **we** were provided with inaccurate or incomplete information).

A. **We** may treat this membership as if it had not existed if **you** deliberately or recklessly give **us** inaccurate or incomplete information.

B. Where **you** negligently or carelessly give **us** inaccurate or incomplete information, or where A. applies but **we** choose not to rely on **our** rights under A, **we** may treat the membership and any claims in a way which reflects what **we** would have done if **we** had been provided with accurate and complete information, as follows:

- if **we** would have refused to cover **you** at all, **we** may treat this membership as if it had not existed;
- if **we** would have provided **you** with cover on different terms, then **we** may apply those different terms to this membership. This means a claim will only be paid if it is covered by and/or if **you** have complied with such different terms - for example **your** membership may contain new personal restrictions or exclusions; and/or
- if **we** would have charged **you** a higher premium, **we** may reduce the amount payable on any claim by comparing the additional premium to the original premium. For example, **we** will only pay half of a claim, if **we** would have charged double the premium.

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

The same rules apply if someone else provides **us** with information on **your** behalf or any dependant's behalf.

# Glossary

This explains what **we** mean by various words and phrases in **your** membership pack. Words written in bold are particularly important as they have specific meanings.

Defined term	Description
<b>Acceptable current clinical evidence:</b>	International medical and scientific evidence which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people, or clinical trials which are not registered.
<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>Additional people:</b>	The other people named on <b>your</b> membership certificate as being members of the plan and who are eligible to be members, including newborn children.
<b>Anniversary:</b>	Each <b>anniversary</b> of the date <b>you</b> joined the plan. (If however <b>you</b> are a member of a <b>Bupa Global</b> Worldwide Health Options group plan with a common <b>anniversary</b> for all members, <b>your anniversary</b> will be the common <b>anniversary</b> for the group. <b>We</b> tell <b>you</b> the group <b>anniversary</b> when <b>you</b> join).
<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>Birthing centre:</b>	A medical facility often associated with a <b>hospital</b> that is designed to provide a homelike setting during childbirth.

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<b>Bupa Global:</b>	Bupa Insurance Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.
<b>Complementary therapist:</b>	An acupuncturist, homeopathist or Traditional Chinese medicine practitioner who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which the <b>treatment</b> is received.
<b>Day-case:</b>	<b>Treatment</b> which for medical reasons requires <b>you</b> to stay in a bed in <b>hospital</b> during the day only. <b>We</b> do not require <b>you</b> to occupy a bed for <b>day-case psychiatric treatment</b> .
<b>Deductible:</b>	The amount <b>you</b> have to pay towards the cost of the <b>treatment</b> that <b>you</b> receive each <b>membership year</b> that would otherwise have been covered under <b>your</b> membership.
<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: <ul style="list-style-type: none"> <li>○ is legally qualified in medical practice following attendance at a recognised medical school to provide medical <b>treatment</b></li> <li>○ does not need a <b>specialist's</b> training, and</li> <li>○ is licensed to practise medicine in the country where the <b>treatment</b> is received.</li> </ul> <p>By recognised medical school <b>we</b> mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.</p>

Defined term	Description
<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>Epidemic:</b>	An outbreak of a contagious and infective disease that spreads quickly, affecting more persons than expected in a given time period, in a locality where the disease is not permanently prevalent or its normal prevalence have been exceeded.
<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>Hospital:</b>	A centre of <b>treatment</b> which is registered, or recognised under the local country's laws, as existing primarily for: <ul style="list-style-type: none"> <li>○ carrying out major <b>surgical operations</b>, or</li> <li>○ providing <b>treatment</b> which only <b>specialists</b> can provide</li> </ul>
<b>Intensive care:</b>	Includes the following. <ul style="list-style-type: none"> <li>○ High Dependency Unit (HDU) – a unit that provides a higher level of medical care and monitoring, for example in single organ system failure.</li> <li>○ 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.</li> <li>○ Coronary care unit (CCU) – a unit that provides a higher level of cardiac monitoring.</li> </ul>
<b>Main member:</b>	The person who has taken out the membership, and is the first person named on the membership certificate. Please refer to <b>you/your</b> .

Defined term	Description
<b>Medical practitioner:</b>	A <b>complementary therapist, specialist, doctor, psychologist, psychotherapist, osteopath, chiropractor, dietician, speech 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: <ol style="list-style-type: none"> <li>(a) consistent with the diagnosis and medical <b>treatment</b> for the condition;</li> <li>(b) consistent with generally accepted standards of medical practice;</li> <li>(c) necessary for such a diagnosis or <b>treatment</b>;</li> <li>(d) not being undertaken primarily for the convenience of the member or the treating <b>medical practitioner</b></li> </ol>
<b>Membership year:</b>	The 12 month period for which this membership is effective, as first shown on <b>your</b> membership certificate and, if this health plan is renewed, each 12 month period which follows the renewal date.
<b>Network:</b>	A <b>hospital</b> , or similar facility, or <b>medical practitioner</b> , that has an agreement in effect with <b>Bupa Global</b> or a <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 the insured does not stay overnight or as a <b>day-case</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>Pandemic:</b>	An <b>epidemic</b> occurring over a widespread area (multiple countries or continents) and usually affecting a substantial proportion of the population.

Defined term	Description
<b>Persistent vegetative state:</b>	<ul style="list-style-type: none"> <li>○ 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</li> <li>○ the person does not respond to stimuli such as calling their name, or touching</li> </ul> <p>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.</p>
<b>Physiotherapy, osteopathy and chiropractor:</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>Pre-existing condition:</b>	<ul style="list-style-type: none"> <li>○ any medical condition declared in <b>your</b> application for cover which has been noted as a 'personal exclusion' under <b>your</b> membership certificate; or</li> <li>○ any disease, illness or injury for which <b>you</b> received medication, advice or <b>treatment</b>, or <b>you</b> had experienced symptoms of</li> </ul> <p>whether the condition was diagnosed or not, prior to becoming a member which was not disclosed under <b>your</b> application for cover.</p> <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>
<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>Psychiatric treatment:</b>	<b>Treatment</b> of mental conditions, including eating disorders.

Defined term	Description
<b>Psychologist and psychotherapist:</b>	A person who is legally qualified and is permitted to practise 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>	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>treatment</b> providers of comparable quality and experience. These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by <b>our</b> experience of usual, and most common, charges in that region.
<b>Recognised medical practitioner, hospital or healthcare facility</b>	Any provider who is not an <b>unrecognised medical practitioner</b> , hospital or healthcare facility.
<b>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>RHI:</b>	Raffles Health Insurance Pte Ltd, <b>your insurer</b> .
<b>Service partner:</b>	A company or organisation that provides services on behalf of <b>Bupa Global</b> . These services may include approval of cover and location of local medical facilities.
<b>Sound natural tooth / Sound natural teeth:</b>	A natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally in chewing and speech.

Defined term	Description
<b>Specialist:</b>	<p>A surgeon, anaesthetist or physician who:</p> <ul style="list-style-type: none"> <li>○ is legally qualified to practise medicine or surgery following attendance at a recognised medical school</li> <li>○ 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</li> </ul> <p>By 'recognised medical school' <b>we</b> mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.</p>
<b>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 the membership 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 policy.
<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 practice as such in the country where the <b>treatment</b> is received.
<b>Treatment:</b>	Surgical or medical services (including <b>diagnostic tests</b> ) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.

Defined term	Description
<b>UK:</b>	Great Britain and Northern Ireland.
<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</b> health plans. <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>	Raffles Health Insurance Pte Ltd, acting as insurer, or <b>Bupa Global</b> , acting as administrator (as the case may be).
<b>You/your:</b>	This means <b>you</b> , the <b>main member</b> and <b>your</b> dependants unless <b>we</b> have expressly stated otherwise that the provisions only refer to the <b>main member</b> .
<b>Your insurer</b>	The insurer, providing <b>your</b> cover as stated on <b>your</b> membership certificate.

