

# Company Plan

Administered by



## Membership Guide

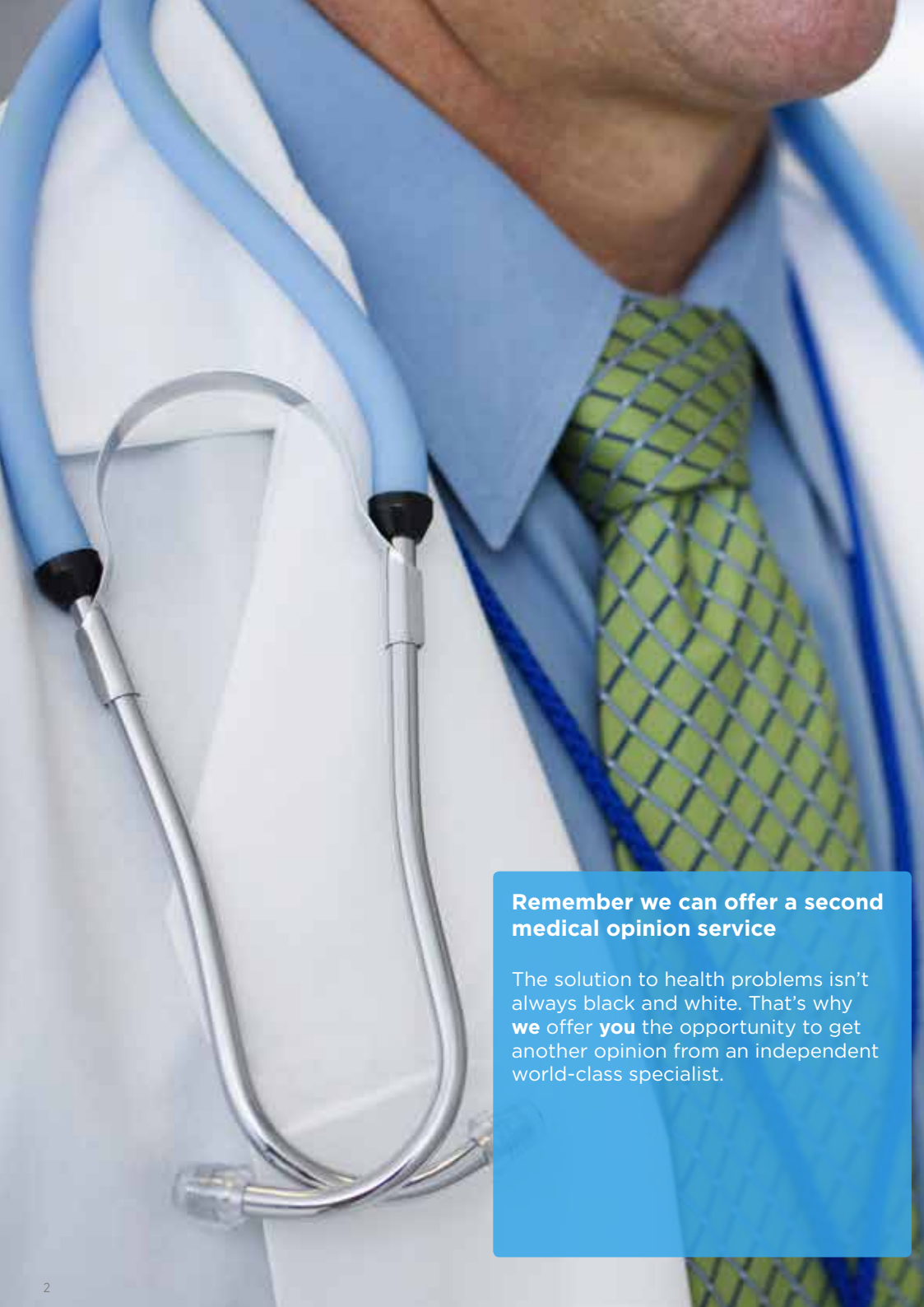
This Membership Guide explains the terms and conditions of the Company Plan. Detailed information such as pre-authorising **treatment**, making a claim and moving country can be found in this guide. It also explains **your** benefits, limits and exclusions with detailed rules on how to use them.

From 1 April 2019

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](mailto: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.

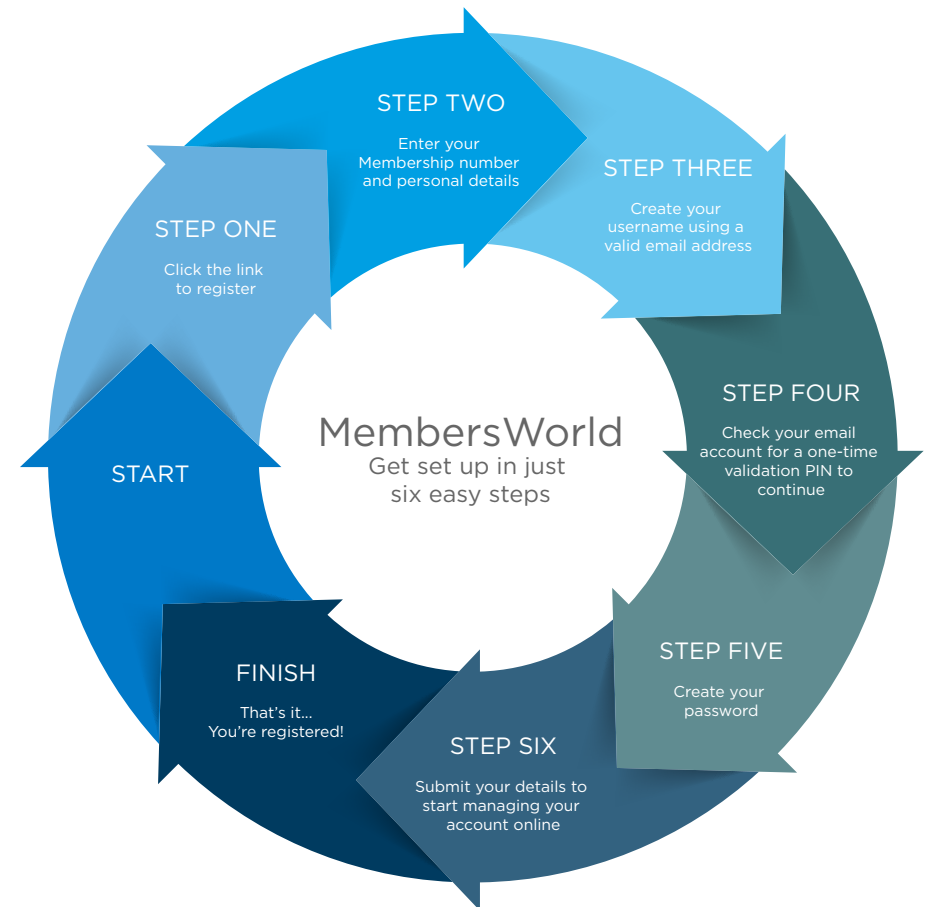
There are many more benefits online; log in to see for yourself.

\* 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)

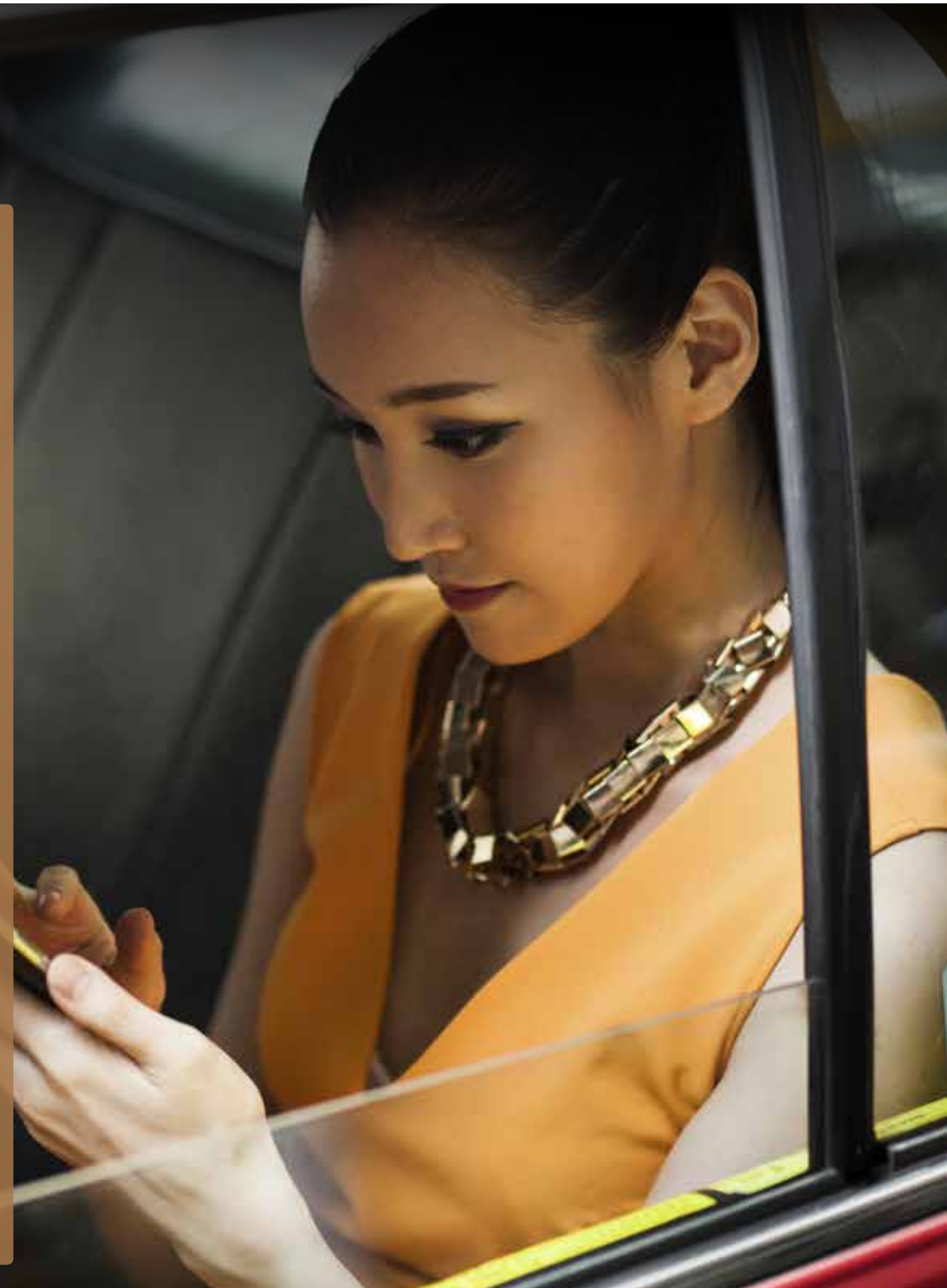
Or via **our** secure MembersWorld website at:  
[bupaglobal.com/membersworld](http://bupaglobal.com/membersworld)

**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:

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

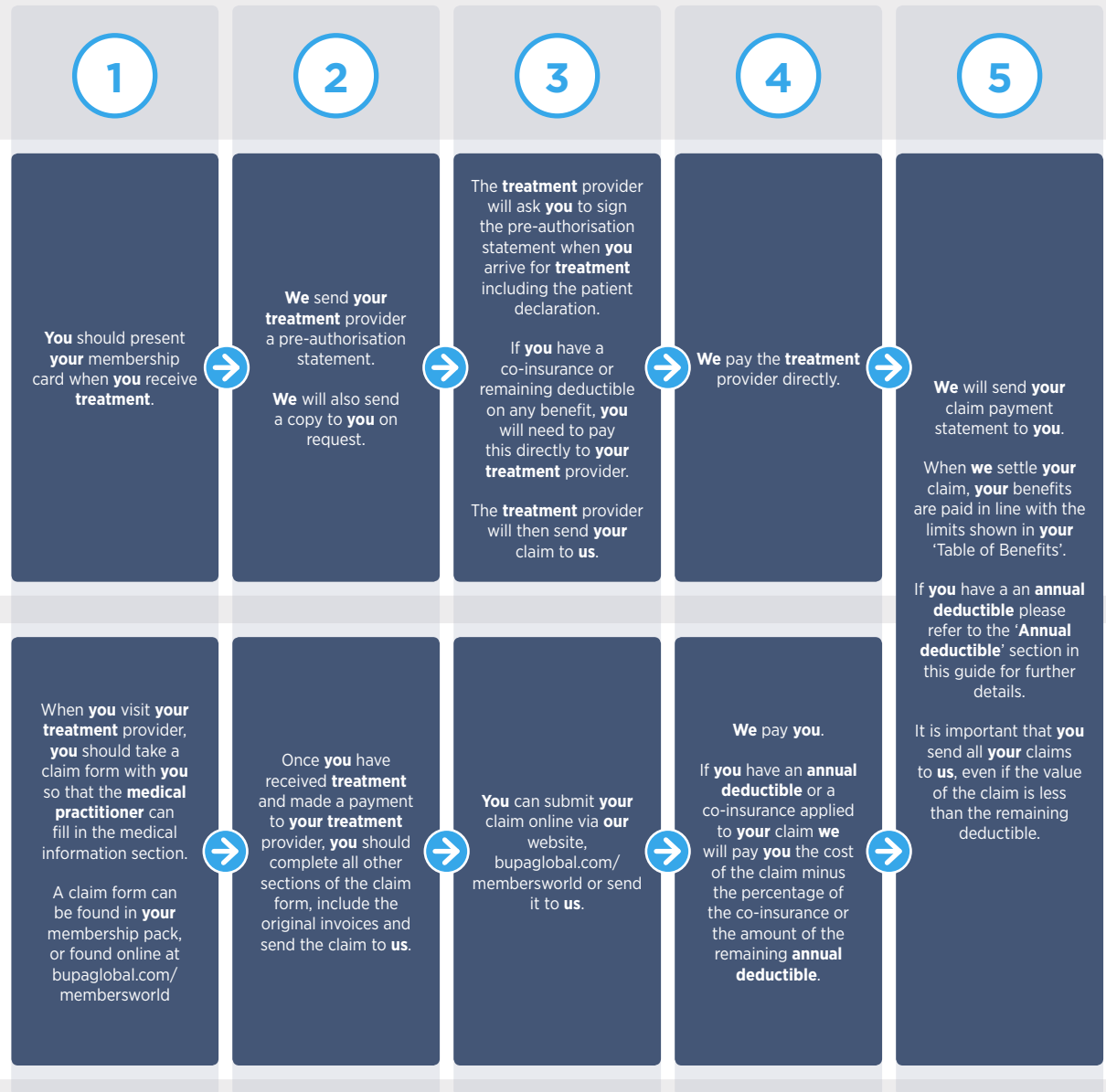
Whether **you** choose direct payment or 'pay and claim' **we** provide a quick and easy claims process. **We** aim to arrange direct settlement wherever possible, but it has to be with the **agreement** of whoever is providing the **treatment**. In general, direct settlement can only be arranged for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

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## How to use your plan

### Step 1: Where to get treatment

As long as it is covered by **your** plan, **you** can have **your treatment** at any recognised **hospital** or clinic. If **you** don't know where to go, please contact **our** Healthline service for help and advice.

#### Participating hospitals

To help **you** find a facility quickly and easy, visit [bupaglobal.com/en/facilities/finder](http://bupaglobal.com/en/facilities/finder). **We** can normally arrange direct settlement with these facilities too.

#### Getting treatment in the USA

**You** must call **our** dedicated team on 844 369 3797 (from inside the **US**), or +1 844 369 3797 (from outside the **US**) to arrange any **treatment** in the USA.

### Step 2: Contact us

If **you** know that **you** may need **treatment**, please contact **us** first. This gives **us** the chance to check **your** cover, and to make sure that **we** can give **you** the support of **our** global **networks**, **our** knowledge and **our** experience.

#### Pre-authorising in-patient treatment and day-case treatment

**You** must contact **us** whenever possible before **in-patient treatment** or **day-case treatment**, for pre-authorisation. This means that **we** can confirm to **you** and to **your hospital** that **your treatment** will be covered under **your** plan.

Pre-authorisation puts **us** directly in touch with **your hospital**, so that **we** can look after the details while **you** concentrate on getting well.

The 'Pre-authorisation' section contains all of the rules and information about this.

When **you** contact **us**, please have **your** membership number ready. **We** will ask some or all of the following questions:

- what condition are **you** suffering from?
- when did **your** symptoms first begin?
- when did **you** first see **your family doctor** about them?
- what **treatment** has been recommended?
- on what date will **you** receive the **treatment**?
- what is the name of **your consultant**?
- where will **your** proposed **treatment** take place?
- how long will **you** need to stay in **hospital**?

If **we** can pre-authorise **your treatment**, **we** will send a pre-authorisation statement that will also act as **your** claim form (see Step 3 below).

### Step 3: Making a claim

Please read the 'Making a claim' section for full details of how to claim. Here are some guidelines and useful things to remember.

#### What to send

**We** must receive a fully completed claim form and the invoices for **your treatment**, within 2 years of the **treatment** date.

If this is not possible, please write to **us** with the details and **we** will see if an exception can be made.

#### Your claim form

**You** must ensure that **your** claim form is fully completed by **you** and by **your medical practitioner**. The claim form is important because it gives **us** all the information that **we** need. Contacting **you** or **your medical practitioner** for more information can take time, and an incomplete claim form is the most common reason for delayed payments.

**You** can download a claim form from **our** MembersWorld website, or contact **us** to send **you** one. Remember that if **your treatment** is pre-authorised, **your** pre-authorisation statement will act as **your** claim form.

#### How we make payments

Wherever possible, **we** will follow the instructions given to **us** in the payment section of the claim form:

- **we** can pay **you** or the **hospital**
- **we** can pay by cheque or by electronic transfer
- **we** can pay in over 80 currencies

To carry out electronic transfers, **we** need to know the full bank name, address, SWIFT code and (in Europe only) the IBAN number of **your** bank account. **You** can give **us** this information on the claim form.

#### Tracking a claim

**We** will process **your** claim as quickly as possible. **You** can easily check the progress of a claim **you** have made by logging on to **our** MembersWorld website.

#### Claim payment statement

When **your** claim has been assessed and paid, **we** will send a statement to **you** to confirm when and how it was paid, and who received the payment. Again, please contact **us** if **you** have any questions about this information.

## About your Membership

The international group plan is a group insurance plan. **You** are therefore one of a group of members, which has a **sponsor** (normally the company that **you**, the **principal member** work for).

This plan is governed by an **agreement** between **your sponsor** and **RHI**, which covers the terms and conditions of **your** membership. This means that there is no legal contract between **you** and **RHI**. Only the **sponsor** and **RHI** have legal rights under the **agreement** relating to **your** cover, and only they can enforce the **agreement**. As a member of the plan, **you** do have access to **our** complaints process. This includes the use of any dispute resolution scheme **we** have for **our** members.

The following must be read together as they set out the terms and conditions of **your** membership:

- **you**, the **principal member's** application for cover: this includes any quote request, applications for cover for **you** and **your dependants** (if any) and the declarations that **you**, the **principal member** made during the application process
- **your** rules and benefits in this Membership Guide
- **your** membership certificate

The full name of **your** insurer is shown on **your** membership certificate.

### When your cover starts

The start date of **your** membership is the 'effective from' date shown on **your** membership certificate.

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

**You**, the **principal member**, must tell **your sponsor** straight away if **your specified country of residence** or **your specified country of nationality** changes.

**Your** new country may have different regulations about health insurance. **You**, the **principal member** need to tell **your sponsor** of any change so that **we** can make sure that **you** have the right cover.

## What is covered?

Please read this important information about the kind of costs that **we** cover.

### Treatment that we cover

For **us** to cover any **treatment** that **you** receive, it must satisfy all of the following requirements:

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

- it is covered under the terms and conditions of the plan

**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.

### Active treatment

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

Note: please see 'Wellness' and 'Full Health Screening' in the table of benefits and 'Preventive and wellness **treatment**' in the 'What is not covered?' section for information on preventive **treatment**.

### 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 **treatment** 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 **treatment** 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**' benefits provider in certain countries.

### 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.

### Variations to your benefits

**Your sponsor** may have agreed variations to this benefit table with **your** insurer. If so, **your sponsor** will inform **you** of these variations.

### How to read the Table of benefits

There are four levels of cover: Essential, Classic, Gold and Gold Superior. **You** need to read the column in the Table of benefits that applies to **your** level of cover, as shown on **your** membership certificate.

### Benefit limits

There are two kinds of benefit limits shown in this table. The 'overall annual maximum' is the maximum **we** will pay for all benefits in total for each person, each **membership year**. Some benefits also have a limit applied to them separately; for example home nursing.

Gold Superior cover only: on the Gold Superior level, this 'overall annual maximum' also incorporates an annual maximum per condition.

All benefit limits apply per member. If a benefit limit also applies per **membership year**, this means that once a benefit limit has been reached, that benefit will no longer be available until **you**, the **principal member** renew **your** plan and start a new **membership year**.

If a benefit limit applies for the whole of **your** membership, once this benefit limit has been reached, no further benefits will be paid, regardless of the renewal of **your** plan. This applies to all Bupa administered plans **you** have been a member of in the past, or may be a member of in the future, even if **you** have had a break in **your** cover.



## Currencies

All the benefit limits in this table of benefits and notes are set out in three currencies: GBP, USD and EUR. The currency in which **your sponsor** pays **us** subscriptions is the currency that applies to **your** membership for the purpose of the benefit limits. The currency applicable for **your** contract is as shown on **your** membership certificate.

For example, if **your sponsor** pays **us** subscriptions in GBP then the benefit limits given in GBP apply to **your** membership and USD and EUR limits do not apply to **you**.

If **you** are unsure which level of cover **you** have, the currency that applies to **your** membership, or whether **you**, the **principal member** have an **annual deductible**, **you** can either check on **your** membership certificate, through **our** MembersWorld website or contact the customer services helpline.

# Summary of Benefits

## Overall Annual Maximum

	Essential	Classic	Gold	Gold Superior
Overall Annual Maximum	●	●	●	●

## Out-patient treatment

Out-patient <b>surgical operations</b>	●	●	●	●
Wellness — mammogram, PAP test, prostate cancer screening or colon cancer screening (after one year's membership)		●	●	●
Full Health Screen (after one year's membership)				●
<b>Consultants' fees</b> for consultations		●	●	●
Pathology, X-rays and <b>diagnostic tests</b>		●	●	●
Costs for <b>treatment</b> by <b>therapists, complementary medicine practitioners</b> and <b>qualified nurses</b>		●	●	●
<b>Consultants' fees, psychologists' and psychotherapists' fees</b> for <b>psychiatric treatment</b> (after two years' membership)		●	●	●
Vaccinations		●	●	●
Costs for <b>treatment</b> by a <b>family doctor</b>			●	●
Prescribed drugs and dressings			●	●
Accident-related dental <b>treatment</b>			●	●

## In-patient and day-case treatment

<b>Hospital accommodation</b>	●	●	●	●
<b>Surgical operations</b> , including pre- and post-operative care	●	●	●	●
Nursing care, drugs and surgical dressings	●	●	●	●
Physicians' fees	●	●	●	●
Theatre charges	●	●	●	●
<b>Intensive care</b>	●	●	●	●
Pathology, X-rays, <b>diagnostic tests</b> and therapies	●	●	●	●
Prosthetic implants and <b>appliances</b>	●	●	●	●
Parent accommodation	●	●	●	●
<b>Psychiatric treatment</b> (after two years' membership, lifetime maximum 90 days)	●	●	●	●

## Further benefits

Advanced imaging	●	●	●	●
Cancer <b>treatment</b>	●	●	●	●
Healthline services	●	●	●	●
HIV/AIDS drug therapy including ART (after five years' membership)		●	●	●
Home nursing after <b>in-patient treatment</b>	●	●	●	●
Hospice and palliative care	●	●	●	●
In-patient cash benefit	●	●	●	●
Kidney dialysis	●	●	●	●
Local air ambulance	●	●	●	●
Local road ambulance	●	●	●	●
Maternity cover (after 10 months' membership)		●	●	●
Newborn care	●	●	●	●
Prosthetic devices	●	●	●	●
<b>Rehabilitation</b>	●	●	●	●
Transplant services	●	●	●	●

# Summary of Benefits (continued)

	Essential	Classic	Gold	Gold Superior
<b>Optional benefits, if purchased</b>				
USA cover	•	•	•	•
Dental <b>treatment</b>		•	•	•
Optical(Dental <b>treatment</b> and optical must be purchased together)				•
Assistance cover (Evacuation and Repatriation)	•	•	•	•

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

# Summary of Exclusions

	Essential	Classic	Gold	Gold Superior
Artificial life maintenance	●	●	●	●
Birth control	●	●	●	●
Conflict and disaster	●	●	●	●
Congenital conditions	●	●	●	●
Convalescence and admission for general care	●	●	●	●
Cosmetic <b>treatment</b>	●	●	●	●
Deafness	●	●	●	●
Dental <b>treatment</b> /gum disease	●	●	●	●
Desensitisation and neutralisation	●	●	●	●
Developmental problems	●	●	●	●
Donor organs	●	●	●	●
Drugs and dressings (out-patient)	●	●		
Experimental <b>treatment</b>	●	●	●	●
Eyesight	●	●	●	●
<b>Epidemics and pandemics:</b>	●	●	●	●
<b>Family doctor treatment</b>	●	●		
Footcare	●	●	●	●
Genetic testing	●	●	●	●
Harmful or hazardous use of alcohol, drugs and/or medicines	●	●	●	●
Health hydros, nature cure clinics etc.	●	●	●	●
Hereditary conditions	●	●	●	●
HIV/AIDS	●	●	●	●
Infertility <b>treatment</b>	●	●	●	●
Maternity	●			
Obesity	●	●	●	●
<b>Persistent vegetative state</b> (PVS) and neurological damage	●	●	●	●
Personality disorders	●	●	●	●
Physical aids and devices	●	●	●	●
<b>Pre-existing conditions</b>	●	●	●	●
Preventive and wellness <b>treatment</b>	●	●	●	●
Reconstructive or remedial surgery	●	●	●	●
Self-inflicted injuries	●	●	●	●
Sexual problems/gender issues	●	●	●	●
Sleep disorders	●	●	●	●
Speech disorders	●	●	●	●
Stem cells	●	●	●	●
Surrogate parenting	●	●	●	●
Travel costs for <b>treatment</b>	●	●	●	●
<b>Unrecognised medical practitioner</b> , provider or facility, <b>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.

## Overall Annual Maximum

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Overall Annual Maximum	GBP 600,000 USD 1,000,000 EUR 750,000	GBP 900,000 USD 1,500,000 EUR 1,000,000	GBP 1,200,000 USD 2,000,000 EUR 1,500,000	GBP 6,000,000* USD 10,200,000* EUR 7,500,000*	The currency applicable for <b>your</b> contract is as shown on <b>your</b> membership certificate.  * Up to a maximum of GBP 1,800,000, USD 3,000,000 or EUR 2,250,000 per condition

## Out-patient treatment

### Important

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

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Out-patient <b>surgical operations</b>	Paid in full	Paid in full	Paid in full	Paid in full	<b>We</b> pay for out-patient <b>surgical operations</b> when carried out by a <b>consultant</b> or a <b>family doctor</b> .
Wellness — mammogram, PAP test, prostate cancer screening or colon cancer screening (after one year's membership)	Not covered	<b>We</b> pay up to GBP 600, USD 1,000 or EUR 750 each <b>membership year</b>	<b>We</b> pay up to GBP 600, USD 1,000 or EUR 750 each <b>membership year</b>	<b>We</b> pay up to GBP 1,200, USD 2,000 or EUR 1,500 each <b>membership year</b>	<b>We</b> pay for these four preventive checks only, after <b>you</b> have been a member of the plan for one year.
Full Health Screen (after one year's membership)	Not covered	Not covered	Not covered		<b>We</b> pay for a full health screening after <b>you</b> have been covered on this plan for one year.  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.
<b>Consultants' fees</b> for consultations	Not covered	<b>We</b> pay up to GBP 6,400, USD 10,900 or EUR 8,000 each <b>membership year</b>	Paid in full	Paid in full	This normally means a meeting with a <b>consultant</b> to assess <b>your</b> condition. Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.
Pathology, X-rays and <b>diagnostic tests</b>					<b>We</b> pay for: <ul style="list-style-type: none"><li>○ pathology, such as checking blood and urine samples for specific abnormalities,</li><li>○ radiology, such as X-rays, and</li><li>○ <b>diagnostic tests</b>, such as electro-cardiograms (ECGs)</li></ul> when recommended by <b>your consultant</b> or <b>family doctor</b> to help determine or assess <b>your</b> condition.
Costs for <b>treatment</b> by <b>therapists</b> , <b>complementary medicine practitioners</b> and <b>qualified nurses</b>	Not covered	<b>We</b> pay in full for up to 20 visits each <b>membership year</b>	<b>We</b> pay in full for up to 40 visits each <b>membership year</b>	<b>We</b> pay in full for up to 60 visits each <b>membership year</b>	<b>We</b> pay for nursing charges for general nursing care, for example injections or wound dressings by a <b>qualified nurse</b> and consultations and <b>treatment</b> with <b>therapists</b> and <b>complementary medicine practitioners</b> when they are appropriately qualified and registered to practice in the country where <b>treatment</b> is received.  This includes the cost of both the consultation and <b>treatment</b> , including any complementary medicine prescribed or administered as part of <b>your treatment</b> .  Should any complementary medicines or <b>treatments</b> be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate visit.  Note: for dieticians, <b>we</b> pay the initial consultation plus two follow-up visits when needed as a result of an eligible condition.  Please note that obesity is not covered.

## Out-patient treatment (continued)

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
<b>Consultants' fees, psychologists' and psychotherapists' fees for psychiatric treatment</b> (after two years' membership)	Not covered	<b>We</b> pay in full for up to 15 visits each <b>membership year</b>	<b>We</b> pay in full for up to 30 visits each <b>membership year</b>	<b>We</b> pay in full for up to 30 visits each <b>membership year</b>	<b>We</b> will pay after <b>you</b> have been a member of the plan (or any Bupa administered plan which includes cover for <b>psychiatric treatment</b> ) for the whole of the two years leading up to the <b>psychiatric treatment</b> .
Vaccinations	Not covered	<b>We</b> pay up to GBP 120 USD 200 or EUR 150 each <b>membership year</b>	<b>We</b> pay up to GBP 180 USD 300 or EUR 200 each <b>membership year</b>	<b>We</b> pay up to GBP 600 USD 1,000 or EUR 750 each <b>membership year</b>	<b>We</b> pay for vaccinations including vaccinations to aid the prevention of cancer, such as the human papilloma virus (HPV) vaccination, as and when such vaccines have completed medical trials and are approved for use in the country of <b>treatment</b> .
Costs for <b>treatment</b> by a <b>family doctor</b>	Not covered	Not covered	<b>We</b> pay in full for up to 20 visits each <b>membership year</b>	Paid in full	<b>We</b> pay for <b>family doctor treatment</b> .  Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.
Prescribed drugs and dressings	Not covered	Not covered	<b>We</b> pay up to GBP 1,200 USD 2,000 or EUR 1,500 each <b>membership year</b>	Paid in full	<b>We</b> pay for the cost of drugs and dressings prescribed for <b>you</b> by <b>your medical practitioner</b> required to treat a disease, illness or injury, for eligible <b>treatment</b> .  Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit described in the costs for <b>treatment</b> by <b>therapists</b> and <b>complementary medicine practitioners</b> benefit.
Accident-related dental <b>treatment</b>	Not covered	Not covered	<b>We</b> pay up to GBP 480 USD 815 or EUR 600 each <b>membership year</b>	<b>We</b> pay up to GBP 480 USD 815 or EUR 600 each <b>membership year</b>	<b>We</b> pay for accident-related dental <b>treatment</b> that <b>you</b> receive from a <b>dental practitioner</b> for <b>treatment</b> during an <b>emergency</b> visit following accidental damage to any tooth.  <b>We</b> only pay any accident-related dental <b>treatment</b> which takes place up to 30 days after the accident.

# In-patient and day-case treatment

## Important

### For all in-patient and day-case treatment costs:

- it must be medically essential for **you** to occupy a **hospital** bed to receive the **treatment**
- **your treatment** must be provided, or overseen, by a **consultant**
- **we** pay for accommodation in a room that is no more expensive than the **hospital's** standard single room with a private bathroom. This means that **we** will not pay the extra costs of a deluxe, executive or VIP suite etc.
- if the cost of **treatment** is linked to the type of room, **we** pay the cost of **treatment** at the rate which would be charged if **you** occupied a standard single room with a private bathroom
- the **hospital** where **you** have **your treatment** must be recognised

### Long in-patient stays: 10 nights or longer

In order for **us** to cover an in-patient stay lasting 10 nights or more, **you** must send **us** a medical report from **your consultant** before the eighth night, confirming:

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

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
<b>Hospital</b> accommodation	Paid in full	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay charges for <b>your hospital</b> accommodation, including all <b>your</b> own meals and refreshments. <b>We</b> do not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics.</p> <p><b>We</b> pay for accommodation in a room that is no more expensive than the <b>hospital's</b> standard single room with a private bathroom. This means that <b>we</b> will not pay the extra costs of a deluxe, executive or VIP suite etc.</p> <p><b>We</b> pay for the length of stay that is medically appropriate for the procedure that <b>you</b> are admitted for. For example, unless medically essential, <b>we</b> do not pay for day-case accommodation for <b>out-patient treatment</b>, and <b>we</b> do not pay for in-patient accommodation for <b>day-case treatment</b>.</p> <p>Please also read convalescence and admission for general care in the 'What is not covered?' section.</p>
<b>Surgical operations</b> , including pre- and post-operative care	Paid in full	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay surgeons' and anaesthetists' fees for a <b>surgical operation</b>, including all pre- and post-operative care.</p> <p>Note:</p> <ul style="list-style-type: none"> <li>○ <b>we</b> do not pay for drugs and surgical dressings <b>you</b> receive for <b>out-patient treatment</b> or use at home unless <b>you</b> have Company Gold or Gold Superior cover (see 'Prescribed drugs and dressings' in this section and 'Drugs and dressings' in the 'What is not covered?' section)</li> <li>○ this benefit does not include follow-up consultations with <b>your consultant</b>, as these are paid under the <b>consultants'</b> fees for consultations benefit</li> </ul>
Nursing care, drugs and surgical dressings	Paid in full	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay for nursing services, drugs and surgical dressings <b>you</b> need as part of <b>your treatment</b> in <b>hospital</b>.</p> <p>Note:</p> <ul style="list-style-type: none"> <li>○ <b>we</b> do not pay for drugs and surgical dressings <b>you</b> receive for <b>out-patient treatment</b> or use at home (for Essential and Classic members only), and</li> <li>○ <b>we</b> do not pay for nurses hired in addition to the <b>hospital's</b> own staff. In the rare case where a <b>hospital</b> does not provide nursing staff <b>we</b> will pay for the reasonable cost of hiring a <b>qualified nurse</b> for <b>your treatment</b></li> </ul>



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

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Physicians' fees	Paid in full	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay physicians' fees for <b>treatment you</b> receive in <b>hospital</b> if this does not include a <b>surgical operation</b>, for example if <b>you</b> are in <b>hospital</b> for <b>treatment</b> of a medical condition such as pneumonia.</p> <p>If <b>your treatment</b> includes a <b>surgical operation</b> <b>we</b> will only pay physicians' fees if the attendance of a physician is <b>medically necessary</b>, for example, in the rare event of a heart attack following a <b>surgical operation</b>.</p>
Theatre charges	Paid in full	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay for use of an operating theatre.</p>
<b>Intensive care</b>	Paid in full	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay for <b>intensive care</b> in an <b>intensive care</b> unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when:</p> <ul style="list-style-type: none"> <li>○ 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>yours</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>
Pathology, X-rays, <b>diagnostic tests</b> and therapies	Paid in full	Paid in full	Paid in full	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), and</li> <li>○ <b>diagnostic tests</b> such as electrocardiograms (ECGs)</li> </ul> <p>when recommended by <b>your consultant</b> to help determine or assess <b>your</b> condition when carried out in a <b>hospital</b>.</p> <p><b>We</b> also pay for <b>treatment</b> provided by <b>therapists</b> (such as physiotherapy) and <b>complementary medicine practitioners</b> (such as acupuncturists) if it is needed as part of <b>your treatment</b> in <b>hospital</b>.</p>
Prosthetic implants and <b>appliances</b>	Paid in full	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay for a prosthetic implant needed as part of <b>your treatment</b>. By this, <b>we</b> mean an artificial body part or <b>appliance</b> which is designed to form a permanent part of <b>your</b> body and is surgically implanted for one or more of the following reasons:</p> <ul style="list-style-type: none"> <li>○ to replace a joint or ligament</li> <li>○ to replace one or more heart valves</li> <li>○ to replace the 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 act as a heart pacemaker</li> <li>○ to remove excess fluid from the brain</li> <li>○ to control urinary incontinence (bladder control)</li> <li>○ to reconstruct a breast following surgery for cancer when the reconstruction is carried out as part of the original <b>treatment</b> for the cancer and <b>you</b> have obtained <b>our</b> written consent before receiving the <b>treatment</b></li> <li>○ to restore vocal function following surgery for cancer</li> </ul> <p><b>We</b> also pay for the following <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, or</li> <li>○ a spinal support which is an essential part of a <b>surgical operation</b> to the spine</li> </ul>

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

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Parent accommodation	Paid in full	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay for <b>hospital</b> accommodation for each night <b>you</b> need to stay with <b>your</b> child in the same <b>hospital</b>. This is limited to only one parent or legal guardian each night.</p> <p><b>Your</b> child must be:</p> <ul style="list-style-type: none"> <li><input type="radio"/> aged under 18, and</li> <li><input type="radio"/> a member of a <b>Bupa Global</b> administered plan receiving <b>treatment</b> for which he or she is covered under their plan</li> </ul>
<b>Psychiatric treatment</b> (after two years' membership, lifetime maximum 90 days)	Paid in full	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay for <b>psychiatric treatment</b> <b>you</b> receive in <b>hospital</b> after <b>you</b> have been a member of the plan (or any Bupa administered plan which includes cover for <b>psychiatric treatment</b>) for two years before the <b>psychiatric treatment</b>.</p> <p><b>We</b> pay for a total of 90 days' <b>psychiatric treatment</b> in <b>hospital</b> during <b>your</b> lifetime. This benefit applies to all <b>treatment</b> related to the psychiatric condition. 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, whether <b>your</b> membership is continuous or not.</p> <p>Example: If <b>we</b> have paid for 45 days' <b>psychiatric treatment</b> in <b>hospital</b> under another Bupa administered plan, <b>we</b> will only pay for another 45 days' <b>psychiatric treatment</b> in <b>hospital</b> under this plan.</p>

## Further benefits

### Important

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

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Advanced imaging	Paid in full	Paid in full	Paid in full	Paid in full	<b>We</b> pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by <b>your consultant</b> or <b>family doctor</b> .
Cancer <b>treatment</b>	Paid in full	Paid in full	Paid in full	Paid in full	Once cancer is diagnosed, <b>we</b> pay 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).
Healthline services	Included	Included	Included	Included	<p>This is a telephone advice line which offers help 24 hours a day, 365 days a year. Please call +44 (0) 1273 333 911 at any time when <b>you</b> need to.</p> <p>The following are some of the services that may be offered by telephone:</p> <ul style="list-style-type: none"> <li>○ general medical information from a health professional</li> <li>○ medical referrals to a physician or <b>hospital</b></li> <li>○ medical service referral (ie locating a physician) and assistance arranging appointments</li> <li>○ inoculation and visa requirements information</li> <li>○ <b>emergency</b> message transmission</li> <li>○ interpreter and embassy referral</li> </ul> <p>Note: <b>treatment</b> arranged through this service may not be covered under <b>your</b> plan. Please check <b>your</b> cover before proceeding.</p>
HIV/AIDS drug therapy including ART (after five years' membership)	Not covered	<b>We</b> pay up to GBP 12,000, USD 20,000 or EUR 15,000 each <b>membership year</b>	<b>We</b> pay up to GBP 12,000, USD 20,000 or EUR 15,000 each <b>membership year</b>	<b>We</b> pay up to GBP 12,000, USD 20,000 or EUR 15,000 each <b>membership year</b>	<p><b>We</b> pay for HIV/AIDS drug therapy after <b>you</b> have been a member of the plan for the whole of the five years leading up to the <b>treatment</b>.</p> <p>Note: <b>we</b> pay for <b>treatment</b> that is not drug therapy or ART from <b>your in-patient treatment</b> or out-patient benefits if <b>you</b> have been a member of the plan for five years.</p> <p>Note (for Essential members only): <b>We</b> pay for <b>in-patient treatment</b> of HIV/AIDS if <b>you</b> have been a member of the plan for five years. This does not include any drug therapy or ART.</p>
Home nursing after <b>in-patient treatment</b>	<b>We</b> pay up to GBP 120, USD 200 or EUR 150 each day up to a maximum of 10 days each <b>membership year</b>	<b>We</b> pay up to GBP 120, USD 200 or EUR 150 each day up to a maximum of 20 days each <b>membership year</b>	<b>We</b> pay up to GBP 120, USD 200 or EUR 150 each day up to a maximum of 30 days each <b>membership year</b>	<b>We</b> pay up to GBP 120, USD 200 or EUR 150 each day up to a maximum of 30 days each <b>membership year</b>	<p><b>We</b> pay for home nursing after eligible <b>in-patient treatment</b>. <b>We</b> pay if the home nursing:</p> <ul style="list-style-type: none"> <li>○ is needed to provide medical care, not personal assistance</li> <li>○ is necessary, meaning that without it <b>you</b> would have to stay in <b>hospital</b></li> <li>○ starts immediately after <b>you</b> leave <b>hospital</b></li> <li>○ is provided by a <b>qualified nurse</b> in <b>your</b> home, and</li> <li>○ is prescribed by <b>your consultant</b></li> </ul>

## Further benefits (continued)

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Hospice and palliative care	<b>We</b> pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of <b>your</b> membership	<b>We</b> pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of <b>your</b> membership	<b>We</b> pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of <b>your</b> membership	<b>We</b> pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of <b>your</b> membership	<p>If <b>you</b> need in-patient, day-case or out-patient care or <b>treatment</b> following the diagnosis that <b>your</b> condition is terminal, when <b>treatment</b> can no longer be expected to cure <b>your</b> condition, <b>we</b> pay for <b>your</b> physical, psychological, social and spiritual care as well as <b>hospital</b> or hospice accommodation, nursing care and prescribed drugs.</p> <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>
In-patient cash benefit	<b>We</b> pay GBP 90 USD 150 or EUR 110 each night up to 20 nights each <b>membership year</b>	<b>We</b> pay GBP 90 USD 150 or EUR 110 each night up to 20 nights each <b>membership year</b>	<b>We</b> pay GBP 90 USD 150 or EUR 110 each night up to 20 nights each <b>membership year</b>	<b>We</b> pay GBP 90 USD 150 or EUR 110 each night up to 20 nights each <b>membership year</b>	<p>This benefit is paid instead of any other benefit for each night <b>you</b> receive eligible <b>in-patient treatment</b> without charge.</p> <p>To claim this benefit, please ask the <b>hospital</b> to sign and stamp <b>your</b> claim form. Then send the completed form to <b>us</b> with a covering letter stating that <b>you</b> were treated with no charge. Please note that <b>you</b> need to ensure that the medical section of <b>your</b> claim form is completed by <b>your consultant</b>.</p>
Kidney dialysis	Paid in full	Paid in full	Paid in full	Paid in full	<b>We</b> pay for kidney dialysis - provided as In-patient, day-case or as an out-patient.
Local air ambulance	<p><b>We</b> pay up to GBP 5,900 USD 10,000 or EUR 7,400 each <b>membership year</b></p> <p>Please also see the section 'Assistance cover'.</p>	<p><b>We</b> pay up to GBP 5,900 USD 10,000 or EUR 7,400 each <b>membership year</b></p> <p>Please also see the section 'Assistance cover'.</p>	<p><b>We</b> pay up to GBP 5,900 USD 10,000 or EUR 7,400 each <b>membership year</b></p> <p>Please also see the section 'Assistance cover'.</p>	<p><b>We</b> pay up to GBP 5,900 USD 10,000 or EUR 7,400 each <b>membership year</b></p> <p>Please also see the section 'Assistance cover'.</p>	<p><b>We</b> pay for <b>medically necessary</b> travel for <b>you</b> to be transported by local air ambulance such as a helicopter, when related to eligible <b>in-patient treatment</b> or <b>day-case treatment</b>, either:</p> <ul style="list-style-type: none"> <li>○ from the location of an accident to <b>hospital</b>, or</li> <li>○ for a transfer from one <b>hospital</b> to another</li> </ul> <p>when it is appropriate for this method of transfer to be used to transport <b>you</b> over short journeys of up to 100 miles/160 kilometres. This benefit does not include mountain rescue.</p> <p>Note: this benefit does not include evacuation if the <b>treatment you</b> need is not available locally.</p>
Local road ambulance	Paid in full	Paid in full	Paid in full	Paid in full	<b>We</b> pay for <b>medically necessary</b> travel by local road ambulance when related to eligible <b>in-patient treatment</b> or <b>day-case treatment</b> .

## Further benefits (continued)

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Maternity cover (after 10 months' membership)	Not covered	<p>Maternity and childbirth:</p> <p><b>We pay up to</b> GBP 4,800 USD 8,150 or EUR 6,000 each <b>membership year</b></p> <p>Childbirth at home or <b>birthing centre</b>:</p> <p><b>We pay up to</b> GBP 780 USD 1,300 or EUR 975 each <b>membership year</b></p> <p>Medically essential Caesarean section:</p> <p><b>We pay up to</b> GBP 12,600 USD 21,500 or EUR 15,750 each <b>membership year</b></p> <p>Complications of maternity and childbirth:</p> <p>Paid in full</p>	<p>Maternity and childbirth:</p> <p><b>We pay up to</b> GBP 7,200 USD 12,250 or EUR 9,000 each <b>membership year</b></p> <p>Childbirth at home or <b>birthing centre</b>:</p> <p><b>We pay up to</b> GBP 780 USD 1,300 or EUR 975 each <b>membership year</b></p> <p>Medically essential Caesarean section:</p> <p><b>We pay up to</b> GBP 15,000 USD 25,500 or EUR 18,750 each <b>membership year</b></p> <p>Complications of maternity and childbirth:</p> <p>Paid in full</p>	<p>Maternity and childbirth:</p> <p><b>We pay up to</b> GBP 9,600 USD 16,300 or EUR 12,000 each <b>membership year</b></p> <p>Childbirth at home or <b>birthing centre</b>:</p> <p><b>We pay up to</b> GBP 780 USD 1,300 or EUR 975 each <b>membership year</b></p> <p>Medically essential Caesarean section:</p> <p><b>We pay up to</b> GBP 16,800 USD 28,500 or EUR 21,000 each <b>membership year</b></p> <p>Complications of maternity and childbirth:</p> <p>Paid in full</p>	<p><b>We</b> pay maternity benefits only after <b>you</b> have been covered under the plan for 10 months.</p> <p><b>Maternity and childbirth (after 10 months' membership)</b></p> <p>These benefits include for example:</p> <ul style="list-style-type: none"> <li>○ ante natal care such as ultrasound scans</li> <li>○ <b>hospital</b> charges, obstetricians' and midwives' fees for pregnancy and 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 (hydatidiform mole)</li> <li>○ foetus growing outside the womb (ectopic pregnancy)</li> </ul> <p>are not covered from this benefit but may be covered by <b>your</b> other benefits.</p> <p>(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by <b>your</b> other benefits).</p> <p><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 10 months when the baby is born.</p> <p><b>Childbirth at home or birthing centre (after 10 months' membership)</b> This benefit includes obstetricians' and midwives' fees for delivering <b>your</b> baby at home or a <b>birthing centre</b>.</p> <p><b>Medically Essential Caesarean Section (after 10 months' membership)</b> This benefit includes <b>hospital</b>, obstetricians' and other medical fees for the cost of the delivery of <b>your</b> baby by Caesarean section when medically essential for example, non progression during labour leading to <b>emergency</b> Caesarean section (eg dystocia, foetal distress, haemorrhage) provided the mother has been a member of this plan for at least 10 months before delivery.</p> <p>Note: if <b>we</b> are unable to determine that <b>your</b> Caesarean section was medically essential, it will be paid from <b>your</b> maternity and childbirth benefit limit.</p> <p><b>Complications of maternity and childbirth (after 10 months' membership)</b> <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 also see the section 'Adding <b>dependants</b>' in <b>your</b> 'How to use <b>your</b> plan' booklet.</p> <p>Please see surrogate parenting, congenital and hereditary conditions in the 'What is not covered?' section.</p>

## Further benefits (continued)

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Newborn care	<b>We</b> pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all <b>treatment</b> received during the first 90 days following birth	<b>We</b> pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all <b>treatment</b> received during the first 90 days following birth	<b>We</b> pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all <b>treatment</b> received during the first 90 days following birth	<b>We</b> pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all <b>treatment</b> received during the first 90 days following birth	<p>This benefit is paid instead of any other benefit 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.</p> <p>Children must have their own membership and must be covered on their own plan before <b>you</b> can claim this benefit.</p> <p><b>We</b> do not pay newborn care benefits for children born as a result of <b>assisted reproduction technologies, ovulation induction treatment</b>, born to a surrogate or who have been adopted, as these children can only join once they are 91 days old.</p> <p>Please see 'Adding <b>dependants</b>' section.</p>
Prosthetic devices	<b>We</b> pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device	<b>We</b> pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device	<b>We</b> pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device	<b>We</b> pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device	<b>We</b> pay for the initial prosthetic device needed as part of <b>your treatment</b> . By this <b>we</b> mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of <b>your</b> surgical procedure. <b>We</b> do not pay for any replacement prosthetic devices for adults including any replacement devices 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 years.
Rehabilitation	<b>We</b> pay in full for up to 30 days of <b>treatment</b> (which may be <b>in-patient treatment</b> or <b>day-case treatment</b> ) each <b>membership year</b>	<b>We</b> pay in full for up to 30 days of <b>treatment</b> (which may be <b>in-patient treatment, day-case treatment</b> or <b>out-patient treatment</b> ) each <b>membership year</b>	<b>We</b> pay in full for up to 30 days of <b>treatment</b> (which may be <b>in-patient treatment, day-case treatment</b> or <b>out-patient treatment</b> ) each <b>membership year</b>	<b>We</b> pay in full for up to 30 days of <b>treatment</b> (which may be <b>in-patient treatment, day-case treatment</b> or <b>out-patient treatment</b> ) each <b>membership year</b>	<p><b>We</b> pay for <b>rehabilitation</b>, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. <b>We</b> do not pay for room and board for <b>rehabilitation</b> when the <b>treatment</b> being given is solely physiotherapy.</p> <p><b>We</b> pay for <b>rehabilitation</b>, only when <b>you</b> have received <b>our</b> written <b>agreement</b> before the <b>treatment</b> starts, for up to 30 days' <b>treatment</b> in each <b>membership year</b>. For <b>in-patient treatment</b> one day is each overnight stay and for <b>day-case treatment</b> and <b>out-patient treatment</b>, one day is counted as any day on which <b>you</b> have one or more appointments for <b>rehabilitation treatment</b>.</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 of <b>in-patient treatment</b> which is covered by <b>your</b> membership (such as trauma or stroke), and</li> <li>○ arises as a result of the condition which required the <b>in-patient treatment</b> or is needed as a result of such <b>treatment</b> given for that condition</li> </ul> <p>Note: in order to give written <b>agreement</b>, <b>we</b> must receive full clinical details from <b>your consultant</b>; including <b>your</b> diagnosis, <b>treatment</b> given and planned, and proposed discharge date if <b>you</b> receive <b>rehabilitation</b>.</p> <p>Note (for Essential members only): <b>We</b> do not pay for any out-patient <b>rehabilitation</b>.</p>

**Further benefits (continued)**

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Transplant services	Paid in full	Paid in full	Paid in full	Paid in full	<p><b>We</b> pay for transplant services that <b>you</b> need as a result of an eligible condition. <b>We</b> pay medical expenses if <b>you</b> need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant. <b>We</b> also pay for bone marrow transplants (either using <b>your</b> own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy.</p> <p><b>We</b> do not pay for costs associated with the donor or the donor organ.</p> <p>Note (for Essential members only): <b>We</b> do not pay for any <b>out-patient treatment</b> associated with a transplant, either before or after that transplant takes place, including consultations, <b>diagnostic tests</b> etc, or drugs prescribed for use as an out-patient, including anti-rejection drugs.</p> <p>Note (for Classic members only): <b>We</b> do not pay for any drugs prescribed for use as an out-patient, including anti-rejection drugs.</p> <p>Note (for Gold and Gold Superior members only): Any drugs prescribed for use as an out-patient, including anti-rejection drugs are paid from <b>your</b> prescribed drugs and dressings benefit.</p> <p>Please see donor organs in the 'What is not covered?' section.</p>

## Optional benefits, if purchased

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
USA cover	<p>100 percent of eligible costs in <b>network</b>.</p> <p><b>Reasonable and Customary</b> costs out of <b>network</b>.</p> <p><b>In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans</b> must be pre-authorized or only 50% of eligible costs may be payable.</p>	<p>100 percent of eligible costs in <b>network</b>.</p> <p><b>Reasonable and Customary</b> costs out of <b>network</b>.</p> <p><b>In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans</b> must be pre-authorized or only 50% of eligible costs may be payable..</p>	<p>100 percent of eligible costs in <b>network</b>.</p> <p><b>Reasonable and Customary</b> costs out of <b>network</b>.</p> <p><b>In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans</b> must be pre-authorized or only 50% of eligible costs may be payable.</p>	<p>100 percent of eligible costs in <b>network</b>.</p> <p><b>Reasonable and Customary</b> costs out of <b>network</b>.</p> <p><b>In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans</b> must be pre-authorized or only 50% of eligible costs may be payable.</p>	<p><b>Pre-authorization and the U.S. provider network</b></p> <p>If <b>you</b> have USA cover, then before any <b>in-patient treatment</b> or <b>day-case treatment</b>, cancer <b>treatment</b>, MRI, CT and PET scans in the USA, <b>you</b> must contact <b>our</b> dedicated team for pre-authorization.</p> <p>Please contact them by calling 844 369 3797 (from inside the USA), or +1 844 369 3797 (from outside the USA).</p> <p><b>In-patient treatment, day-case treatment, cancer treatment, MRI, CT and PET scans</b> received in the USA without pre-authorization may not be paid beyond 50%. Any pre-authorized <b>treatment</b> costs are covered according to this table of benefits.</p> <p><b>Our USA Service Partner</b> uses a national <b>network</b> of <b>hospitals</b>, clinics and <b>medical practitioners</b>. This is the USA provider <b>network</b>. <b>Our</b> dedicated team can help <b>you</b> to find a <b>hospital</b> or clinic in the USA. provider <b>network</b>, when <b>you</b> contact them for pre-authorization. When eligible <b>treatment</b> takes place in the USA using the USA,provider <b>network</b>, benefit is paid at 100 percent, once any co-insurance or deductible amount which may apply, and which <b>you</b> are responsible to pay, has been deducted from the claimed amount. Where eligible <b>treatment</b> takes place in the USA but outside the USA 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 also see USA <b>treatment</b> in the 'What is not covered?' section.</p>
Dental <b>treatment</b>	Not covered	<p><b>We</b> pay up to GBP 1,200, USD 2,000 or EUR 1,500 maximum benefit for each <b>membership year</b></p>	<p><b>We</b> pay up to GBP 1,200, USD 2,000 or EUR 1,500 maximum benefit for each <b>membership year</b></p>	<p><b>We</b> pay up to GBP 2,400, USD 4,100 or EUR 3,000 maximum benefit for each <b>membership year</b></p>	<p><b>We</b> pay (Classic and Gold members):</p> <ul style="list-style-type: none"> <li>○ 100 percent of preventive <b>treatment</b> (such as check-ups, X-rays, scale and polishing)</li> <li>○ 80 percent of routine <b>treatment</b> (such as fillings, extractions and root canal therapy)</li> <li>○ 50 percent of major restorative (such as crowns, bridges or implants)</li> <li>○ 50 percent of orthodontic <b>treatment</b> of overbite or under bite etc, up to the age of 19.</li> </ul> <p><b>We</b> pay (Gold Superior members):</p> <ul style="list-style-type: none"> <li>○ 100 percent of preventive <b>treatment</b> (such as check-ups, X-rays, scale and polishing)</li> <li>○ 100 percent of routine <b>treatment</b> (such as fillings, extractions and root canal therapy)</li> <li>○ 50 percent of major restorative (such as crowns, bridges or implants)</li> <li>○ 50 percent of orthodontic <b>treatment</b> of overbite or under bite etc, up to the age of 19.</li> </ul> <p>Note (for Gold Superior members only): This benefit is available only in conjunction with the optical benefit.</p>
Optical  (Dental <b>treatment</b> and optical must be purchased together)	Not covered	Not covered	Not covered	<p><b>We</b> pay up to GBP 250, USD 425 or EUR 315 maximum benefit for each <b>membership year</b></p>	<p><b>We</b> pay (Gold Superior members):</p> <ul style="list-style-type: none"> <li>○ maximum of one eye test each <b>membership year</b>, which includes the cost of <b>your</b> consultation and sight/vision testing</li> <li>○ 75 percent of eligible costs for spectacle and contact lenses which are prescribed to correct a sight/vision problem, such as short or long sight</li> <li>○ 75 percent of eligible costs of spectacle frames only if <b>you</b> have been prescribed spectacle lenses, <b>your</b> spectacle lens prescription or invoice will be required in support of <b>your</b> claim for spectacle frames</li> </ul> <p>Note (for Gold Superior members only): This benefit is available only in conjunction with the dental <b>treatment</b> benefit.</p>
Assistance cover (Evacuation and Repatriation)					<p><b>Your</b> membership certificate will show if <b>you</b> have purchased this cover. Please see 'Assistance cover' section.</p> <p>The overall annual maximum benefit limit does not apply.</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. No personal exclusions or restrictions shall apply where **we** have agreed with **your sponsor** that medical history has been disregarded.

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

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

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

If **we** have not applied a personal exclusion or restriction to **your** membership certificate, this means that any **pre-existing conditions** that **you** told **us** about in **your** application are covered under **your** plan. If **you** are unsure about anything in this section, please contact **us** for confirmation before **you** go for **your treatment**.

## General Exclusions

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

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

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

## Important note:

**Our** global health plans are non-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
Artificial life maintenance		Including mechanical ventilation, where such <b>treatment</b> will not or is not expected to result in <b>your</b> recovery or restore <b>you</b> to <b>your</b> previous state of health.  Example: <b>We</b> will not pay for 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.
Birth control		Any type of contraception, sterilisation, termination of pregnancy or family planning.

Exclusion	Notes	Rules
Conflict and disaster		<p><b>We</b> shall not be liable for any claims which concern, are due to or are incurred as a result of <b>treatment</b> for sickness or injuries directly or indirectly caused by <b>you</b> putting yourself in danger by entering a known area of conflict (as listed below) and/or if <b>you</b> were an active participant or <b>you</b> have displayed a blatant disregard for <b>your</b> personal safety in a known area of conflict:</p> <ul style="list-style-type: none"> <li>○ nuclear or chemical contamination</li> <li>○ war, invasion, acts of a foreign enemy</li> <li>○ civil war, rebellion, revolution, insurrection</li> <li>○ terrorist acts</li> <li>○ military or usurped power</li> <li>○ martial law</li> <li>○ civil commotion, riots, or the acts of any lawfully constituted authority</li> <li>○ hostilities, army, naval or air services operations whether war has been declared or not</li> </ul>
Congenital conditions	Please see the table of benefits for details of <b>your</b> Newborn care limit.	<p><b>Treatment</b> received after the first 90 days following birth (or after the maximum benefit limit for Newborn care has been reached) for any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not, except cancer.</p>
Convalescence and admission for general care		<p><b>Hospital</b> accommodation when it is used solely or primarily for any of the following purposes:</p> <ul style="list-style-type: none"> <li>○ convalescence, supervision, pain management or any other purpose other than for receiving eligible <b>treatment</b>, of a type which normally requires <b>you</b> to stay in <b>hospital</b></li> <li>○ receiving general nursing care or any other services which do not require <b>you</b> to be in <b>hospital</b>, and could be provided in a nursing home or other establishment that is not a <b>hospital</b></li> <li>○ receiving services from a <b>therapist</b> or <b>complementary medicine practitioner</b></li> <li>○ receiving services which would not normally require trained medical professionals such as help in walking, bathing or preparing meals</li> </ul>
Cosmetic <b>treatment</b>		<p><b>Treatment</b> undergone for cosmetic or psychological reasons to improve <b>your</b> appearance, such as a re-modelled nose, facelift, abdominoplasty, or cosmetic dentistry. This includes:</p> <ul style="list-style-type: none"> <li>○ dental implants to replace a <b>sound natural tooth</b></li> <li>○ hair transplants for any reason</li> <li>○ <b>treatment</b> related to or arising from the removal of non-diseased, or surplus or fat tissue, whether or not it is needed for medical or psychological reasons</li> <li>○ any <b>treatment</b> for a procedure to change the shape or appearance of <b>your</b> breast(s) whether or not it is needed for medical or psychological reasons: unless for reconstruction carried out as part of the original <b>treatment</b> for the cancer, when <b>you</b> have obtained <b>our</b> written consent before receiving the <b>treatment</b> (see 'Reconstructive or remedial surgery' in this section)</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</b> doctor 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>
Deafness		<p><b>Treatment</b> for or arising from deafness or partial hearing loss caused by a congenital abnormality or ageing.</p>

Exclusion	Notes	Rules
Dental <b>treatment</b> /gum disease	<p>Please see dental <b>treatment</b> in the table of benefits.</p> <p>Please see accident related dental in the table of benefits.</p>	<p>This includes <b>surgical operations</b> for the <b>treatment</b> of bone disease when related to gum disease or damage, or <b>treatment</b> for, or arising from disorders of the temporomandibular joint.</p> <p>Examples: <b>we</b> do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth, etc.</p> <p>Exception: <b>we</b> pay for a <b>surgical operation</b> carried out by a <b>consultant</b> to:</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>○ treat irreversible bone disease involving the jaw(s) which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage</li> <li>○ surgically remove a complicated, buried or impacted tooth root, for example in the case of an impacted wisdom tooth</li> </ul>
Desensitisation and neutralisation		<b>Treatment</b> to de-sensitise or neutralise any allergic condition or disorder.
Developmental problems		<p><b>Treatment</b> for, or related to developmental problems, including:</p> <ul style="list-style-type: none"> <li>○ learning difficulties, such as dyslexia</li> <li>○ 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		<p><b>Treatment</b> costs for, or as a result of the following:</p> <ul style="list-style-type: none"> <li>○ transplants involving mechanical or animal organs</li> <li>○ the removal of a donor organ from a donor</li> <li>○ the removal of an organ from <b>you</b> for purposes of transplantation into another person</li> <li>○ the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible diseases or illness</li> <li>○ the purchase of a donor organ</li> </ul>
Drugs and dressings (out-patient)	Exclusion applies to Essential and Classic cover only.	Any drugs or surgical dressings that are provided or prescribed for <b>out-patient treatment</b> , or for <b>you</b> to take home with <b>you</b> on leaving <b>hospital</b> , for any condition.
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-authorized</li> </ul>
Eyesight	Please see optical in the table of benefits.	<p><b>Treatment</b>, equipment or surgery to correct eyesight, such as laser <b>treatment</b>, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Examples: <b>we</b> will not pay for routine eye examinations, contact lenses or spectacles. <b>We</b> will pay for eligible <b>treatment</b> or surgery of a detached retina, glaucoma, cataracts or keratoconus.</p>
<b>Epidemics</b> and <b>pandemics</b> :		<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.
<b>Family doctor treatment</b>	Exclusion applies to Essential and Classic cover only.	<b>Treatment</b> or services carried out by a <b>family doctor</b> , including vaccinations..

Exclusion	Notes	Rules
Footcare		<b>Treatment</b> for corns, calluses, or thickened or misshapen nails.
Genetic testing		Genetic tests, when such tests are solely performed to determine whether or not <b>you</b> may be genetically likely to develop a medical condition.  Example: <b>we</b> do not pay for tests used to determine whether <b>you</b> may develop Alzheimer's disease, when that disease is not present.
Harmful or hazardous use of alcohol, drugs and/or medicines		<b>Treatment</b> for or arising from the harmful, hazardous or addictive use of any substance including alcohol, drugs and/or medicines.
Health hydros, nature cure clinics etc.		<b>Treatment</b> or services received in health hydros, nature cure clinics or any establishment that is not a <b>hospital</b> .
Hereditary conditions		<b>Treatment</b> of abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of <b>your</b> family, except cancer.
HIV/AIDS	Please see HIV/AIDS drug therapy in the table of benefits.	<b>Treatment</b> for, or arising from, HIV or AIDS, including any condition that is related to HIV or AIDS, if <b>your</b> current period of membership is less than five years.
Infertility <b>treatment</b>		<b>Treatment</b> to assist reproduction, including but not limited to IVF <b>treatment</b> .  Note: <b>we</b> pay for reasonable investigations into the causes of infertility if: <ul style="list-style-type: none"><li>○ <b>you</b> had not been aware of any problems before joining, and</li><li>○ <b>you</b> have been a member of this plan (or any Bupa administered plan which included cover for this type of investigation) for a continuous period of two years before the investigations start</li></ul> Once the cause is confirmed, <b>we</b> will not pay for any additional investigations in the future.
Maternity	Exclusion applies to Essential cover only	<b>Treatment</b> for maternity or for any condition arising from maternity except the following conditions and <b>treatments</b> : <ul style="list-style-type: none"><li>○ abnormal cell growth in the womb (hydatidiform mole)</li><li>○ foetus growing outside of the womb (ectopic pregnancy)</li><li>○ other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant</li></ul>
Obesity		<b>Treatment</b> for, or required as a result of obesity.
<b>Persistent vegetative state</b> (PVS) and neurological damage		<b>We</b> will not pay for <b>in-patient treatment</b> for more than 90 continuous days for permanent neurological damage or if <b>you</b> are in a <b>persistent vegetative state</b> .
Personality disorders		<b>Treatment</b> of personality disorders, including but not limited to: <ul style="list-style-type: none"><li>○ affective personality disorder</li><li>○ schizoid personality (not schizophrenia)</li><li>○ histrionic personality disorder</li></ul>
Physical aids and devices		Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an <b>appliance</b> .  Examples: <b>we</b> will not pay for hearing aids, spectacles, contact lenses, crutches or walking sticks.

Exclusion	Notes	Rules
Pre-existing conditions	<p>Please note: this exclusion does not apply if <b>your sponsor</b> has purchased cover with medical history disregarded. If <b>you</b> are unsure whether <b>you</b> have this cover, please contact the customer services helpline.</p> <p>For <b>pre-existing conditions</b> for newborns, please see the exclusions for congenital and hereditary conditions in this section.</p>	<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 <b>renewal date</b> if <b>you</b> or <b>your dependants</b> 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 <b>renewal date</b>. In order for <b>us</b> to review whether to remove any personal exclusions, <b>we</b> may request 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> <p>Any costs incurred in obtaining these details are not covered under <b>your</b> plan and are <b>your</b> responsibility.</p>
Preventive and wellness <b>treatment</b>	Please see wellness and full health screening in the table of benefits.	<p>Health screening, including routine health checks, or any preventive <b>treatment</b>.</p> <p>Note: <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>Please contact <b>us</b> for pre-authorisation 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> pre-authorisation process.</p>
Reconstructive or remedial surgery		<p><b>Treatment</b> required to restore <b>your</b> appearance after an illness, injury or previous surgery, unless:</p> <ul style="list-style-type: none"> <li>○ the <b>treatment</b> is a <b>surgical operation</b> to restore <b>your</b> appearance after an accident, or as the result of surgery for cancer, if either of these takes place during <b>your</b> current continuous membership of the plan</li> <li>○ the <b>treatment</b> is carried out as part of the original <b>treatment</b> for the accident or cancer</li> <li>○ <b>you</b> have obtained <b>our</b> written consent before the <b>treatment</b> takes place</li> </ul>
Self-inflicted injuries		<p><b>Treatment</b> for, or arising from, an injury or condition that <b>you</b> have intentionally inflicted on yourself, for example during a suicide attempt.</p>
Sexual problems/gender issues		<p><b>Treatment</b> of any sexual problem including impotence (whatever the cause) and sex changes or gender reassignments.</p>
Sleep disorders		<p><b>Treatment</b>, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.</p>
Speech disorders		<p><b>Treatment</b> for speech disorders, including stammering or speech developmental delays, unless all of the following apply:</p> <ul style="list-style-type: none"> <li>○ the <b>treatment</b> is short term therapy which is <b>medically necessary</b> as part of <b>active treatment</b> for an acute condition such as a stroke,</li> <li>○ the speech therapy takes place during and/or immediately following the <b>treatment</b> for the acute condition, and</li> <li>○ the speech therapy is recommended by the <b>consultant</b> in charge of <b>your treatment</b>, and is provided by a <b>therapist</b></li> </ul> <p>in which case <b>we</b> may pay at <b>our</b> discretion.</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>

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>
Travel costs for <b>treatment</b>		<p>Any travel costs related to receiving <b>treatment</b>, unless otherwise covered by:</p> <ul style="list-style-type: none"> <li>○ local air ambulance benefit,</li> <li>○ local road ambulance benefit, or</li> <li>○ Assistance cover</li> </ul> <p>Examples:</p> <ul style="list-style-type: none"> <li>○ <b>we</b> do not pay for taxis or other travel expenses for <b>you</b> to visit a <b>medical practitioner</b></li> <li>○ <b>we</b> do not pay for travel time or the cost of any transport expenses charged by a <b>medical practitioner</b> to visit <b>you</b></li> </ul>
<b>Unrecognised medical practitioner</b> , provider or facility, <b>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 specialised 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> 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> 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 USA cover has not been purchased, then any <b>treatment</b> or services, received in the USA are ineligible:</p> <ul style="list-style-type: none"> <li>○ where this takes place after the 28th day of <b>your</b> visit to the USA; or</li> <li>○ where these relate to any condition where symptoms of the condition were apparent to <b>you</b> before <b>your</b> visit to the USA; or</li> <li>○ when <b>we</b> know or have reasonable grounds to conclude that <b>you</b> travelled to the USA for the purpose of receiving <b>treatment</b> or services - this applies whether or not <b>your treatment</b> or services were the main or sole purpose of <b>your</b> visit; or</li> <li>○ where these relate to the delivery of a baby, other than in the case of unforeseen premature delivery; or</li> <li>○ where these relate to a newborn baby born in the USA, other than in the case of an unforeseen premature delivery. (In the case of unforeseen premature delivery the newborn must have been validly added to the membership) or</li> <li>○ when arrangements for <b>treatment</b> or services were not pre-authorised by <b>our</b> agents in the USA.</li> </ul> <p>Note: in order to claim for unforeseen <b>treatment</b> or services received within 28 days of <b>your</b> arrival in the USA, <b>you</b> must send a photocopy of <b>your</b> airline ticket and stamped passport as evidence of <b>your</b> arrival date with <b>your</b> claim.</p> <p>Please see terms around adding newborn babies in the 'Adding <b>Dependants</b>' sections of this membership guide.</p> <p>If USA cover has been purchased, then <b>treatment</b> or services received in the USA are ineligible when:</p> <ul style="list-style-type: none"> <li>○ when arrangements were not pre-authorised by <b>our</b> agents in the USA where required (see 'Pre-authorisation - <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-authorised.</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>. If <b>you</b> choose not to have <b>your in-patient treatment</b> or <b>day-case treatment</b>, cancer <b>treatment</b>, MRI, CT and PET scans in the USA pre-authorised, <b>we</b> will only pay 50 percent towards the cost of covered <b>treatment</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 deductible 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>

# Pre-authorisation

This section contains rules and information about what pre-authorisation means and how it works.

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

## What pre-authorisation means

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

- the **treatment** is eligible **treatment** that
- is covered by **your** plan
- **you** have an active membership at the time that **treatment** takes place
- **your** subscriptions are paid up to date
- the **treatment** carried out matches the **treatment** authorised
- **you** have provided a full disclosure of the condition and **treatment** required
- **you** have enough benefit entitlement to cover the cost of the **treatment**
- **your** condition is not a **pre-existing condition** (see the 'What is not covered?' section)
- the **treatment** is **medically necessary**
- the **treatment** takes place within 31 days after pre-authorisation is given

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.

## Treatment we can pre-authorise

**We** can pre-authorise **in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans.

## Direct settlement/pay and claim

Direct settlement is where the provider of **your treatment** claims directly from **us**, making things easier for **you**. The alternative is for **you** to pay and then claim back the costs from **us**.

**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 clinic. Please note that direct settlement will not be available outside of restricted **networks** in countries where **we** have these in place. This means that if **you** decide to have **your treatment** at a **hospital** which is not in the restricted **network**, **you** must pay the cost of **your treatment** to the provider and submit **your** claim with proof of payment to **us**.

## Length of stay (in-patient treatment)

**Your** pre-authorisation will specify an approved length of stay for **in-patient treatment**. This is the number of nights in **hospital** that **we** will cover **you** for. If **your treatment** will take longer than this approved length of stay, then **you** or **your consultant** must contact **us** for an extension to the pre-authorisation.

## Treatment in the USA

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

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

## Treatment which has not been pre-authorised

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

Of course **we** understand that there are times when **you** cannot get **your treatment** pre-authorised, 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, and 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).

If **we** have been notified within 48 hours of an **emergency** admission to **hospital**, **we** will not ask **you** to share the cost of **your treatment**.

## Out of network treatment

Even if **your treatment** in the USA has been pre-authorised, but **you** choose to use a **hospital**, clinic or **medical practitioner** out of **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 times when it is not possible for **you** to be treated at a **network hospital**. These include:

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

In these cases, **we** will not ask **you** to share the cost of **your treatment**.

## 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.

**We** reserve the right to withdraw or amend **our** decision if information is subsequently received that may be contradictory to the information initially given to **us** at the time the decision is being made. Failure to comply with any request for additional information may be deemed to be indicative of fraudulent activities. Should such a failure occur, information may be disclosed to third parties (including other insurers) with the intention of preventing and detecting fraud.

## Making a Claim

At times of ill health, **you** want to concentrate on getting well. **We** will do everything **we** can to make **your** claim as simple and straightforward as possible.



## How to make a claim

### Claim forms

**Your** claim form is important as it gives **us** the information that **we** need to process **your** claim. If it is not fully completed **we** may have to ask for more information. This can delay payment of **your** claim.

**You** must complete a new claim form:

- for each member
- for each condition
- for each in-patient or day-case stay, and
- for each currency of claim

If a condition continues over six months, **we** will ask for a further claim form to be completed.

### What to send us

**You** need to return the completed form to **us** by post, with the invoices, as soon as possible. This must be within 2 years of receiving the **treatment** for which **you** are claiming. Invoices sent to **us** after 2 years will not normally be paid unless there is a good reason why it was not possible for **you** to make the claim earlier. **We** cannot return any original documents but **we** can send **you** copies if **you** request.

### Requests for further information

**We** may need to ask **you** for further information to support **your** claim. If **we** do, **you** must provide this. Examples of things **we** might ask for include:

- medical reports and other information about the **treatment** for which **you** are claiming
- the results of any medical examination performed at **our** expense by an independent **medical practitioner** appointed by **us**
- written confirmation from **you** as to whether **you** think **you** can recover the costs **you** are claiming from another person or insurance company

If **you** do not provide the information that **we** ask for, **we** may not pay **your** claim in full.

Please also read about correspondence in the 'Your membership' section.

### Important

When making a claim please note:

- **you** must have received the **treatment** while covered under **your** membership
- payment of **your** claim will be under the terms of **your** membership and up to the benefit levels shown, that apply to **you** at the time **you** receive the **treatment**
- **we** will only pay for **treatment** costs actually incurred by **you**, not deposits or advance invoices or registration/administration fees charged by the provider of **treatment**
- **we** will only pay for **treatment** costs that are **Reasonable and Customary**
- **we** do not return original documents such as invoices or letters. However, **we** will be pleased to return copies if **you** ask **us** when **you** submit **your** claim.

### 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.

### Confirmation of your claim

**We** will always send confirmation of how **we** have dealt with a claim. If applicable, for child **dependants** (those aged under 18 years), **we** will write to the **principal member**. If the claim is for **treatment** received by the **principal member**, or an adult **dependant** (those aged over 18 years), **we** will write directly to the individual concerned.

### How your claim will be paid

Wherever possible, **we** will follow the instructions given to **us** in the 'Payment details' section of the claim form.

### Who we will pay

**We** will only make payments to the member who received the **treatment**, the provider of the **treatment**, the **principal member** of the membership or the executor or administrator of the member's estate. **We** may pay a **dependant** only where the **dependant** received the covered benefits, they are over 18 and **we** have their current bank details. **We** will not make payments to anyone else.

### Payment method and bank charges

**We** will make payment where possible by electronic transfer or by cheque. Payments made by electronic transfer are quick, secure and convenient. To receive payment by electronic transfer, **we** need the full bank account, SWIFT code, bank address details and (in Europe only) IBAN number to be provided on the claim form.

**We** will instruct **our** bank to recharge the administration fee relating to the cost of making the electronic transfer to **us** but **we** cannot guarantee that these charges will always be passed back for **us** to pay. In the event that **your** local bank makes a charge for a wire transfer **we** will aim to refund this as well. Any other bank charges or fees, such as for currency exchange, are **your** responsibility, unless they are charged as a result of **our** error.

Cheques are no longer valid if they are not cashed within 6 months. If **you** have an out-of-date cheque, please contact customer services, who will be happy to arrange a replacement.

### Payment currency and conversions

**We** can pay in the currency in which **your** **sponsor** pays **your** subscriptions, the currency of the invoices **you** send **us**, or the currency of **your** bank account.

Sometimes, the international banking regulations do not allow **us** to make a payment in the currency **you** have asked for. If so, **we** will send a payment in the currency of **your** **sponsor's** subscriptions. Where payment to **you** in the usual currency 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, **we** reserve discretion to pay **you** in such other currency as **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**.

## Other claim information

### Discretionary payments

**We** may, in certain situations, make discretionary or 'ex gratia' payments towards **your treatment**. If **we** make any payment on this basis, this will still count towards the overall maximum amount **we** will pay under **your** membership. Making these payments does not oblige **us** to pay them in the future.

**We** do not have to pay for **treatment** that is not covered by **your** plan, even if **we** have paid an earlier claim for a similar or identical **treatment**.

### Incorrect payment of claims

If **we** incorrectly make any payment of **your** claim, **we** reserve the right to deduct the incorrectly paid amount from future claims or seek repayment from **you**.

### 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 **RHI**, 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** share of the cost of the **treatment** or benefits claimed.

## Assistance Cover

(optional if purchased)

This section contains the rules and information for Assistance cover, an optional benefit which helps **you** if **you** need to travel to get the **treatment** that **you** need.

Note: there are two levels of Assistance cover: Evacuation and Repatriation. **Your** membership certificate will show if **you** have Evacuation or Repatriation but **you** can visit the MembersWorld website or contact the customer services helpline if **you** are unsure.

### What is Assistance cover?

When the **treatment** **you** need is not available locally, the Evacuation and Repatriation options both cover **you** for reasonable transport costs to the nearest appropriate place of **treatment** where the **treatment** that **you** need is available, if it is not available locally. Repatriation also gives **you** the option of returning to **your specified country of nationality** or **your specified country of residence** when the **treatment** is not available locally.

**We** may 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.

## Assistance cover-general rules

The following rules apply to both the Evacuation and Repatriation levels of cover:

- **you** must contact **our** appointed representatives for confirmation before **you** travel, on +44 (0) 1273 333 911
- **our** appointed representatives must agree the arrangements with **you**
- Assistance cover is applicable for **in-patient treatment** and **day-case treatment** only
- the **treatment** must be recommended by **your consultant** or **family doctor** and, for medical reasons, not available locally
- the **treatment** must be eligible under **your** plan
- **you** must have cover for the country **you** are being treated in, for example the USA
- **you** must have the appropriate level of Assistance cover in place before **you** need the **treatment**

Evacuation or Repatriation will not be eligible if **you** were aware of the symptoms of **your** condition before applying for Assistance cover.

**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 this would be against medical advice.

## How to arrange your Evacuation or Repatriation

Arrangements for Evacuation or Repatriation will be made by **our** appointed representatives and must be confirmed in advance by calling + 44 (0) 1273 333 911. **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 in advance by **Bupa Global's** appointed representatives.

## Evacuation cover:

### What we will pay for

If **you** have Evacuation cover it will be shown on **your** membership certificate. If **you** are still unsure **you** can visit **our** MembersWorld website or contact the customer services helpline.

- **We** will pay in full for **your** reasonable transport costs for **in-patient treatment** or **day-case treatment**. It may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy.
- **We** will only pay for Evacuation to the nearest place where the required **treatment** is available when the required **treatment** is not available locally. This could be to another part of the country that **you** are in, and may not be **your** home country.
- **We** will pay for the reasonable travel costs for a relative or **your** partner to accompany **you**, but only if it is **medically necessary**.
- **We** will also pay for the reasonable costs of **yours** and **your** relative or partner's return journey to the place **you** were evacuated from. All arrangements for **your** return should be approved in advance by **Bupa Global** or **our** appointed representatives.

**We** will pay for either:

- the reasonable cost of the return journey by the most direct route available by land or sea, or
- the cost of an economy class air ticket by the most direct route available, whichever is the lesser amount
- **we** will pay reasonable costs for the transportation only of **your** body, subject to airline requirements and restrictions, to **your** home country, in the event of **your** death while **you** are away from home. **We** do not pay for burial or cremation, the cost of burial caskets etc, or the transport costs for someone to collect or accompany **your** remains

Note: **we** do not pay for any other costs related to the evacuation such as hotel accommodation or taxis. Costs of any **treatment you** receive are not payable under Evacuation cover, but are payable from **your** medical cover as described in the 'What is covered?' section.

Please also note that for medical reasons the member receiving **treatment** may travel in a different class from their companion.

## Repatriation cover:

### What we will pay for

If **you** have Repatriation cover it will be shown on **your** membership certificate. If **you** are still unsure **you** can visit **our** MembersWorld website or contact the customer services helpline. Repatriation cover also includes Evacuation cover — see above.

- **We** will pay in full for **your** reasonable transport costs for **in-patient treatment** or **day-case treatment**.
- **We** will pay for repatriation to **your specified country of nationality** or **your specified country of residence**, when the required **treatment** is not available locally.
- **We** will pay for one repatriation for each illness or injury per lifetime.
- **We** will pay the reasonable costs for a relative or **your** partner to accompany **you** to **your specified country of nationality** or **your specified country of residence** if **we** have authorised this in advance of the repatriation.
- **We** will also pay an allowance of up to GBP 25, USD 50 or EUR 37 per day for up to 10 days to cover the living expenses of the person accompanying **you**.
- **We** will pay for **you** and the person accompanying **you** to return to where **you** were repatriated from. All arrangements for **your** return must be approved in advance by **Bupa Global** or **our** appointed representatives.

**We** will pay for either:

- the reasonable cost of the return journey by the most direct route available by land or sea, or

- the cost of a scheduled return economy class air ticket by the most direct route available, whichever is the lesser amount
- **we** will pay reasonable costs for the transportation only of **your** body, subject to airline requirements and restrictions, to **your** home country, in the event of **your** death while **you** are away from home. **We** do not pay for burial or cremation, the cost of burial caskets etc, or the transport costs for someone to collect or accompany **your** remains

Note: **we** do not pay for any other costs related to the repatriation such as hotel accommodation or taxis. Costs of any **treatment you** receive are not payable under Repatriation cover, but are payable from **your** medical cover as described in the 'What is covered?' section.

Please also note that for medical reasons the member receiving **treatment** may travel in a different class from their companion.

## Annual Deductibles

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

### Important – please remember that:

- the **annual deductible** applies separately to each person included on **your** membership
- even if the amount **you** are claiming is less than the **annual deductible**, **you** should still submit a claim to **us**
- this is an **annual deductible**, therefore, if **your** first claim is towards the end of **your membership year**, and **treatment** continues over **your renewal date**, the **annual deductible** is payable separately for **treatment** received in each **membership year**
- if **your** claims are paid direct to **your** medical provider, **you** are responsible for paying any deductible shortfall to the provider after the claim has been assessed and paid

### What is an annual deductible?

The **annual deductible** is the total value that **your** eligible claims must reach each **membership year** before **we** will start to pay any benefit.

For example, if **you** have an **annual deductible** of USD 500, the total value of **your** eligible claims must reach USD 500 before **we** will pay any benefit.

The **annual deductible** applies separately to each person on **your**, the **principal member's** membership.

The amount of **your annual deductible** will be shown on **your** membership certificate, which **you** can view online at **our** MembersWorld website. If **you** are unsure whether **your** cover includes an **annual deductible**, please contact **our** customer services helpline.

At any point **you** can check the amount of **your** remaining **annual deductible** by contacting **our** customer services helpline.

**Annual deductibles** are only available on the following levels of cover:

- Essential
- Classic
- Gold

The following levels of cover do not qualify for **annual deductibles**:

- Classic with dental
- Gold with dental
- Gold Superior
- Gold Superior with optical and dental

### How an annual deductible works

If a claim is smaller than **your** remaining **annual deductible**, **you** must still submit it to **us** as normal. **We** will not pay any benefit, but the claim will count towards reaching **your annual deductible**. **We** will send **you** a statement informing **you** how much is left.

If an eligible claim exceeds **your** remaining **annual deductible**, **we** will pay the amount of the claim less the remaining **annual deductible**.

Once **your annual deductible** is reached, **we** will pay all eligible claims in full, up to the benefit limits of **your** plan.

### How claims are paid to you

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

- **your** benefit will be paid less the amount of the **annual deductible**
- **we** will send **you** a statement showing how **your** claim has been settled, including any amounts set against the **annual deductible**

### How claims are paid direct to your medical provider

If **you** have asked **us** to make a payment direct to **your** medical provider:

- **we** will send payment to the medical provider for the eligible claim. **We** will deduct from this payment the remaining **annual deductible** on **your** membership
- **we** will send **you** a statement as usual, confirming the amount that **we** have paid towards **your** claim
- **you** are responsible for paying any shortfall to the provider after **your** claim has been assessed and paid

**You** are responsible for paying the **annual deductible** in all circumstances.

## Your Membership

This section contains the rules about **your** membership, including when it will start and end, renewing **your** plan, how **you**, the **principal member** can change **your** cover and general information.

## Paying subscriptions and other charges

**Your sponsor** has to pay any and all subscriptions due under the **agreement**, together with any other charges (such as insurance premium tax or goods and services tax) that may be payable.

## Starting and renewing your membership

### When your cover starts

**Your** membership starts on the 'effective date' shown on the first membership certificate that **we** sent **you**, the **principal member** for **your** current continuous period of international group membership.

### Renewing your membership

The renewal of **your** membership is subject to **your sponsor** renewing **your** membership under the **agreement**.

## Ending your membership

**Your sponsor** can end **your**, the **principal member's** membership, or that of any of **your dependants** (if applicable), from the first day of a month by writing to **us**. **We** cannot backdate the cancellation of **your** membership.

**Your** membership will automatically end:

- if the **agreement** between **RHI** and **your sponsor** is terminated
- if **your sponsor** does not renew **your** membership
- if **your sponsor** does not pay subscriptions or any other payment due under the **agreement** for **you** or for any other person
- if the membership of the **principal member** ends
- upon the death of the **principal member**

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

**You**, the **principal member** must tell **your sponsor** straight away if **your specified 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 **Bupa Global** have other 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 **you** change **your specified country of residence** to a country where **we** have a local partner, in most cases **you** will be able to transfer to **our** partner's insurance policy without further medical underwriting. **You** may also be entitled to retain **your** continuity of **RHI** or **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 **our** customer services helpline so **we** can confirm if **your** membership is affected, and, if so, whether **we** can offer **you** a transfer service.

### After your Company membership ends

**You**, the **principal member** can apply to transfer to a personal plan if **your** membership of **your** group plan ends. **You** can also apply for **your dependants** (if applicable) to transfer with **you**. Please contact the customer service helpline for more information.

## Making changes to your cover

The terms and conditions of **your** membership may be changed from time to time by **agreement** between **your sponsor** and **RHI**, or where there is a legal or regulatory requirement to do so.

### Amending your membership certificate

**We** will send **you**, the **principal member** a new membership certificate if:

- with the **sponsor's** approval, **you**, the **principal member** add a new **dependant** to **your** membership (if applicable)
- **we** need to record any other changes requested by **your sponsor** or that **we** are entitled to make

**Your** new membership certificate will replace any earlier version **you** possess as from the issue date shown on the new membership certificate.

## General information

### Other parties

No other person 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. Any confirmation of **your** cover will only be valid if it is confirmed in writing by **us**.

If **you**, the **principal member** change **your** correspondence address, please contact **us** as soon as reasonably possible, as **we** will send any correspondence to the address **you** last gave **us**.

### Correspondence

Letters between **us** must be sent by post and with the postage paid. **We** do not return original documents, with the exception of official documents such as birth or death certificates. However, if **you** ask **us** at the time **you** send any original documents to **us**, such as invoices, **we** can provide certified copies.

### 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 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.

This can be obtained at all times by contacting the customer services helpline.

### 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.

### Liability

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

**You** the **principal member**, on behalf of yourself and the **dependants**, appoint **us** to act as agent for **you**, to make appointments or arrangements for **you** to receive covered benefits which **you** request. **We** will use reasonable care when acting as **your** agent.

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

**Your** statutory rights are not affected.

### 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.

## Adding Dependants

### Adding USA cover to your plan

**You** the **principal member** can apply to include coverage in the USA at any time following **your** original date of joining. To apply **you** will need to complete a Company application form which can be downloaded easily from membersworld at 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.

### Adding dependants

If **your sponsor** agrees, **you**, the **principal member** may apply to include any of **your dependants** under **your** membership. To apply **you**, the **principal member** will need to complete an Company Application form which can be downloaded easily from bupaglobal.com/memberworld. Or **you** can contact **us** and **we** will send one to **you**.

The medical history for all additional **dependants**, **you** apply to include on **your** membership including any 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:

- 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 an application 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 Company application form and the process for adding additional **dependants** 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 read 'Newborn care' benefits in **your** 'Table of benefits'.

### When cover starts for others on your membership

If any other person is included as a **dependant** under **your**, the **principal member's** membership, their membership will start on the 'effective date' on the first membership certificate **we** sent **you** for **your** current continuous period of international group membership which lists them as a **dependant**. Their membership can continue for as long as **you**, the **principal member** remain a member of the plan.

If **your**, the **principal member's** membership ceases, **your dependants** can then, of course, apply for membership in their own right.

## Making a Complaint

**We** are always pleased to hear about aspects 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 the **Bupa Global** customer helpline on: +44 (0) 1273 323 563 if **you** are Classic or Essential customer  
+44 (0) 1273 718 441 if **you** are Gold customer, 24 hours a day, 365 days a year. Alternatively, **you** can email or write to the Head of Customer Relations via bupaglobal.com/membersworld or

### 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, 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 call the **Bupa Global** customer helpline on +44 (0) 1273 323 563 or write to the General Manager at:

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

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 Data Protection Legislation and Medical Confidentiality Guidelines. In addition the rights of individuals under the **UK** Data Protection Act will be afforded to **you**.

# Privacy Notice

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

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

**Last updated:** 24 April 2018

1. Information about **us**
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## 1. Information about us

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

**More information:** Depending on which of **our** products and services **you** ask **us** about, buy or use, different companies within **our** organisation will process **your** information. The **Bupa Global** companies that handle **your** information, including which company makes decisions about how **your** information is handled will depend on the products and services **you** access or use.

International private medical insurance:

**Bupa Global** is a trading name of Bupa Insurance Limited and Bupa Insurance Services Limited which are registered in England and Wales at Companies House under numbers 3956433 and 3829851 respectively. The registered offices are 1 Angel Court, London, EC2R 7HJ.

Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The Financial Conduct Authority does not regulate the activities of Bupa Insurance Limited that take place outside of the **UK**. The PRA and FCA regulation numbers of Bupa Insurance Limited and Bupa Insurance Services Limited are 203332 and 312526 respectively.

Travel:

**Bupa Global** Travel is the trading name of Bupa Denmark, filial af Bupa Insurance Limited, England (a branch of Bupa Insurance Limited). Bupa Denmark is registered in Denmark with company registration number CVR 31602742. The registered offices are at Palægade 8, DK-1261 Copenhagen K, Denmark.

## 2. Scope of our privacy notice

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

**More information:** This privacy notice applies to **you** if **you** ask **us** about, buy or use **our** products and services. It describes how **we** handle **your** information, regardless of the way **you** contact **us** (for example, by email, through **our** website, by phone, through **our** app and so on). **We** will provide **you** with further information or notices if necessary, depending on the way **we** interact with each other, for example if **you** use **our** apps **we** may give **you** privacy notices which apply just to a particular type of information which **we** collected through that app.

If **you** have any questions about this, please contact **us** at [info@bupa-intl.com](mailto:info@bupa-intl.com).

## 3. How we collect personal information

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

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

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

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

face (for example, in medical consultations, diagnosis and **treatment**).

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

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

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

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

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

insurance counter-fraud groups), regulators, data-protection supervisory authorities, health-care professionals, other health-care providers and medical-assistance providers.

**If we provide you with health-care, dental or care-home services, we may collect information from:**

- **your** employer, if **you** are covered by a contract for services **your** employer has taken out or if **we** are providing occupational health services;
- brokers and other agents (this may be **your** broker if **you** have one, or **your** employer's broker if they have one); and
- those paying for the products or services **we** provide to **you**, including other insurers, public-sector commissioners and embassies.

## 4. Categories of personal information

**Summary:** We process two categories of personal information about **you** and (where this applies) **your dependants**:

- standard personal information (for example, information **we** use to contact **you**, identify **you** or manage **our** relationship with **you**); and
- special categories of information (for example, health information, information about **your** race, ethnic origin and religion that allows **us** to tailor **your** care, and information about crime in connection with checks against fraud or anti-money-laundering registers).

**More information:**

**Standard personal information includes:**

- contact information, such as **your** name, username, address, email address and phone numbers;
- the country **you** live in, **your** age, **your** date of birth and national identifiers (such as **your** National Insurance number or passport number);

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

**Special category information includes:**

- information about **your** physical or mental health, including genetic information or biometric information (**we** may get this information from application forms **you** have filled in, from notes and reports about **your** health and any **treatment** and care **you** have received or need, or it may be recorded in details of contact **we** have had with **you** such as information about complaints or incidents, and referrals from **your** existing insurance provider, quotes and records of medical services **you** have received);
- information about **your** race, ethnic origin and religion (**we** may get this information from **your** medical or care-home preferences to allow **us** to provide care that is tailored to **your** needs); and
- information about any criminal convictions and offences (**we** may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity).

## 5. What we use your personal information for

**Summary:** We process **your** personal information for the purposes set out in this privacy notice. **We** have also set out some legal reasons why **we** may process **your** personal information (these depend on what category of personal information **we** are processing). **We** normally

process standard personal information if this is necessary to provide the services set out in a contract, it is in **our** or a third party's legitimate interests or it is required or allowed by any law that applies. Please see below for more information about this and the reasons why **we** may need to process special category information.

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

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

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

- **it is necessary for the purposes of preventive or occupational medicine**, to assess whether **you** are able to work, medical diagnosis, to provide health or social care or **treatment**, or to manage health-care or social-care systems (including to monitor whether **we** are meeting expectations relating to **our** clinical and non-clinical performance);
- **it is necessary for an insurance purpose** (for example, advising on, arranging, providing or managing an insurance contract, dealing with a claim made under an insurance contract, or relating to rights and responsibilities arising in connection with an insurance contract or law);
- **it is necessary to establish, make or defend legal claims** (for example, claims against **us** for insurance);
- **it is necessary for the purposes of preventing or detecting an unlawful act** in circumstances where **we** must carry out checks without **your** permission so as not to affect the outcome of those checks (for

example, anti-fraud and anti-money-laundering checks or to check other unlawful behaviour, or carry out investigations with other insurers and third parties for the purpose of detecting fraud);

- **it is necessary for a purpose designed to protect the public against dishonesty, malpractice or other seriously improper behaviour** (for example, investigations in response to a safeguarding concern, a member's complaint or a regulator (such as the Care Quality Commission or the General Medical Council) telling **us** about an issue);
- **it is in the public interest, in line with any laws that apply**;
- **it is information that you have made public**; or
- **we have your permission**. As is best practice, **we** will only ask **you** for permission to process **your** personal information if there is no other legal reason to process it. If **we** need to ask for **your** permission, **we** will make it clear that this is what **we** are asking for, and ask **you** to confirm **your** choice to give **us** that permission. If **we** cannot provide a product or service without **your** permission (for example, **we** can't manage and run a health trust without health information), **we** will make this clear when **we** ask for **your** permission. If **you** later withdraw **your** permission, **we** will no longer be able to provide **you** with a product or service that relies on having **your** permission.

## 6. Legitimate interests

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

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

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

## 7. Marketing and preferences

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

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

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

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

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

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

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

section 14 'data protection contacts' for full contact details.

### More information:

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

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

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

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

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

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

### Profiling and automated decision-making

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

- Depending on the type of health-insurance product that **you** want to benefit from, to help **us** decide what level of cover **we** can offer **you**, **we** will ask **you** to provide information about

**your** medical history. **We** may use software to review this information to find out whether **you** have any previous or existing health conditions which **we** cannot cover **you** for and which will be excluded from **your** policy.

- **We** may use software to help **us** calculate the price of products and services based on what **we** know about **you** and other customers. For example, **our** technology may analyse information about **your** claims history and compare it with the information **we** hold about previous claims to evaluate how likely **you** are to need to make a claim. **We** may also evaluate **your** age, where **you** live and other details relating to **your** health (such as existing health conditions and whether **you** smoke) to calculate prices for community-rated products which are based on predefined groups with similar risk profiles.

### Profiling

The processes set out below involve profiling.

- In order to improve outcomes and be more efficient, and allow **us** to offer advice about different **treatment** paths (for example, alternatives to surgery or other invasive **treatments**), **we** may use software to evaluate medical history and information about the general population in an area to identify customers who are likely to need that advice most.
- When **your** policy is due for renewal, **our** software tells **us** this and may also evaluate **your** payment and claims history, information about the general information in a particular area, and other information from third parties to automatically provide **you** with information about what incentives **we** can offer **you** and the marketing messages **you** will receive.
- **We** ask other organisations to carry out some of **our** consumer and market analysis to improve **our** marketing processes. This involves sharing personal information relating to **our** customers with third parties who specialise in profiling and segmenting people (putting people into groups of different types of customer, based on different kinds of information collected about them, to help **us** to better target **our** products to them). These



companies match the information **we** give them with information they get from other sources to improve the accuracy of their analysis. **We** use the results of this analysis to help **us** target marketing and offers.

- **We** may use information about the products **you** have bought, and information about what other customers who have bought the same products **you** have bought, to make sure **we** send **you** information about the products **you** are most likely to be interested in.
- **We** may share **your** personal information (including **your** name, date of birth, sex and the country **you** live in) with third-party companies, such as FINSCAN, who **we** use to carry out anti-fraud checks. **We** will review any matches from this process. (**We** will not use automated decision-making for this.)

## 9. Sharing your information

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

**More information:** **We** sometimes need to share **your** information with other people or organisations for the purposes set out in this privacy notice.

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

- other members of the Bupa Group;
- other organisations **you** belong to, or are professionally associated with, in order to confirm **your** entitlement to claim discounts on **our** products and services;
- doctors, clinicians and other health-care professionals, **hospitals**, clinics and other health-care providers;

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

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

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

- organisations who provide **your treatment** and other benefits, including travel-assistance services.

### **If we provide health-care, dental and care-home services, we share your information with:**

- **your** employer, if **your** employer is paying for the services **we** are providing;
- **our** insurance partners, for example, brokers, reinsurers, actuaries, auditors, solicitors, translators and interpreters, tax advisers, debt-collection agencies, credit-reference agencies, fraud-detection agencies, regulators, data-protection supervisory authorities;
- those paying for the products or services **we** provide to **you**, including insurers, public-sector commissioners and embassies;
- those providing **your treatment** and other benefits;
- national registries such as the Cancer Registry;
- national screening databases, such as the NHS Cervical Screening recall system;
- government authorities and agencies, including the Health Protection Agency (for infectious diseases such as TB and meningitis); and
- organisations that carry out patient surveys on **our** behalf (for example, NPS).

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

## 10. Anonymised and combined information

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

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

**We** deal with many international organisations and use global information systems. As a result, **we** transfer **your** personal information to countries outside the EEA (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy notice. Not all countries outside the EEA have data-protection laws that are similar to those in the EEA and if so, the European Commission may not consider those countries as providing an adequate level of data protection.

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

## 12. How long we keep your personal information

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

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

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

## 13. Your rights

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

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

- **Right of access:** **You** have the right to make a written request for details of **your** personal information and a copy of that personal information.
- **Right to rectification:** **You** have the right to have inaccurate information about **you** corrected or removed.
- **Right to erasure ('right to be forgotten'):** **You** have the right to have certain personal information about **you** deleted from **our** records.
- **Right to restriction of processing:** **You** have the right to ask **us** to use **your** personal information for restricted purposes only.
- **Right to object:** **You** have the right to object to **us** processing (including profiling) **your** personal information in cases where **our** processing is based on a task carried out in the public interest or where **we** have let **you** know it is necessary to process **your** information for **our** or a third party's legitimate interests. **You** can object to **us** using **your** information for direct marketing and profiling purposes in relation to direct marketing.
- **Right to data portability:** **You** have the right to ask **us** to transfer the personal information **you** have given **us** to **you** or to someone else in a format that can be read by computer.
- **Right to withdraw consent:** **You** have the right to withdraw any permission **you** have given **us** to handle **your** personal information. If **you** withdraw **your** permission, this will not affect the lawfulness of how **we** used **your** personal information before **you** withdrew permission, and **we** will let **you** know if **we** will

no longer be able to provide **you** with **your** chosen product or service.

- **Right in relation to automated decisions:** **You** have the right not to have a decision which produces legal effects which concern **you** or which have a significant effect on **you** based only on automated processing, unless this is necessary for entering into a contract with **you**, it is authorised by law or **you** have given **your** permission for this. **We** will let **you** know if **we** make automated decisions, **our** legal reasons for doing this and the rights **you** have.

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

If **you** make a request, **we** will ask **you** to confirm **your** identity if **we** need to, and to provide information that helps **us** to understand **your** request better. If **we** do not meet **your** request, **we** will explain why.

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

## 14. Data-protection contacts

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

**You** also have a right to make a complaint to **your** local privacy supervisory authority. **Our** main establishment is in the **UK**, where the local supervisory authority is the Information Commissioner.

Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire, **United Kingdom**  
SK9 5AF

Phone: 0303 123 1113 (local rate) or 01625 545 745 (national rate)

**You** can also make a complaint with another supervisory authority which is based in the country or territory where:

- **you** live;
- **you** work; or
- the matter **you** are complaining about took place.

## 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>Agreement:</b>	The <b>agreement</b> between <b>Bupa Global</b> and the <b>sponsor</b> under which <b>we</b> have accepted <b>you</b> into membership of the plan.
<b>Annual deductible:</b>	The amount <b>you</b> , the <b>principal member</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 be covered under <b>your</b> membership. The amount of <b>your annual deductible</b> is shown on <b>your</b> membership certificate. The <b>annual deductible</b> applies separately to each person covered under <b>your</b> membership.
<b>Appliance:</b>	A knee brace which is an essential part of a repair to a cruciate (knee) ligament or a spinal support which is an essential part of surgery to the spine.
<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.

Defined term	Description
<b>Birth centre:</b>	A medical facility often associated with a <b>hospital</b> that is designed to provide a homelike setting during childbirth.
<b>Bupa Global:</b>	Bupa Insurance Services Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited, acting as administrator.
<b>Complementary medicine practitioner:</b>	An acupuncturist, chiropractor, homeopath, osteopath or traditional Chinese medicine practitioner who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which the <b>treatment</b> is received.
<b>Consultant:</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, and</li> <li>○ is recognised by the relevant authorities in the country in which the <b>treatment</b> takes place 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>Day-case treatment:</b>	<b>Treatment</b> which for medical reasons requires <b>you</b> to stay in a bed in <b>hospital</b> during the day only. <b>We</b> do not require <b>you</b> to occupy a bed for day-case <b>psychiatric treatment</b> .
<b>Dental practitioner:</b>	<p>A person who:</p> <ul style="list-style-type: none"> <li>○ is legally qualified to practice dentistry, and</li> <li>○ is permitted to practice dentistry by the relevant authorities in the country where the dental <b>treatment</b> takes place</li> </ul>

Defined term	Description
<b>Dependants:</b>	The <b>principal member's</b> partner, spouse or children of whom <b>you</b> are the biological parent or legal guardian of, named on <b>your</b> membership certificate as being members of the plan and who are eligible to be members including newborn children.
<b>Diagnostic tests:</b>	Investigations, such as X-rays or blood tests, to find the cause of <b>your</b> symptoms.
<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 doctor:</b>	<p>A person who:</p> <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> which does not need a <b>consultant's</b> training, and</li> <li>○ is licensed to practice medicine in the country where the <b>treatment</b> is received</li> </ul> <p>By recognised medical school <b>we</b> mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.</p>
<b>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.

Defined term	Description
<b>Hospital:</b>	<p>A centre of <b>treatment</b> which is registered, or recognised under the local country's laws, as existing primarily for:</p> <ul style="list-style-type: none"> <li>○ carrying out major <b>surgical operations</b>, or</li> <li>○ providing <b>treatment</b> which only <b>consultants</b> can provide</li> </ul>
<b>In-patient treatment:</b>	<b>Treatment</b> which for medical reasons normally means that <b>you</b> have to stay in a <b>hospital</b> bed overnight or longer.
<b>Intensive care:</b>	<p><b>Intensive care</b> includes:</p> <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>Medical practitioner:</b>	A <b>complementary medicine practitioner, consultant, dental practitioner, family doctor, psychologist, psychotherapist or therapist</b> who provides <b>active treatment</b> of a known condition.
<b>Medically necessary:</b>	<p><b>treatment</b>, medical service or prescribed drugs/medication which is:</p> <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 <b>renewal date</b> .

Defined term	Description
<b>Network:</b>	A <b>hospital</b> , or similar facility, or <b>medical practitioner</b> which has an <b>agreement</b> in effect with <b>Bupa Global</b> or <b>service partner</b> to provide <b>you</b> with eligible <b>treatment</b> .
<b>Out-patient treatment:</b>	<b>Treatment</b> given at a <b>hospital</b> , consulting room, doctors' office or out-patient clinic where <b>you</b> do not go in for <b>in-patient treatment</b> or <b>day-case treatment</b> .
<b>Ovulation Induction Treatment:</b>	<b>Treatment</b> including medication to stimulate production of follicles in the ovary 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.
<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>

Defined term	Description
<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>

**Principal member:** The person who has taken out the membership, and is the first person named on the membership certificate. Please refer to '**you/your**'.

**Prophylactic surgery:** 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.

**Psychiatric treatment:** **Treatment** of mental conditions, including eating disorders.

**Psychologist and psychotherapist:** A person who is legally qualified and is permitted to practise as such in the country where the **treatment** is received.

**Qualified nurse:** 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 **treatment** takes place.

**Reasonable and Customary** The 'usual', or 'accepted standard' amount payable for a specific healthcare **treatment**, procedure or service in a particular geographical region, and provided by **treatment** providers of comparable quality and experience. These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by **our** experience of usual, and most common, charges in that region.

**Recognised medical practitioner, hospital or healthcare facility** Any provider who is not an **unrecognised medical practitioner, hospital or healthcare facility**.

**Rehabilitation:** **Treatment** 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.

**Renewal date:** Each anniversary of the date **you**, the **principal member** joined the plan. (If however **you** are a member of a **Bupa Global** group plan with a common **renewal date** for all members, **your renewal date** will be the common **renewal date** for the group. **We** tell **you** the group **renewal date** when **you** join.)

**RHI:** Raffles Health Insurance Pte Ltd, **your** insurer.

**Service partner:** A company or organisation that provides services on behalf of **Bupa Global**. These services may include approval of cover and location of local medical facilities.

**Sound natural tooth / Sound natural teeth:** A natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally in chewing and speech.

**Specified country of nationality:** The country of nationality specified by **you** in **your** application form or as advised to **us** in writing, which ever is the later.

**Specified country of residence:** The country of residence specified by **you** in **your** application and shown in **your** membership certificate, or as advised to **us** in writing, which ever is the later. The country **you** specify must be the country in which the relevant authorities (such as tax authorities) consider **you** to be resident for the duration of the policy.

**Sponsor:** The company, firm or individual with whom **we** have entered into an **agreement** to provide **you** with cover under the plan.

**Surgical operation:** A medical procedure that involves the use of instruments or equipment.

**Therapists:** A physiotherapist, occupational **therapist**, orthoptist, dietician or speech **therapist** who is legally qualified and is permitted to practice as such in the country where the **treatment** is received.

**Treatment:** Surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.

**UK:** Great Britain and Northern Ireland.

**Unrecognised medical practitioner, hospital or healthcare facility**

- **Treatment** provided by a **medical practitioner, hospital or healthcare facility** which are not recognised by the relevant authorities in the country where the **treatment** takes place as having specialist knowledge, or expertise in, the **treatment** of the disease, illness or injury being treated.
- Self **treatment** or **treatment** provided by anyone with the same residence, **Family Members** (persons of a family, related to **you** by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request.
- **Treatment** provided by a **medical practitioner, hospital or healthcare facility** which are to whom **we** have sent a written notice that **we** no longer recognise them for the purposes of **our** health plans. **You** can contact **us** by telephone for details of **treatment** providers **we** have sent written notice to or visit Facilities Finder at [bupaglobal.com/en/facilities/finder](http://bupaglobal.com/en/facilities/finder)

**We/us/our:** Raffles Health Insurance Pte Ltd, acting as insurer, or **Bupa Global**, acting as administrator (as the case may be).

**You/your:** This means **you**, the **principal member** and **your dependants** unless **we** have expressly stated otherwise that the provisions only refer to the **principal member**.

