

# WORLDWIDE HEALTH OPTIONS



## Membership Guide

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

From 1 April 2021

IQ MED  
[www.iqmed.ro](http://www.iqmed.ro)  
[contact@iqmed.ro](mailto:contact@iqmed.ro)

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## Remember we can offer a second medical opinion service

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

# 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

This membership guide must be read alongside **your** membership certificate and **your** application for cover, as together they set out the terms and conditions of **your** membership and form **your** plan documentation. To make the most of **your** plan, please read the 'Table of Benefits', 'Exclusions' and '**Your** Membership' sections carefully to get a full understanding of **your** cover.

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

## 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 access details about **your** plan any time of the day or night through MembersWorld. Alternatively **you** can call **us** anytime for advice, support & assistance by people who understand **your** situation.

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

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

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

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

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

**We** believe that every person and situation is different and focus on finding answers and solutions that work specifically for **you**.

**Our** assistance team will handle **your** case from start to finish, so **you** always talk to someone who knows what is happening.

### General enquiries

MembersWorld is the first place to go for information about:

- Cover details
- Pre-authorisation
- Claims
- Membership & payment queries

It's often the quickest way to contact us too, by using the web chat function.

**Web:** [membersworld.bupaglobal.com](http://membersworld.bupaglobal.com)

Alternatively:

**Phone:** +44 (0) 1273 323 563

**Fax:** +44 (0) 1273 820517

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

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

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.

\* **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, IQ MED damage, illness and/or injury that may occur as a result of this information.

[www.igmed.ro](http://www.igmed.ro)

[contact@igmed.ro](mailto:contact@igmed.ro)

### 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**.

### 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, the quickest way to contact **us** is using web chat. Log into **your** MembersWorld account and click the web chat option in the menu.

Alternatively **you** can contact **us** via one of the following methods:

**Phone:** +44 (0) 1273 323 563

**Fax:** +44 (0) 1273 820 517

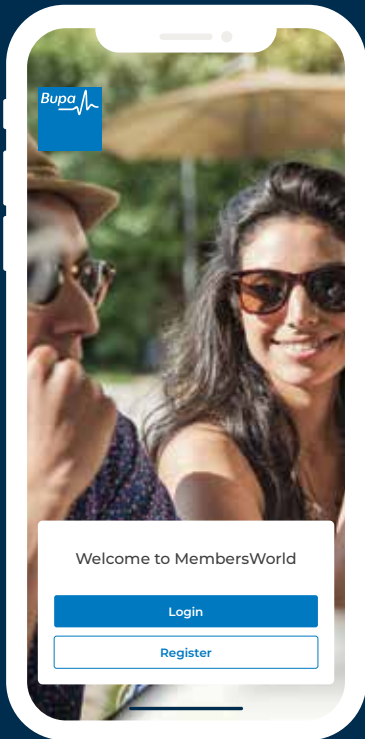
**Email:** [info@bupaglobal.com](mailto:info@bupaglobal.com)

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

# Welcome to MembersWorld

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

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



**You** can register for MembersWorld at: [membersworld.bupaglobal.com](https://membersworld.bupaglobal.com) and download the **Bupa Global** MembersWorld App from **your** app store.

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

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

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

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



## How to access MembersWorld

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

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

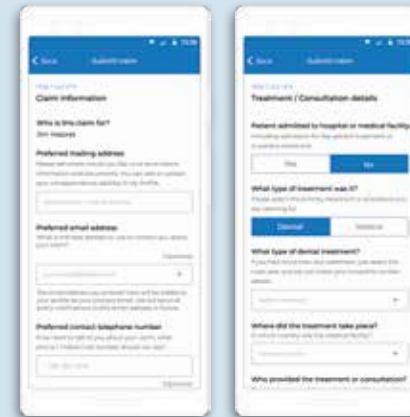


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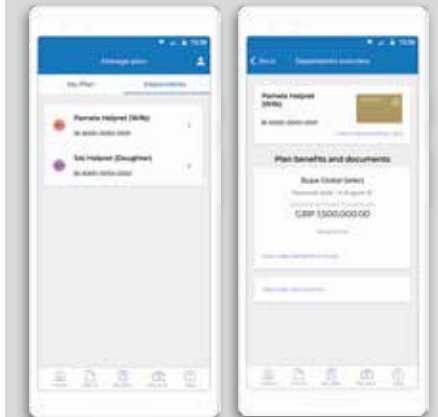
## Claims and pre-authorisations

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



## Dependants

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



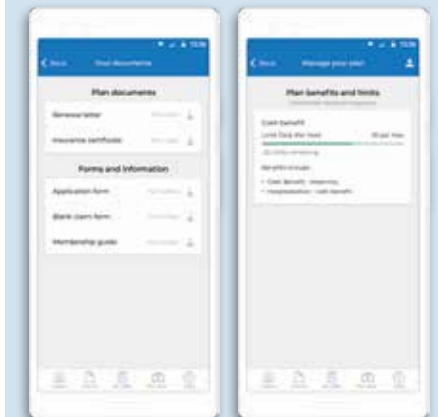
## Membership cards

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



## Policy documents

- View and download documents for your plan



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

# Wellbeing Services

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

## Wellbeing Quiz

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

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

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

## Your Wellbeing

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

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

## Second Medical Opinion\*

As a **Bupa Global** customer, **you** can access a second medical opinion from leading international **specialists**.

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

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

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

## Bupa Family Plus\*

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

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

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



## Global Virtual Care\*

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

Features include (subject to local regulations):

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

Logging into the app is easy, **you** can sign in using your MembersWorld email address and password. If **you** have yet to register for MembersWorld, follow **our** easy guide on page 5 to get started.

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



**Bupa Global** retains the right to change the scope of these services.

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

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# Pre-authorisation

## Please remember to pre-authorise your treatment

### What is pre-authorisation?

- An agreement between **us** and **you** that the **treatment you** are requesting is **medically necessary** and eligible under the terms of **your** policy.
- It isn't generally mandatory and doesn't guarantee payment but can speed up the claims process

### Why it's important:

- Pre-authorisation helps to facilitate more efficient claims processing as **we** are aware of the **treatment** in advance
- Pre-authorisation helps to ensure **you** are covered for the **treatment you** are requesting before **treatment** takes place and avoids surprises at the claims stage

### How do I request pre-authorisation?

Pre-authorisation can be requested up to 30 days prior to the **treatment** start date, by contacting Customer Services via:

- Completing the form in MembersWorld or the mobile app
- By using webchat or messaging in MembersWorld or the mobile app
- By calling **us** on +44 (0) 1273 333 911

### How long does it take?

Often, when requested by telephone or webchat, pre-authorisation approval can be given right away. Email and MembersWorld requests will usually receive a response within 24 hours.

Pre-authorisation can take longer if referral for specialist review is required.

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,
- **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**,
- 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 insurance certificate for full details on how to claim

# The claiming process

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

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

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

## How to make a claim

The quickest way to submit **your** claim is to log on to **your** MembersWorld account and submit **your** claim electronically. **You** have the choice of submitting an on-line claim or uploading any completed claims form

Make sure **we've** got all the information as the biggest delay to paying a claim is normally incomplete, missing or ineligible information.

Make sure **you** have given **your** correct bank details. Reimbursement by bank transfer is by far the quickest way to receive **your** payment.

## 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**.



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[contact@iqmed.ro](mailto:contact@iqmed.ro)

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

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## How your plan works

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

Find out more about:

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

## Our service

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

### Round the clock reassurance from our Bupa Global Assistance

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

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

### What help can you expect?

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

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

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

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

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information.

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

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

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

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

### Online support at MembersWorld

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

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

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

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

### Get expert health advice from bupa.com

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

## What happens if you need treatment

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

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

### Pre-authorisation (Prior Approval)

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

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

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

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



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

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

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

From time to time **we** may ask **you** for more detailed medical information, for example, to rule out any relation to a **pre-existing condition**. **We** may require that **you** have a medical examination by an independent **medical practitioner** appointed by **us** (at **our** cost) who will then provide **us** with a medical report. If this information is not provided in a timely manner once requested this may result in a delay in pre-authorisation and to **your** claims being paid. If this information is not provided to **us** at all this may result in **your** claims not being paid.

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

### How does it work?

Please follow these simple steps:

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

- **we** will confirm whether the **treatment you** are having is covered and that **your** membership is in order
- please note: If **you** have chosen to pay a **deductible**, **we** will collect any amount due from **your** bank or credit card
- **we** aim to arrange direct settlement wherever possible, but it has to be with the agreement of whoever is providing the **treatment**. In general, direct settlement can only be arranged for in-patient **treatment** or **day-case treatment**

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

### Our approach to costs

When **you** are in need of a **treatment** provider, **our** dedicated team can help **you** find a **recognised medical practitioner, hospital or healthcare facility** within **network**.

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

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

assessing and paying claims. Charges in excess of published guidelines or **Reasonable and Customary** made by an 'out-of-**network**' **treatment** provider will not be paid.

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

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

There may be times when it is not possible for **you** to be treated at a **treatment** provider in **network**, for example, if **you** are taken to an 'out-of-**network**' **treatment** provider in an **emergency**. If this happens, **we** will cover eligible costs of any covered benefits (after any applicable co-insurance or **deductible** has been deducted).

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

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

## Treatment in the U.S.

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

Please call 844 369 3797 (from inside the U.S.) or +1 844 369 3797 (from outside the U.S.)

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

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

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

These include:

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

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

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

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

## How to claim

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

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

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

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

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

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

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

**We** will pay for:

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

\* Guidelines for fees and medical practice (including established **treatment** plans, which outline the most appropriate course of care for a specific condition, operation or procedure) may be published by a government or official medical body. In such cases, or where published insurance industry standards exist, **Bupa Global** may refer to these when assessing and paying claims. Charges in excess of published guidelines or **Reasonable and Customary** costs may not be paid.

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

## How you will be paid

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

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

**We** will pay by either:

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

Electronic transfers are quick, secure and convenient, and **we** even pay the administration costs for making payments in this way. **Our** bank is instructed to pass these charges back to **us** for payment, but sometimes **you** will still be charged by **your** local bank. If this happens, **we** will refund these costs to **you**.

Any other bank charges or fees, such as for currency exchange, are **your** responsibility, unless they are charged as a result of **our** error.

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

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

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

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

### Which currency will you be paid in?

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

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

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

### How much will you be paid?

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

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

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

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

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

### Discretionary payments

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

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

### Claiming for treatment when others are responsible

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

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

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

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

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

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

### Claiming with joint or double insurance

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

# Summary of Benefits

Level

## Core cover: Worldwide Medical Insurance

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

## Option: Worldwide Medical Plus

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

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# Summary of Benefits (continued)

Level

## Option: Worldwide Medicines and Equipment

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

## Option: Worldwide Wellbeing

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

## Option: Worldwide Evacuation

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

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# Summary of Exclusions

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

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# Table of Benefits

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

## Core cover: Worldwide Medical Insurance

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

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

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

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

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

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## Core cover: Worldwide Medical Insurance (continued)

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

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## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Pathology, X-rays and <b>diagnostic tests</b>	Paid in full	<p><b>We</b> pay for:</p> <ul style="list-style-type: none"> <li>○ pathology, such as checking blood and urine samples</li> <li>○ radiology, such as X-rays</li> <li>○ <b>diagnostic tests</b> such as electrocardiograms (ECGs)</li> </ul> <p>if recommended by <b>your specialist</b> to help diagnose or assess <b>your</b> condition when <b>you</b> are in <b>hospital</b></p>
<b>Physiotherapy, chiropractor</b> and <b>osteopathy, therapists, complementary therapists, dietician</b> and <b>speech therapist</b>	Paid in full	<p><b>We</b> pay for <b>treatment</b> provided by <b>therapists</b> (such as occupational <b>therapists</b>), <b>complementary therapists</b> (such as acupuncturists), <b>physiotherapy, osteopathy, chiropractor</b> and <b>dietician</b> or <b>speech therapist</b> if it is needed as part of <b>your treatment</b> in <b>hospital</b>, as long as this <b>treatment</b> is not the primary reason for <b>your hospital</b> stay.</p>
<b>Rehabilitation</b>	<b>We</b> pay in full for up to 42 days each condition (which may be in-patient <b>treatment</b> or daycase <b>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 <b>physiotherapy</b>.</p> <p><b>We</b> pay for <b>rehabilitation</b>; only when <b>you</b> have received <b>our</b> pre-authorization before the <b>treatment</b> starts, for up to 42 days <b>treatment</b> for each separate condition requiring <b>rehabilitation</b>. For <b>treatment</b> in <b>hospital</b> one day is each overnight stay and for <b>day-case</b> and <b>out-patient treatment</b>, one day is counted as any day on which <b>you</b> have one or more appointments for <b>rehabilitation treatment</b>.</p> <p><b>We</b> only pay for <b>rehabilitation</b> where it:</p> <ul style="list-style-type: none"> <li>○ starts within 6 weeks after the end of <b>your treatment</b> in <b>hospital</b> for a condition which is covered by <b>your</b> membership (such as trauma or stroke), and</li> <li>○ arises as a result of the condition which required the hospitalisation or is needed as a result of such <b>treatment</b> given for that condition</li> </ul> <p>Note: in order to give pre-authorization, <b>we</b> must receive full clinical details from <b>your</b> consultant; including <b>your</b> diagnosis, <b>treatment</b> given and planned, and proposed discharge date if <b>you</b> stayed in <b>hospital</b> to receive <b>rehabilitation</b>.</p>
Advanced imaging	Paid in full	<p><b>We</b> pay for advanced imaging such as:</p> <ul style="list-style-type: none"> <li>○ magnetic resonance imaging (MRI)</li> <li>○ computed tomography (CT)</li> <li>○ positron emission tomography (PET)</li> </ul> <p>if recommended by <b>your specialist</b> to help diagnose or assess <b>your</b> condition, whether <b>you</b> need this during a <b>hospital</b> stay overnight, as a <b>day-case</b> or as an <b>out-patient</b>.</p>
<b>Mental health treatment</b> overnight in <b>hospital</b> , including room, board and <b>treatment</b> costs	Paid in full	<p><b>We</b> pay for <b>mental health treatment</b> overnight in <b>hospital</b> or as a <b>day-case</b>, to include room, board and <b>treatment</b> costs related to the mental health condition.</p> <p><b>We</b> also pay for <b>mental health treatment</b> received as a <b>day-case</b> in <b>hospital</b>.</p>
<b>Mental health treatment</b> as a <b>day-case</b> , including room, board and <b>treatment</b> costs	Paid in full	

## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Prosthetic implants and appliances	Paid in full	<p><b>We</b> pay for prosthetic implants and appliances shown in the following lists.</p> <p><b>Prosthetic implants:</b></p> <ul style="list-style-type: none"> <li>○ to replace a joint or ligament</li> <li>○ to replace a heart valve</li> <li>○ to replace an aorta or an arterial blood vessel</li> <li>○ to replace a sphincter muscle</li> <li>○ to replace the lens or cornea of the eye</li> <li>○ to control urinary incontinence or bladder control</li> <li>○ to act as a heart pacemaker</li> <li>○ to remove excess fluid from the brain</li> <li>○ cochlear implant – provided the initial implant was provided to the member when under the age of five, <b>we</b> will pay ongoing maintenance and replacements</li> <li>○ breast reconstruction following surgery for cancer when the reconstruction was carried out as part of the original <b>treatment</b> for the cancer and <b>you</b> have obtained <b>our</b> written consent before receiving the <b>treatment</b></li> <li>○ to restore vocal function following surgery for cancer</li> </ul> <p><b>Appliances:</b></p> <ul style="list-style-type: none"> <li>○ a knee brace which is an essential part of a <b>surgical operation</b> for the repair to a cruciate (knee) ligament</li> <li>○ a spinal support which is an essential part of a <b>surgical operation</b> to the spine</li> <li>○ an external fixator such as for an open fracture or following surgery to the head or neck</li> </ul>
Prosthetic devices	Each device, up to GBP 2,000, USD 3,400 or EUR 2,500	<p><b>We</b> pay for the initial prosthetic device needed as part of <b>your treatment</b>. By this <b>we</b> mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of <b>your</b> surgical procedure.</p> <p><b>We</b> do not pay for any replacement prosthetic devices for adults including any replacement devices required in relation to a <b>pre-existing condition</b>. <b>We</b> will pay for the initial and up to two replacements per device for children under the age of 16.</p>

## Core cover: Worldwide Medical Insurance (continued)

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

## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Medically essential Caesarean section	Each <b>membership year</b> , up to GBP 13,000, USD 22,100 or EUR 16,250	<p><b>We</b> pay for <b>hospital</b>, obstetricians' and other medical fees for the cost of the delivery of <b>your</b> baby by Caesarean section, after the mother has been a member of this plan for 24 months, when it is medically essential for a Caesarean section for example as a result of non progression during labour (eg dystocia, foetal distress, haemorrhage).</p> <p>Note: if <b>we</b> are unable to determine that <b>your</b> Caesarean section was medically essential, it will be paid from <b>your</b> maternity and childbirth benefit limit.</p> <p><b>We</b> do not pay for <b>treatment</b> received as an <b>out-patient</b> before or after the birth unless <b>you</b> have bought the Worldwide Medical Plus option.</p> <p>Please see surrogate parenting in the 'What is not covered?' section.</p> <p>Please read the 'Adding members to <b>your</b> plan' section.</p>
Cancer <b>treatment</b>	Paid in full	<p><b>We</b> pay for <b>treatment</b> of cancer, once it has been diagnosed, including:</p> <ul style="list-style-type: none"> <li>○ fees that are related specifically to planning and carrying out <b>treatment</b> for cancer. This includes tests, scans, consultations and drugs (such as cytotoxic drugs or chemotherapy).</li> </ul>

## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Transplant services	Each condition, up to GBP 150,000, USD 255,000 or EUR 187,500	<p><b>We</b> pay medical expenses for the following transplants if the organ has come from a relative or a certified and verified source of donation:</p> <ul style="list-style-type: none"> <li>○ cornea</li> <li>○ small bowel</li> <li>○ kidney</li> <li>○ kidney/pancreas</li> <li>○ liver</li> <li>○ heart</li> <li>○ lung, or</li> <li>○ heart/lung transplant</li> </ul> <p><b>We</b> will also pay medical expenses for bone marrow transplants (either using <b>your</b> own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy when carried out for conditions other than cancer.</p> <p><b>We</b> pay donor expenses, for each condition needing a transplant whether the donor is a member or not, including:</p> <ul style="list-style-type: none"> <li>○ the harvesting of the organ, whether from live or deceased donor</li> <li>○ all tissue matching fees</li> <li>○ <b>hospital</b>/operation costs of the donor, and</li> <li>○ any donor complications, but to a maximum of 30 days post-operatively only</li> </ul> <p><b>We</b> do not pay for <b>treatment</b> received as an <b>out-patient</b> before or after the transplant for either <b>you</b> or <b>your</b> donor unless <b>you</b> have bought the Worldwide Medical Plus option.</p> <p><b>We</b> do not pay for anti-rejection medicines unless <b>you</b> have bought the Worldwide Medicines and Equipment option three or more years before needing these medicines.</p> <p><b>We</b> do not pay medical costs for <b>you</b> to have an organ harvested, when the intended recipient is not a member of a <b>Bupa Global</b> administered plan.</p> <p>Please read about transplant services under Worldwide Medical Plus.</p> <p>Please also read about donor organs in the 'What is not covered' section.</p>
Hospice and palliative care	Lifetime limit of GBP 20,000, USD 34,000 or EUR 25,000	<p><b>We</b> pay for the following hospice and palliative care services if <b>you</b> have received a terminal diagnosis and can no longer have <b>treatment</b> which will lead to <b>your</b> recovery:</p> <ul style="list-style-type: none"> <li>○ <b>hospital</b> or hospice accommodation</li> <li>○ nursing care</li> <li>○ prescribed medicines</li> <li>○ physical, psychological, social and spiritual care</li> </ul> <p>The amount shown here is the total amount <b>we</b> shall pay for these expenses during the whole of <b>your</b> lifetime of Bupa, whether continuous or not.</p>
Kidney dialysis	Paid in full	<b>We</b> pay for kidney dialysis - provided as In-patient, <b>day-case</b> or as on <b>out-patient</b> .

## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Local road ambulance	Paid in full	<p><b>We</b> pay for a local road ambulance:</p> <ul style="list-style-type: none"> <li>○ from the location of an accident to a <b>hospital</b></li> <li>○ for a transfer from one <b>hospital</b> to another, or</li> <li>○ from <b>your</b> home to the <b>hospital</b></li> </ul> <p>When a local road ambulance is:</p> <ul style="list-style-type: none"> <li>○ <b>medically necessary</b>, and</li> <li>○ related to <b>treatment</b> that is covered that <b>you</b> need to receive in <b>hospital</b></li> </ul>
Local air ambulance	Each <b>membership year</b> , up to GBP 5,000, USD 8,500 or EUR 6,250	<p><b>We</b> pay for a local air ambulance:</p> <ul style="list-style-type: none"> <li>○ from the location of an accident to a <b>hospital</b>, or</li> <li>○ for a transfer from one <b>hospital</b> to another</li> </ul> <p>When a local air ambulance is:</p> <ul style="list-style-type: none"> <li>○ <b>medically necessary</b></li> <li>○ used for short distances of up to 100 miles/160 kilometres, and</li> <li>○ related to <b>treatment</b> that is covered that <b>you</b> need to receive in <b>hospital</b></li> </ul> <p>A local air ambulance may not always be available in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone.</p> <p><b>We</b> do not pay for mountain rescue.</p> <p><b>We</b> do not pay for evacuation or repatriation if the <b>treatment you</b> need is not available locally unless <b>you</b> have bought the Worldwide Evacuation option.</p>
Home nursing	Paid in full for 30 days each <b>membership year</b>	<p><b>We</b> pay for home nursing if <b>you</b> have had <b>treatment</b> in <b>hospital</b> which is covered under this plan, when it:</p> <ul style="list-style-type: none"> <li>○ is prescribed by <b>your specialist</b></li> <li>○ starts immediately after <b>you</b> leave <b>hospital</b></li> <li>○ reduces the length of <b>your</b> stay in <b>hospital</b></li> <li>○ is provided by a <b>qualified nurse</b> in <b>your</b> home and</li> <li>○ is needed to provide medical care, not personal assistance</li> </ul>
Hospitalisation cash benefit	Up to 30 nights each <b>membership year</b> , up to GBP 100, USD 170 or EUR 125 per night	<p><b>We</b> pay <b>hospital</b> cash benefit if <b>you</b>:</p> <ul style="list-style-type: none"> <li>○ have received <b>treatment</b> in <b>hospital</b> which is covered under this plan</li> <li>○ have not been charged for <b>your</b> room and board, and</li> <li>○ have not been charged for <b>your treatment</b></li> </ul>

## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
<b>Emergency dental treatment</b>	Paid in full	<p><b>We</b> pay for <b>emergency dental treatment</b> when:</p> <ul style="list-style-type: none"> <li>○ the <b>treatment</b> is needed as part of <b>your</b> overall <b>treatment</b> following a serious accident causing <b>you</b> to stay in <b>hospital</b>, and</li> <li>○ it is not the primary reason for <b>you</b> to be in <b>hospital</b></li> </ul> <p>This benefit is paid instead of any other dental benefits <b>you</b> may have, when <b>you</b> need <b>treatment</b> as a result of a serious accident requiring hospitalisation.</p>
<b>Treatment</b> of congenital and hereditary conditions	Each <b>membership year</b> , up to GBP 20,000, USD 34,000 or EUR 25,000	<p><b>We</b> pay for <b>treatment</b> of congenital and hereditary conditions:</p> <ul style="list-style-type: none"> <li>○ by congenital conditions <b>we</b> mean any abnormalities, deformities, diseases, illnesses or injuries present at birth,</li> <li>○ by hereditary conditions <b>we</b> mean any abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of <b>your</b> family</li> </ul> <p>If <b>you</b> have bought Worldwide Medical Plus, Worldwide Medicines and Equipment, Worldwide Wellbeing or Worldwide Evacuation the stated limits will apply for benefits included under those options. If <b>you</b> are unsure whether <b>your</b> condition may be classed as congenital or hereditary, please contact <b>us</b> for further information.</p>
Newborn care	Each <b>membership year</b> up to GBP 75,000, USD 127,500, EUR 93,750 maximum benefit for all <b>treatment</b> received during the first 90 days following birth	<p>All <b>treatment</b> (including routine preventive care, check-ups and immunisations) required for a newborn during the first 90 days' following birth shall be covered by this newborn care benefit. The newborn care benefit is paid instead of any other benefit.</p> <p>Newborn children must have their own membership and must be registered on a <b>Bupa Global</b> plan before this benefit can be claimed.</p> <p>Please see the 'Adding dependants' section.</p>

## Option: Worldwide Medical Plus

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

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

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

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

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



## Option: Worldwide Medical Plus (continued)

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

## Option: Worldwide Medical Plus (continued)

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

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

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

## Option: Worldwide Medicines and Equipment

### For prescribed medicines and medical equipment

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

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

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

## Option: Worldwide Wellbeing

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

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

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

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

## Option: Worldwide Wellbeing (continued)

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

## Option: Worldwide Wellbeing (continued)

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

## Option: Worldwide Evacuation

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

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

For all medical transfers, either evacuation or repatriation:

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

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

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

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

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

**We** cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond **our** control.

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

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



## Option: Worldwide Evacuation (continued)

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

## Option: Worldwide Evacuation (continued)

Benefits	Level	Explanation of benefits
Travel cost for an accompanying person	Paid in full	<p><b>We</b> pay reasonable travel costs for a relative or partner to accompany <b>you</b>:</p> <ul style="list-style-type: none"> <li><input type="radio"/> if there is a reasonable need for <b>you</b> to be accompanied, and</li> <li><input type="radio"/> the return journey to the place <b>you</b> were transferred from</li> </ul> <p>when:</p> <ul style="list-style-type: none"> <li><input type="radio"/> this is authorised in advance by <b>Bupa Global's service partners</b>, and</li> <li><input type="radio"/> the return journey is within 14 days of the end of the <b>treatment</b></li> </ul> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"> <li><input type="radio"/> the reasonable cost of the return journey by land or sea, or</li> <li><input type="radio"/> the cost of an economy class air ticket</li> </ul> <p>whichever is the lesser amount.</p> <p><b>We</b> do not pay for someone to travel with <b>you</b> when the evacuation is for <b>you</b> to receive <b>out-patient treatment</b>.</p> <p>By 'reasonable need' <b>we</b> mean that <b>you</b> need someone to accompany <b>you</b> for one of the following reasons:</p> <ul style="list-style-type: none"> <li><input type="radio"/> <b>you</b> need assistance to board or disembark from transport</li> <li><input type="radio"/> <b>you</b> need to be transferred over a long distance (1000 miles or 1600 KM)</li> <li><input type="radio"/> there is no medical escort</li> <li><input type="radio"/> <b>you</b> are very seriously ill</li> </ul> <p>The accompanying person may travel in a different class from the member receiving <b>treatment</b> depending on medical requirements.</p>
Travel cost for the transfer of minor children	Paid in full	<p><b>We</b> pay reasonable travel costs for minor children to be transferred with <b>you</b> in the event of an evacuation or repatriation, provided they are under the age of 18 when:</p> <ul style="list-style-type: none"> <li><input type="radio"/> it is <b>medically necessary</b> for <b>you</b> as their parent or guardian to be evacuated or repatriated</li> <li><input type="radio"/> <b>your</b> spouse, partner, or other joint guardian is accompanying <b>you</b>, and</li> <li><input type="radio"/> they would otherwise be left without a parent or guardian</li> </ul>
Living allowance	For a maximum of 10 days each <b>membership year</b> , each day up to GBP 100, USD 170 or EUR 125	<p><b>We</b> pay towards living expenses for the relative or partner who is authorised to travel with <b>you</b>:</p> <ul style="list-style-type: none"> <li><input type="radio"/> following an evacuation only, and</li> <li><input type="radio"/> for up to 10 days, or <b>your</b> date of discharge whichever is the earlier, whilst away from their usual <b>specified country of residence</b></li> </ul> <p><b>We</b> do not pay for someone to travel with <b>you</b> when evacuation is for <b>out-patient treatment</b> only.</p>

## Option: Worldwide Evacuation (continued)

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

# What is not covered?

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

## Important - please read

### General exclusions

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

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

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.

### 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.

Exclusion	Notes	Rules
Artificial life maintenance		<p>Including mechanical ventilation, where such <b>treatment</b> will not or is not expected to result in <b>your</b> recovery or restore <b>you</b> to <b>your</b> previous state of health.</p> <p>Example: <b>We</b> will not pay for artificial life maintenance when <b>you</b> are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days.</p>
Birth control		<ul style="list-style-type: none"> <li>○ contraception</li> <li>○ sterilisation</li> <li>○ vasectomy</li> <li>○ termination of pregnancy unless there is a threat to the mother's health</li> <li>○ family planning, such as meeting <b>your doctor</b> to discuss becoming pregnant or contraception</li> </ul>
Conflict and disaster		<p><b>We</b> shall not be liable for any claims which concern, are due to or are incurred as a result of <b>treatment</b> for sickness or injuries directly or indirectly caused by <b>you</b> putting yourself in danger by entering a known area of conflict (as listed below) and/or if <b>you</b> were an active participant or <b>you</b> have displayed a blatant disregard for <b>your</b> personal safety in a known area of conflict:</p> <ul style="list-style-type: none"> <li>○ nuclear or chemical contamination</li> <li>○ war, invasion, acts of a foreign enemy</li> <li>○ civil war, rebellion, revolution, insurrection</li> <li>○ terrorist acts</li> <li>○ military or usurped power</li> <li>○ martial law</li> <li>○ civil commotion, riots, or the acts of any lawfully constituted authority</li> <li>○ hostilities, army, naval or air services operations whether war has been declared or not</li> </ul>
Convalescence and admission for general care, or staying in <b>hospital</b> for		<ul style="list-style-type: none"> <li>○ convalescence, pain management, supervision</li> <li>○ receiving only general nursing care</li> <li>○ <b>therapist</b> or <b>complementary therapist</b> services</li> <li>○ domestic/living assistance such as bathing and dressing, and</li> <li>○ <b>treatment</b> that could take place as a <b>day-case</b> or <b>out-patient</b></li> </ul>

IQ MED

www.iqmed.ro  
contact@iqmed.ro

Exclusion	Notes	Rules
Cosmetic <b>treatment</b>		<p><b>Treatment</b> to improve <b>your</b> appearance such as:</p> <ul style="list-style-type: none"> <li>○ facelift or re-modelled nose, abdominoplasty</li> <li>○ cosmetic dentistry such as the replacement of a sound, natural tooth with an implant, veneers, etc</li> <li>○ orthodontic <b>treatment</b> over the age of 19 (<b>we</b> pay for orthodontic <b>treatment</b> under the age of 19 if <b>you</b> have bought the Worldwide Wellbeing option)</li> <li>○ <b>treatment</b> related to or arising from the removal of non-diseased, or surplus or fat tissue, such as liposuction, whether or not it is needed for medical or psychological reasons</li> <li>○ hair transplants for any reason</li> <li>○ surgery to change the shape, enhance or reduce <b>your</b> breast(s) for any reason, except reconstruction following <b>treatment</b> for cancer</li> </ul> <p>Examples:</p> <ul style="list-style-type: none"> <li>○ <b>we</b> do not pay for breast reduction for backache or gynaecomastia (the enlargement of breasts in men)</li> <li>○ <b>we</b> do not pay for <b>treatment</b> of keloid scars. <b>We</b> also do not pay for scar revision.</li> </ul> <p><b>We</b> may pay for <b>prophylactic surgery</b> (surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland) when:</p> <ul style="list-style-type: none"> <li>○ there is a significant family history of the disease, for example ovarian cancer, which is part of a genetic cancer syndrome, and/or</li> <li>○ <b>you</b> have positive results from genetic testing (please note that <b>we</b> will not pay for the genetic testing)</li> </ul> <p>Please contact <b>us</b> for prior approval before proceeding with <b>treatment</b>. It may be necessary for <b>us</b> to seek a second opinion as part of <b>our</b> approval process. Benefit will not be paid unless prior approval has been received. The limit shown under Worldwide Medical Insurance will apply for <b>prophylactic surgery</b> for congenital and hereditary conditions other than cancer.</p>
Developmental problems		<ul style="list-style-type: none"> <li>○ learning difficulties, such as dyslexia.</li> <li>○ developmental problems treated in an educational environment or to support educational development.</li> </ul>
Donor organs		<ul style="list-style-type: none"> <li>○ mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant</li> <li>○ purchase of a donor organ from any source, or</li> <li>○ harvesting and storage of stem cells, when this is carried out as a preventive measure against possible future disease</li> </ul>

Exclusion	Notes	Rules
Experimental or unproven <b>treatment</b>		<p>Clinical tests, <b>treatments</b>, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy.</p> <ul style="list-style-type: none"> <li>○ <b>We</b> do not pay for any test, <b>treatment</b>, equipment, medicine, device or procedure that is not considered to be in standard clinical use but is (or should, in Bupa's reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy.</li> <li>○ <b>We</b> do not pay for any tests, <b>treatment</b>, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by <b>Bupa Global</b> in line with its criteria for standard clinical use.</li> </ul> <p>Standard clinical use includes:</p> <ul style="list-style-type: none"> <li>○ <b>treatment</b> agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved through the <b>UK</b> Cancer Drugs Fund), Royal Colleges or equivalent national <b>specialist</b> bodies in the country of <b>treatment</b>;</li> <li>○ the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or Bupa's in-house Clinical Effectiveness team) indicate that the <b>treatment</b> is safe and effective;</li> <li>○ where the <b>treatment</b> has received full regulatory approval by the licensing authority (e.g. <b>US</b> Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency, etc.) in the location where the member has requested <b>treatment</b>, and is duly licensed for the condition and patient population being requested (please note - full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or</li> <li>○ tests, <b>treatments</b>, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which <b>treatment</b> is requested.</li> </ul> <p>Notes:</p> <ul style="list-style-type: none"> <li>○ Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not considered appropriate evidence to demonstrate a test, <b>treatment</b>, equipment, medicine, device or procedure should be used in standard clinical use.</li> <li>○ Where licensing authority approval to market tests, <b>treatment</b>, equipment, medicines, devices or procedures does not, in Bupa's reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.</li> </ul>
Eyesight		<p><b>Treatment</b>, equipment or surgery to correct eyesight, such as laser <b>treatment</b>, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Exceptions: If <b>you</b> have bought Worldwide Wellbeing cover, <b>your</b> optical benefits will be shown.</p>
Footcare		<p><b>Treatment</b> for:</p> <ul style="list-style-type: none"> <li>○ corns</li> <li>○ calluses, or</li> <li>○ thickened or misshapen nails</li> </ul>
Genetic testing		<p>Genetic tests, when such tests are solely performed to determine whether or not <b>you</b> may be genetically likely to develop a medical condition.</p> <p>Example: <b>we</b> do not pay for tests used to determine whether <b>you</b> may develop Alzheimer's disease, when that disease is not present.</p>
Harmful or hazardous use of alcohol, drugs and/or medicines		<p><b>Treatment</b> for or arising:</p> <ul style="list-style-type: none"> <li>○ directly or indirectly, from the deliberate, reckless (including where <b>you</b> have displayed a blatant disregard for <b>your</b> personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and</li> <li>○ in any event, from the illegal use of any such substance</li> </ul>

Exclusion	Notes	Rules
Health hydros, nature cure clinics etc.		<p><b>Treatment</b> or services received in a:</p> <ul style="list-style-type: none"> <li>○ health hydro</li> <li>○ nature cure clinic</li> <li>○ spa, or</li> <li>○ any similar establishment that is not a <b>hospital</b></li> </ul>
Illegal activity		<p><b>We</b> will not pay for <b>treatment</b> which arises, directly or indirectly, as result of <b>your</b> deliberate or reckless participation (whether actual or attempted) in any illegal act, including road traffic offenses.</p>
Infertility <b>treatment</b>		<p><b>Treatment</b> to assist reproduction such as:</p> <ul style="list-style-type: none"> <li>○ in-vitro fertilisation (IVF)</li> <li>○ gamete intrafallopian transfer (GIFT)</li> <li>○ zygote intrafallopian transfer (ZIFT)</li> <li>○ artificial insemination (AI)</li> <li>○ prescribed drug <b>treatment</b></li> <li>○ embryo transport (from one physical location to another), or</li> <li>○ donor ovum and/or semen and related costs</li> </ul> <p><b>We</b> pay for investigations into the cause of infertility when <b>your specialist</b> believes there are symptoms and/or evidence to suggest a medical cause. <b>We</b> will only pay when:</p> <ul style="list-style-type: none"> <li>○ <b>you</b> have been a member of this plan (or any Bupa administered plan which includes this cover) for two years before the investigations start, and</li> <li>○ <b>you</b> were unaware and had not been suffering any symptoms prior to joining</li> </ul>
Obesity		<p><b>Treatment</b> for or as a result of obesity such as:</p> <ul style="list-style-type: none"> <li>○ slimming aids or drugs</li> <li>○ slimming classes, or</li> <li>○ obesity surgery</li> </ul>
<b>Persistent vegetative state</b> (PVS) and neurological damage		<p><b>We</b> will not pay for <b>treatment</b> whilst staying in <b>hospital</b> for more than 90 continuous days for permanent neurological damage or if <b>you</b> are in a <b>persistent vegetative state</b>.</p>

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



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

Exclusion	Notes	Rules
U.S. treatment		<p>If <b>you</b> have not bought cover for the U.S., then <b>we</b> will not pay for <b>treatment</b> or services, received in the U.S.</p> <p>If <b>you</b> have bought cover for the U.S., <b>we</b> will not pay for <b>treatment</b> or services, received there:</p> <ul style="list-style-type: none"> <li>○ when arrangements were not pre-authorized by <b>our</b> agents in the U.S. where required (see 'Pre-authorization – <b>Treatment</b> in the U.S.' section of this membership guide); or</li> <li>○ when <b>we</b> know or have reasonable grounds to conclude, that <b>you</b> purchased cover for and travelled to the U.S. for the purpose of receiving <b>treatment</b> or services for a condition, including pregnancy when the symptoms of the condition were apparent to <b>you</b> before buying the cover. This applies whether or not <b>your treatment</b> or services were the main or sole purpose of <b>your</b> visit and even if the <b>treatment</b> or services were pre-authorized.</li> </ul> <p><b>Our Service Partner</b> in the U.S. operates a national <b>network</b> of <b>hospitals</b>, clinics and <b>medical practitioners</b>. This is the U.S. provider <b>network</b>. <b>You</b> must contact <b>our</b> dedicated team before <b>you</b> have <b>treatment</b>, and they can help to find a suitable <b>network</b> provider for <b>you</b>.</p> <p>For eligible <b>treatment</b> that takes place in the U.S. using the U.S. provider <b>network</b>, benefit is paid at 100 percent, once any co-insurance or <b>deductible</b> amount which may apply, and which <b>you</b> are responsible to pay, has been deducted from the claimed amount. When eligible <b>treatment</b> takes place in the U.S. but outside the provider <b>network</b>, benefit is paid at <b>Reasonable and Customary</b> costs. Please see the "<b>Our</b> approach to costs" section of this membership guide.</p> <p>Please note: If <b>you</b> have chosen to include cover for <b>pre-existing conditions</b>, this is not extended to <b>treatment</b> received in the U.S., even when <b>you</b> have bought cover for <b>treatment</b> in the U.S. Therefore, <b>you</b> will see a specific exclusion on <b>your</b> membership certificate for the costs of <b>treatment</b> in the U.S. for these <b>pre-existing conditions</b>.</p>
Unrecognised medical practitioner, hospital or healthcare facility		<ul style="list-style-type: none"> <li>○ <b>Treatment</b> provided by a <b>medical practitioner, hospital or healthcare facility</b> which are not recognised by the relevant authorities in the country where the <b>treatment</b> takes place as having <b>specialist</b> knowledge, or expertise in, the <b>treatment</b> of the disease, illness or injury being treated.</li> <li>○ Self <b>treatment</b> or <b>treatment</b> provided by anyone with the same residence, <b>Family Members</b> (persons of a family, related to <b>you</b> by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request.</li> <li>○ <b>Treatment</b> provided by a <b>medical practitioner, hospital or healthcare facility</b> which are to whom <b>we</b> have sent a written notice that <b>we</b> no longer recognise them for the purposes of <b>our</b> health plans. <b>You</b> can contact <b>us</b> by telephone for details of <b>treatment</b> providers <b>we</b> have sent written notice to or visit Facilities Finder at <a href="http://bupaglobal.com/en/facilities/finder">bupaglobal.com/en/facilities/finder</a></li> </ul>

# Deductibles

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

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

The amounts below explain the value of the **deductible** which applies to each option. **You'll** find details of **your deductibles** on **your** membership certificate.

## Worldwide Medical Insurance

- GBP £ 250, 500, 1,000, 2,000, 5,000
- EUR € 300, 625, 1,250, 2,500, 6,250
- USD \$ 425, 850, 1,700, 3,400, 8,500

## Option: Worldwide Medical Plus

- GBP £ 100
- EUR € 125
- USD \$ 170

## Option: Worldwide Medicines and Equipment

- GBP £ 50
- EUR € 60
- USD \$ 80

## How do deductibles work?

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

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

**Deductibles** apply separately for **treatment you** have under each of the options. For example, if **you** have Worldwide Medical Insurance with a £500 **deductible** and have chosen Worldwide Medical Plus, the **deductible** for each would be applied as

follows:

- **You** have **treatment** in **hospital** for a broken leg, which costs £1,000
- **Deductible** applied is £500 from Worldwide Medical Insurance (as this covers **hospital treatments**)
- Amount paid by **us** is £500
  
- **You** have **physiotherapy** for **your** broken leg (usually paid from **your** Worldwide Medical Plus option), which costs £300
- **Deductible** applied is £100 from Worldwide Medical Plus
- Amount paid by **us** is £200

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

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

Please remember:

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

## How will claims be paid?

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

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

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

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

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

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

## Changing your deductible

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

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

# Important Information

## Your membership

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

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

## Our legal agreement

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

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

Please read 'Making a complaint' section.

## What forms my membership?

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

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

## What happens if I move?

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

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

## Specified country of residence

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

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

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

If **your specified country of residence** changes to a country where **we** have a local partner, in most cases **you** will be able to transfer to **our** partner's insurance policy without further medical underwriting. **You** may also be entitled to retain **your** continuity of **Bupa Global** membership; which means that for those benefits which aren't covered until **you** have been a member for a certain period, the time **you** were a member with **us** will count towards that. Please note that if **you** request a transfer to a local partner, **we** will have to share **your** personal information and medical history with the local partner.

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

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

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

### When does my membership begin?

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

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

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

### What happens on my anniversary?

**Your** membership will continue automatically, regardless of **your** age or state of health. **We** retain bank, credit/debit card and direct debit authorisation details to ensure that the policy does not lapse.

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

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

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

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

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

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

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

Cancellation of **your** membership, or the removal of any **additional people** from cover, will take effect 14 days after **you**, the **main member**, notifies **us** of the request by telephone, email or post. **We** will not back-date any requests for termination, or the removal of **additional people** from cover. Claims relating to **treatment** or benefits taking place following the date of cancellation will not be payable.

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

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

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

### Refunding your subscriptions

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

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

during the **membership year** (see below).

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

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

If **you**, the **main member**, choose to cancel **your** membership following the initial 28 days of receiving **your** first membership certificate for that **membership year** (or where cancellation is requested within the initial 28 day period and a claim has been made under the membership for that period), **we** will refund the amount of any subscriptions paid to **us** for the period following the date on which the cancellation of membership takes effect (i.e. from the 14th day of **us** being notified of the request).

If **you**, the **main member**, choose to remove any **additional people** from cover following the initial 28 days of receiving the first membership certificate for that **membership year** which names **additional people** on the plan (or where cancellation is requested within the initial 28 day period and a claim has been made under the **additional people** covered for that period), **we** will refund the amount of any subscriptions paid to **us** for the period following the date on which the removal of the **additional people** takes effect (i.e. from the 14th day of **us** being notified of the request).

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

If **you**, the **main member**, do not wish to renew **your** membership, **you** must inform **us** in writing as soon as **you** receive **your** renewal documents and prior to **your** renewal date. If no contact is made, **your** membership will automatically renew and any subscription fees will be collected automatically.

### How can I change my plan?

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

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

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

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

### Adding members to your plan

**You** can apply to include **additional people** on **your** membership by filling in a Worldwide Health Options form. **You** can download this easily from MembersWorld at membersworld.bupaglobal.com or **you** can contact **us**, and **we** will send one to **you**.

The medical history for all **additional people you** apply to include on **your** membership 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.

### Adding your newborn

If **you** are adding **your** newborn please complete a newborn application form. Newborn children are eligible for newborn care from their date of birth up to their 90th day when:

- at least one parent has been covered on this membership or another **Bupa Global** plan for 10 months or more prior to the child's birth
- the application form is received within 30 days of birth.

If the application form is not received within 30 days of birth, the newborn care benefit will be eligible from the date of receipt up until the 90th day.

Any exclusions or restrictions will be applied from their 91st day of birth, or **we** may decline to offer cover.

If **you** have not been covered by this membership for 10 months prior to the child's birth any exclusions or restrictions will be applied from the date **we** receive **your** application to join.

Please note: Children joining a child only policy, with no parent or legal guardian, can only join on or after their 5th birthday. Each child must have their own policy and no other members are permitted.

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

### Adding U.S. cover to your plan

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

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

### New membership certificates

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

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

### How are my subscriptions calculated?

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

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

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

## How do I pay subscriptions and other charges?

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

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

Countries of residence are grouped into various zones for pricing. The total amount **you** have to pay on **your** invoice is inclusive of any taxes (such as Insurance Premium Tax), charges or levies, applicable within **your** pricing zone.

Please pay **your** subscriptions directly to **your insurer**. If **you** pay **your** subscriptions to anyone else, such as an intermediary or insurance broker, then that person is acting on **your** behalf as **your** agent. **Your insurer** will not be responsible for any subscriptions paid to a third party. Subscription payments may be collected by Bupa Insurance Services Limited. In the event that Bupa Insurance Services Limited receives or holds any subscription payment, it does so as agent for and on behalf of **your insurer**. Bupa Insurance Services Limited may also pay certain claims or refunds as agent for and on behalf of **your insurer**. The amount and method of payment is shown in **your** membership certificate.

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

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

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

### Will the amount I pay change?

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

Prices charged may change in response to changes in taxes, charges or levies applicable within the pricing zone based on the country where **you** live. Similarly, prices may change if any new tax, charge or levy is introduced. These changes may occur at any time in response to these events.

### Bank charges

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

### Making a complaint

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

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

Alternatively **you** can email **us** at [membersworld.bupaglobal.com](mailto:membersworld.bupaglobal.com), or write to **us** at:

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

### Easier to read information

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

### Taking it further

If **we** can't settle **your** complaint **you** may be able to refer **your** complaint to the Financial Services and Pensions Ombudsman.

**You** can:

- write to them at Lincoln House, Lincoln Place, Dublin 2
- call them on +353 1 567 7000
- find details at their website [www.fspo.ie](http://www.fspo.ie)

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 personal health information is of paramount concern to the companies in the Bupa group. To this end, Bupa fully complies with applicable data protection legislation and medical confidentiality guidelines. Bupa sometimes uses third parties to process data on **our** behalf. Such processing, which may be undertaken outside the EEA (European Economic Area), is subject to contractual restrictions with regard to confidentiality and security obligations in addition to the minimum requirements imposed by data protection legislation.

Personal data collected about **you** may be used by Bupa to process **your** claims, administer **your** membership, make suggestions about clinically appropriate **treatment**, for research and analytics, in the course of undertaking audits, and to detect and prevent fraud. For further information, please see the **Bupa Global** Privacy Policy at [www.bupaglobal.com/privacypolicy](http://www.bupaglobal.com/privacypolicy).

Please note that **we** may share any dependant's information with the **main member** (being the person named as the main applicant on the application for the membership), including in relation to **treatment** and services received, claims paid, the amount of any **deductible** used and, if relevant, any medical history which impacts on the provision of the membership.

In accordance with data protection law, if **you** would like a copy of **your** personal information or **you** would like to update **your** personal information, or if **you** have any other data processing queries please call the **Bupa Global** service team on +44 (0)1273 718 379. Alternatively **you** can email or write to the team via [service.uk@bupaglobal.com](mailto:service.uk@bupaglobal.com); or **Bupa Global**,

IQ MED  
[www.iqmed.ro](http://www.iqmed.ro)  
[contact@iqmed.ro](mailto:contact@iqmed.ro)

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

### Useful notes and legal information

#### Other parties

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

#### Correspondence

Letters 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 copies.

#### Applicable law

**Your** membership is governed by Irish law. Any dispute that cannot otherwise be resolved will be dealt with by courts in Ireland.

If any dispute arises as to the interpretation of this document, then the English version of this document shall be deemed to be conclusive and taking precedence over any other language version of this document. **You** can obtain a copy at any time by contacting **our** customer helpline on +44 (0) 1273 323 563.

#### Sanction clause

**We** will not provide cover and **we** shall not be liable to pay any claim or provide any benefit under this Policy to the extent that such cover, payment of a claim(s) or benefits would:

- cause **us** to breach any United Nations resolutions or the trade or economic sanctions, laws or regulations of any jurisdiction to which **we** are subject (which may include without limitation those of the European Union, **United Kingdom** and/or United States of America).

- expose **us** to the risk of being sanctioned by any relevant authority or competent body; and/or
- expose **us** to the risk of being involved in conduct (either directly or indirectly) which any relevant authority or competent body would consider to be prohibited.

Where any resolutions, sanctions, laws or regulations referred to in this clause are, or become, applicable to this Policy, **we** reserve all of **our** rights to take all and any such actions as may be deemed necessary in **our** absolute discretion, to ensure that **we** continue to be compliant. **You** acknowledge that this may restrict or delay **our** obligations under this Policy and **we** may not be able to pay any claim(s) in the event of a sanctions-related concern.

#### 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;
- provide **us** with information which **you** or any dependant knows would otherwise enable **us** to refuse to pay a claim under this plan; and/or
- refuse to cooperate or fail to provide information / documentation reasonably requested by **us** to validate **your** claim(s), whether pending or paid (including but not limited to proof of payment, medical reports and original invoices).

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

- refuse to pay the whole of the claim and any other claim(s) submitted since the date of that claim;
- recover any payments **we** have already made in respect of the claim and/or other claims submitted since that claim(s); 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 the claim(s) was submitted, and **we** will not refund the premium.

### Provision of accurate and complete information

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

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

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

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

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

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

## Privacy Notice

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

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

**Last updated:** August 2020

1. Information about **us**
2. Scope of **our** privacy notice
3. How **we** collect personal information
4. Categories of personal information
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### 1. Information about us

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

#### More information:

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

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

In relation to international private medical insurance:

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

Bupa Insurance Services Limited is registered in England and Wales at Companies House under number 3829851. The registered office is 1 Angel Court, London, EC2R 7HJ, and is authorised and regulated by the Financial Conduct Authority (regulation number 312526). Bupa Denmark Services A/S, 8 Palaegade, DK-1261 Copenhagen K, Denmark, Company No. 32451780 is an agent for **Bupa Global** Designated Activity Company.

In relation to Travel:

Bupa Denmark, filial af **Bupa Global** DAC, Ireland, company number 40168923, is a Danish branch of **Bupa Global** Designated Activity Company, having its registered address at Palaegade 8 DK-1261 Copenhagen K Denmark, and is regulated by the Central Bank of Ireland and subject to limited regulation by the Danish Financial Supervisory Authority (Finanstilsynet).

Bupa Denmark Services A/S, 8 Palaegade, DK-1261 Copenhagen K, Denmark, Company No. 32451780 is an agent for **Bupa Global** Designated Activity Company.

### 2. Scope of our privacy notice

**Summary:** This privacy notice applies to anyone who interacts with **us** about **our** products and services ('**you**', '**your**'), in any way (for example, by email, through **our** website, by phone, through **our** app). **We** will give **you** further privacy information if necessary for specific contact methods or in relation to specific products or services. For example, if **you** use **our** apps, **we** may give **you** privacy notices which apply just to a particular type of information which **we** collect through that app.

### 3. How we collect personal information

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

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

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

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

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

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

- **your** parent or guardian, if **you** are under 18 years old;
- a family member, or someone else acting on **your** behalf;
- **doctors**, other clinicians and health-care professionals, **hospitals**, clinics and other health-care providers;
- any service providers who work with **us** in relation to **your** product or service, if **we** don't provide it to **you** direct, such as providing **you** with apps, medical **treatment**, dental **treatment** or health assessments;
- organisations who carry out customer-satisfaction surveys or market research on **our** behalf, or who provide **us** with statistics and other information (for example, about **your** interests, purchases and type of household) to

- help **us** to improve **our** products and services;
- fraud-detection and credit-reference agencies; and
- sources which are available to the public, such as the edited electoral register or social media.

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

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

### 4. Categories of personal information

**Summary:** 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; and
- information about criminal convictions and offences (**we** may get this information when carrying out fraud or money laundering checks, or other background screening to prevent crime).

**More information:**

**Standard personal information includes:**

- contact information, such as **your** name, username, address, email address and phone numbers;
- the country **you** live in, **your** age, **your** date of birth and national identifiers (such as **your** National Insurance number or passport number);
- information about **your** employment;
- details of any contact **we** have had with **you**, such as any complaints or incidents;
- financial details, such as details about **your** payments and **your** bank details;
- the results of any credit or any anti-fraud checks **we** have made on **you**;
- information about how **you** use **our** products and services, such as insurance claims; and
- information about how **you** use **our** website, apps or other technology, including IP addresses or other device information (please see **our** Cookies Policy available at <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);

**Criminal offences and convictions information includes:**

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

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

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

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

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

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

- **it is necessary for the purposes of preventive or occupational medicine**, to assess whether **you** are able to work, medical diagnosis, to provide health or social care or **treatment**, or to manage health-care or social-care systems (including to monitor whether **we** are meeting expectations relating to **our** clinical and non-clinical performance);
- **it is necessary for an insurance purpose** (for example, advising on, arranging, providing or managing an insurance contract, dealing with a claim made under an insurance contract,



or relating to rights and responsibilities arising in connection with an insurance contract or law);

- **it is necessary to establish, make or defend legal claims** (for example, claims against **us** for insurance);
- **it is necessary for the purposes of preventing or detecting an unlawful act** in circumstances where **we** must carry out checks without **your** permission so as not to affect the outcome of those checks (for example, anti-fraud and anti-money-laundering checks or to check other unlawful behaviour, or carry out investigations with other insurers and third parties for the purpose of detecting fraud);
- **it is necessary for a purpose designed to protect the public against dishonesty, malpractice or other seriously improper behaviour** (for example, investigations in response to a safeguarding concern, a 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.

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

## 6. Legitimate interests

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

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

- to manage **our** relationship with **you**, **our** business and third parties who provide products or services for **us** (for example, to check that **you** have received a service that **you're** covered for, to validate invoices and so on);
- to provide health-care services on behalf of a third party (for example, **your** employer);
- to make sure that claims are handled efficiently and to investigate complaints (for example, **we** may ask **your 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.

IQ MED

www.iqmed.ro

contact@iqmed.ro

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

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

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

### Profiling and automated decision-making

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

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

### Profiling

The processes set out below involve profiling.

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

## 9. Sharing your information

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

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

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

- other members of the Bupa Group of companies in order to provide **our** products and services;
- other organisations **you** belong to, or are professionally associated with, in order to confirm **your** entitlement to claim discounts on **our** products and services;
- **doctors**, clinicians and other health-care professionals, **hospitals**, clinics and other health-care providers;
- suppliers who help deliver products or services on **our** behalf;
- people or organisations **we** have to, or are allowed to, share **your** personal information with by law (for example, for fraud-prevention or safeguarding purposes, including with the Care Quality Commission);
- the police and other law-enforcement agencies to help them perform their duties, or with others if **we** have to do this by law or under a court order;

- organisations that carry out surveys on **our** behalf;
- if **we** (or any member of the Bupa group) sell or buy any business or assets, the potential buyer or seller of that business or those assets; and
- a third party who takes over any or all of the Bupa Group's assets (in which case personal information **we** hold about **our** customers or visitors to the website may be one of the assets the third party takes over).

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

- the policyholder or their agent if **you** are not the **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 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 insurance counter-fraud groups), regulators, data-protection supervisory authorities, health-care professionals, health-care providers and medical-assistance providers; and
- organisations who provide **your treatment** and other benefits, including travel-assistance services.

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

IQ MED

[www.iqmed.ro](http://www.iqmed.ro)

[contact@iqmed.ro](mailto:contact@iqmed.ro)

## 10. Anonymised and combined information

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

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

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

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

## 12. How long we keep your personal information

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

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

- Any relevant proceedings that apply.

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

## 13. Your rights

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

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

- **Right of access:** **You** have the right to make a written request for details of **your** personal information and a copy of that personal information.
- **Right to rectification:** **You** have the right to have inaccurate information about **you** corrected or removed.
- **Right to erasure ('right to be forgotten'):** **You** have the right to have certain personal information about **you** deleted from **our** records.
- **Right to restriction of processing:** **You** have the right to ask **us** to use **your** personal information for restricted purposes only.
- **Right to object:** **You** have the right to object to **us** processing (including profiling) **your** personal information in cases where **our** processing is based on a task carried out in the public interest or where **we** have let **you** know it is necessary to process **your** information for **our** or a third party's legitimate interests. **You** can object to **us** using **your** information for direct marketing and profiling purposes in relation to direct marketing.
- **Right to data portability:** **You** have the right to ask **us** to transfer the personal information **you** have given **us** to **you** or to someone else in a format that can be read by computer.

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

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

If **you** make a request, **we** will ask **you** to confirm **your** identity if **we** need to, and to provide information that helps **us** to understand **your** request better.

**We** have 21 days to respond to requests relating to automated decisions. For all other requests **we** have one month from receiving **your** request to tell **you** what action **we** have taken.

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

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

## 14. Data-protection contacts

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

**We** are regulated by the Data Protection Commissioner ([www.dataprotection.ie](http://www.dataprotection.ie)) who can be contacted at, 21 Fitzwilliam Square South, Dublin 2, D02 RD28, Ireland. Tel +353 (0)761 104 800 or +353 (0)57 868 4800. **You** have a right to make a complaint to them or to **your** local privacy supervisory authority.

# Glossary

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>Active treatment:</b>	<b>Treatment</b> from a <b>medical practitioner</b> of a disease, illness or injury that leads to <b>your</b> recovery, conservation of <b>your</b> condition or to restore <b>you</b> to <b>your</b> previous state of health as quickly as possible.
<b>Additional people:</b>	The other people named on <b>your</b> membership certificate as being members of the plan and who are eligible to be members, including newborn children.
<b>Anniversary:</b>	Each <b>anniversary</b> of the date <b>you</b> joined the plan. (If however <b>you</b> are a member of a <b>Bupa Global Worldwide Health Options</b> group plan with a common <b>anniversary</b> for all members, <b>your anniversary</b> will be the common <b>anniversary</b> for the group. <b>We</b> tell <b>you</b> the group <b>anniversary</b> when <b>you</b> join).
<b>Assisted Reproduction Technologies:</b>	Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction.
<b>Birthing centre:</b>	A medical facility often associated with a <b>hospital</b> that is designed to provide a homelike setting during childbirth.
<b>Bupa Global:</b>	<b>Bupa Global</b> Designated Activity Company or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.
<b>Complementary therapist:</b>	An acupuncturist, homeopathist or Traditional Chinese medicine practitioner who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which the <b>treatment</b> is received.

Defined term	Description
<b>Day-case:</b>	<b>Treatment</b> which for medical reasons requires <b>you</b> to stay in a bed in <b>hospital</b> during the day only. <b>We</b> do not require <b>you</b> to occupy a bed for <b>day-case Mental health treatment</b> .
<b>Deductible:</b>	The amount <b>you</b> have to pay towards the cost of the <b>treatment</b> that <b>you</b> receive each <b>membership year</b> that would otherwise have been covered under <b>your</b> membership.
<b>Diagnostic tests:</b>	Investigations, such as X-rays or blood tests, to find the cause of <b>your</b> symptoms.
<b>Dental practitioner:</b>	A person who: <ul style="list-style-type: none"> <li>○ is legally qualified to practice dentistry,</li> <li>○ is recognised by the relevant authorities in the country in which the <b>treatment</b> takes place as having a specialised qualification following attendance at a recognised dental school, and</li> <li>○ is permitted to practice dentistry by the relevant authorities in the country where the dental <b>treatment</b> takes place</li> </ul>
<b>Dietician:</b>	Examples of a specialised qualification in the field of dentistry may include (but are not limited to) periodontics or paediatric dentistry. Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the <b>treatment</b> is received.

Defined term	Description
<b>Doctor:</b>	A person who: <ul style="list-style-type: none"> <li>○ is legally qualified in medical practice following attendance at a recognised medical school to provide medical <b>treatment</b></li> <li>○ does not need a <b>specialist's</b> training, and</li> <li>○ is licensed to practise medicine in the country where the <b>treatment</b> is received.</li> </ul> <p>By recognised medical school <b>we</b> mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.</p>
<b>Emergency:</b>	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgment of a reasonable person, requires immediate <b>treatment</b> , generally within 24 hours of onset, and which would otherwise put <b>your</b> health at risk.
<b>Family Members:</b>	Persons of a family relationship (related to <b>you</b> by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
<b>Hospital:</b>	A centre of <b>treatment</b> which is registered, or recognised under the local country's laws, as existing primarily for: <ul style="list-style-type: none"> <li>○ carrying out major <b>surgical operations</b>, or</li> <li>○ providing <b>treatment</b> which only consultants can provide</li> </ul>
<b>Intensive care:</b>	Includes the following. <ul style="list-style-type: none"> <li>○ High Dependency Unit (HDU) – a unit that provides a higher level of medical care and monitoring, for example in single organ system failure.</li> <li>○ Intensive Therapy Unit / <b>Intensive care</b> Unit (ITU/ICU) – a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation.</li> <li>○ Coronary care unit (CCU)–a unit that provides a higher level of cardiac monitoring.</li> </ul>

Defined term	Description
<b>Main member:</b>	The person who has taken out the membership, and is the first person named on the membership certificate. Please refer to <b>you/your</b> .
<b>Medical practitioner:</b>	A <b>complementary therapist, specialist, doctor, psychologist, psychotherapist, osteopath, chiropractor, dietician, speech therapist or therapist</b> who provides <b>active treatment</b> of a known condition.
<b>Medically necessary:</b>	<b>treatment</b> , medical service or prescribed drugs/medication which is: <ol style="list-style-type: none"> <li>(a) consistent with the diagnosis and medical <b>treatment</b> for the condition;</li> <li>(b) consistent with generally accepted standards of medical practice;</li> <li>(c) necessary for such a diagnosis or <b>treatment</b>;</li> <li>(d) not being undertaken primarily for the convenience of the member or the treating <b>medical practitioner</b></li> </ol>
<b>Membership year:</b>	The 12 month period for which this membership is effective, as first shown on <b>your</b> membership certificate and, if this health plan is renewed, each 12 month period which follows the renewal date.
<b>Mental health treatment:</b>	<b>Treatment</b> of mental conditions, including eating disorders.
<b>Network:</b>	A <b>hospital, pharmacy</b> , or similar facility, or <b>medical practitioner</b> , that has an agreement in effect with <b>Bupa Global</b> or a <b>service partner</b> to provide <b>you</b> with eligible <b>treatment</b> .
<b>Out-patient:</b>	<b>Treatment</b> given at a <b>hospital</b> , consulting room, <b>doctor's</b> office or <b>out-patient</b> clinic where the insured does not stay overnight or as a <b>day-case</b> to receive <b>treatment</b> .
<b>Ovulation Induction Treatment:</b>	<b>Treatment</b> including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.

Defined term	Description
<b>Persistent vegetative state:</b>	<ul style="list-style-type: none"> <li>○ a state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and</li> <li>○ the person does not respond to stimuli such as calling their name, or touching</li> </ul> <p>The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.</p>

<b>Pharmacy</b>	A facility where prescribed drugs are prepared or sold.
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<b>Physiotherapy, osteopathy and chiropractor:</b>	Practitioners must be fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the <b>treatment</b> is received.
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<b>Pre-existing condition:</b>	<ul style="list-style-type: none"> <li>○ Any medical condition declared in <b>your</b> application for cover which has been noted on <b>your</b> membership certificate as a 'personal exclusion' or covered <b>pre-existing condition</b>.</li> <li>○ Any medical condition declared in <b>your</b> application for cover which has been accepted with no 'personal exclusion' or underwriting loading applied</li> <li>○ Any disease illness or injury for which <b>you</b> received medication, advice or <b>treatment</b>, or <b>you</b> had experienced symptoms of whether the condition was diagnosed or not, prior to becoming a member which was not disclosed on <b>your</b> application for cover</li> </ul>
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Where **we** have accepted **your** 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 **your** original application for cover under that previous insurance product.

Defined term	Description
<b>Prophylactic surgery:</b>	Surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland.

<b>Psychologist and psychotherapist:</b>	A person who is legally qualified and is permitted to practise as such in the country where the <b>treatment</b> is received.
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<b>Qualified nurse:</b>	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the <b>treatment</b> is received.
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<b>Reasonable and Customary</b>	The 'usual', or 'accepted standard' amount payable for a specific healthcare <b>treatment</b> , procedure or service in a particular geographical region, and provided by <b>treatment</b> providers of comparable quality and experience. These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by <b>our</b> experience of usual, and most common, charges in that region.
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<b>Recognised medical practitioner, hospital or healthcare facility</b>	Any provider who is not an <b>unrecognised medical practitioner</b> , hospital or healthcare facility.
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<b>Rehabilitation:</b>	<b>Treatment</b> in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.
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<b>Service partner:</b>	A company or organisation that provides services on behalf of <b>Bupa Global</b> . These services may include approval of cover and location of local medical facilities.
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<b>Sound natural tooth / Sound natural teeth:</b>	A natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally in chewing and speech.
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Defined term	Description
<b>Specialist:</b>	<p>A surgeon, anaesthetist or physician who:</p> <ul style="list-style-type: none"> <li>○ is legally qualified to practise medicine or surgery following attendance at a recognised medical school</li> <li>○ is recognised by the relevant authorities in the country in which the <b>treatment</b> is received as having specialised qualification in the field of, or expertise in, the <b>treatment</b> of the disease, illness or injury being treated</li> </ul>

By 'recognised medical school' **we** mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.

<b>Specified country of nationality:</b>	The country of nationality specified by <b>you</b> in <b>your</b> application form or as advised to <b>us</b> in writing, whichever is the later.
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<b>Specified country of residence:</b>	The country of residence specified by <b>you</b> in <b>your</b> application and shown in the membership certificate, or as advised to <b>us</b> in writing, whichever is the later. The country <b>you</b> specify must be the country in which the relevant authorities (such as tax authorities) consider <b>you</b> to be resident for the duration of the policy.
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<b>Speech therapist:</b>	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the <b>treatment</b> is received.
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<b>Surgical operation:</b>	A medical procedure that involves the use of instruments or equipment.
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<b>Therapists:</b>	An occupational <b>therapist</b> or orthoptist, who is legally qualified and is permitted to practice as such in the country where the <b>treatment</b> is received.
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<b>Treatment:</b>	Surgical or medical services (including <b>diagnostic tests</b> ) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.
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Defined term	Description
<b>UK:</b>	Great Britain and Northern Ireland.

<b>Unrecognised medical practitioner, hospital or healthcare facility</b>	<ul style="list-style-type: none"> <li>○ <b>Treatment</b> provided by a <b>medical practitioner, hospital or healthcare facility</b> which are not recognised by the relevant authorities in the country where the <b>treatment</b> takes place as having <b>specialist</b> knowledge, or expertise in, the <b>treatment</b> of the disease, illness or injury being treated.</li> <li>○ Self <b>treatment</b> or <b>treatment</b> provided by anyone with the same residence, <b>Family Members</b> (persons of a family, related to <b>you</b> by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request.</li> <li>○ <b>Treatment</b> provided by a <b>medical practitioner, hospital or healthcare facility</b> which are to whom <b>we</b> have sent a written notice that <b>we</b> no longer recognise them for the purposes of <b>our</b> health plans. <b>You</b> can contact <b>us</b> by telephone for details of <b>treatment</b> providers <b>we</b> have sent written notice to or visit Facilities Finder at <a href="http://bupaglobal.com/en/facilities/finder">bupaglobal.com/en/facilities/finder</a></li> </ul>
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<b>We/us/our:</b>	<b>Your insurer.</b>
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<b>You/your:</b>	This means <b>you</b> , the <b>main member</b> and <b>your</b> dependants unless <b>we</b> have expressly stated otherwise that the provisions only refer to the <b>main member</b> .
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<b>Your insurer</b>	The insurer providing <b>your</b> cover as stated on <b>your</b> membership certificate.
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**General services:**

+44 (0) 1273 323 563

**Medical related enquiries:**

+44 (0) 1273 333 911

Your calls may be recorded or monitored.

**Bupa Global**

Victory House  
Trafalgar Place  
Brighton  
BN1 4FY

**United Kingdom****Bupa Global offers you:**

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

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**Bupa Global is a trading name of  
Bupa Global Designated Activity  
Company (Bupa Global DAC),  
Second Floor, 10 Pembroke Place,  
Ballsbridge, Dublin 4, DO4 V1W6.**

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