



A GUIDE TO YOUR ELITE GLOBAL HEALTH PLAN

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

HELLO

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

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

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

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

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

YOUR INSURER	Bupa Global is the sole insurer of this plan.
YOUR GEOGRAPHICAL AREA FOR COVERAGE IS SHOWN ON YOUR INSURANCE CERTIFICATE	There are three area of cover options. The policyholder has chosen one of these. They are: - o Worldwide - o Worldwide, excluding the U.S. - o Europe As long as it is covered by your health plan , you can have your treatment at any recognised medical practitioner, hospital or clinic within your area of cover. To view a summary of hospitals visit Facilities Finder at https://bupaglobal.com/facilitiesfinder
BOLD WORDS	Any words written in bold are defined terms that are relevant to your cover. You can check their meaning in the 'Glossary'.
TREATMENT THAT WE COVER	Your Elite Global Health Plan covers the treatment cost for a disease, illness or injury that leads to the conservation of your condition, your recovery or you getting back to your previous state of health. This includes treatment for chronic, congenital and hereditary conditions that may be covered, depending on underwriting. Your treatment is covered if it is: - o covered under the health plan - o at least consistent with generally accepted standards of medical practice in the country in which treatment is being received - o clinically appropriate in terms of type, duration, location and frequency Your Elite Global Health Plan also provides preventive benefits to help keep you healthy. You can find these in the 'Table of benefits'.
TWO OF THE BIGGEST, MOST TRUSTED BRANDS IN GLOBAL HEALTHCARE	Customers who have U.S. coverage within their plan can now enjoy even bigger benefits with access to the largest network of providers through our partnership with Blue Cross Blue Shield Global . If you would like to upgrade to a higher level of cover, including the ability to access U.S. medical facilities, please contact us .
ACCESSING CARE IN THE U.S.	As part of your health plan , you have access to the broadest coverage in the U.S. via Blue Cross Blue Shield's networks . To find out more, please visit https://bupaglobalaccess.com

ANY QUESTIONS? **We'll** be happy to help.
Get in touch using the details printed on **your** insurance cards.

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

CONTENTS

3	Introduction
4	When you're awake, we're awake
6	Need treatment ?
8	Welcome to MembersWorld
10	Wellbeing Services
12	The Claiming Process
15	Want to add more people to your health plan ?
17	Your health plan benefits
18	Table of benefits
35	Exclusions
40	Terms and Conditions
50	Glossary



WHEN YOU'RE AWAKE, WE'RE AWAKE

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

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

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

You can ask **us** to arrange evacuations 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

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

Easier to read information

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

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

NEED TREATMENT?

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

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

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

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

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

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

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

Remember we can offer a second medical opinion service

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

Pre-authorisation complete and now going for treatment?
Always remember to keep **your** insurance cards with **you** and present the appropriate card to **your benefit provider** when **you** arrive.

Our approach to costs
When **you** are in need of a **benefit 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 **benefit providers** on Facilities Finder at <https://bupaglobal.com/en/facilities/finder>. Where **you** choose to have **your treatment** and services with a **benefit provider** in **network**, **we** will cover the costs of any **covered benefits**, once any applicable **co-insurance** or deductible amount which **you** are responsible to pay has been taken from the total claimed amount.

Should **you** choose to have **covered benefits** with a **benefit 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 **benefit provider** must be no more than they would normally charge, and be similar to other **benefit 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**’ **benefit provider** will not be paid.

This means that, should **you** choose to receive **covered benefits** from an ‘out-of-**network**’ **benefit 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**’ **benefit provider**;
- **we** cannot control what amount **your** chosen ‘out-of-**network**’ **benefit provider** will seek to charge **you** directly.

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

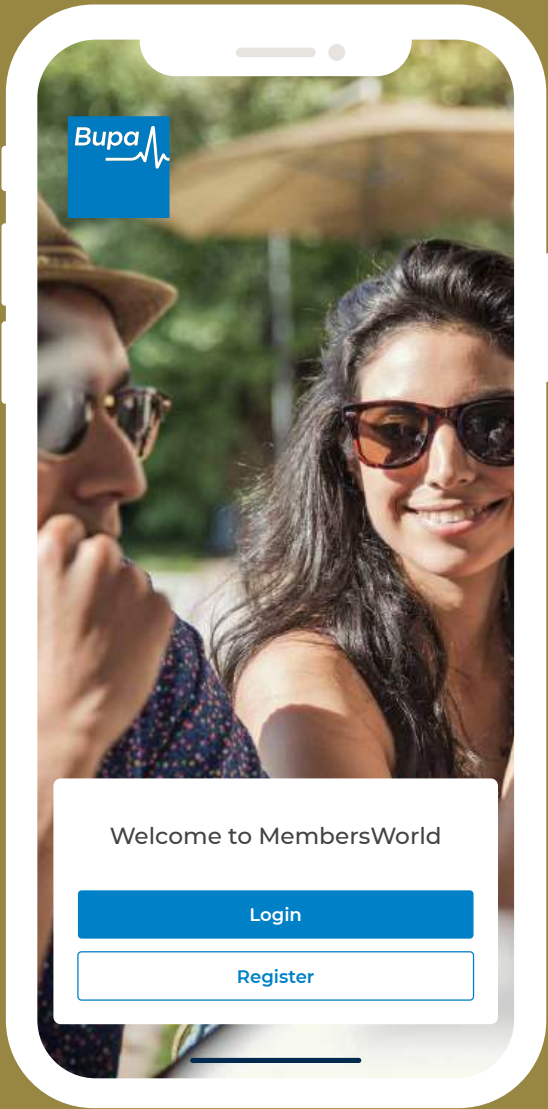
If **you** are taken to an ‘out-of-**network**’ **benefit provider** in an **emergency**, it is important that **you**, or the **benefit provider**, contact **us** within 48 hours of **your** admission, or as soon as reasonably possible in the circumstances. If it is the best thing for **you**, **we** may arrange for **you** to be moved to a **benefit provider** in **network** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a **benefit 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 taken).

More rules may apply in respect of **covered benefits** received from an ‘out-of-**network**’ **benefit provider** in certain countries.

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



WELCOME TO MEMBERSWORLD



Welcome to MembersWorld

Login

Register

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

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

MembersWorld is for everyone on the **policy** aged 16 and over.

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 <https://membersworld.bupaglobal.com> with **your** favourite web browser or via **our** app.

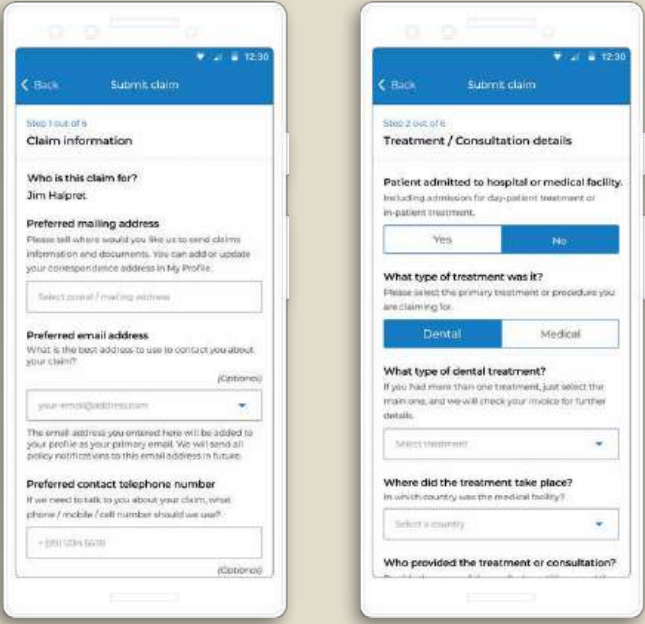
Search for “MembersWorld” on the App Store or Google Play and download to **your** device for access to **your** account on-the-go



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

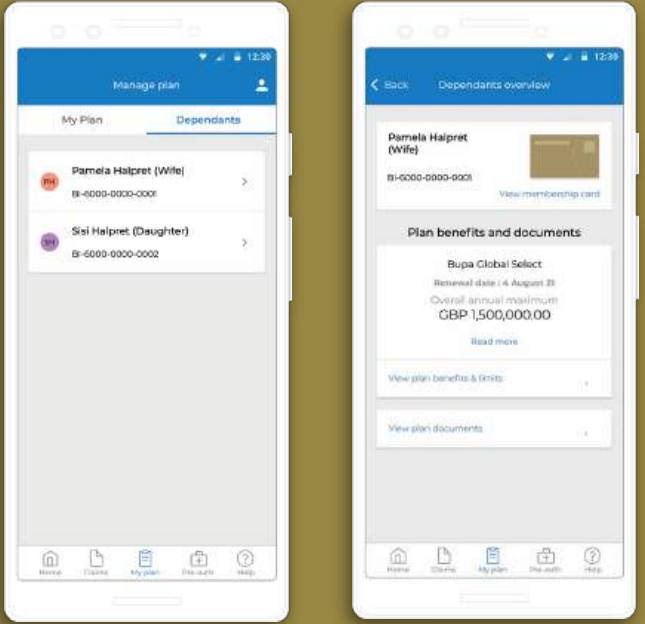
Claims and pre-authorisations

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



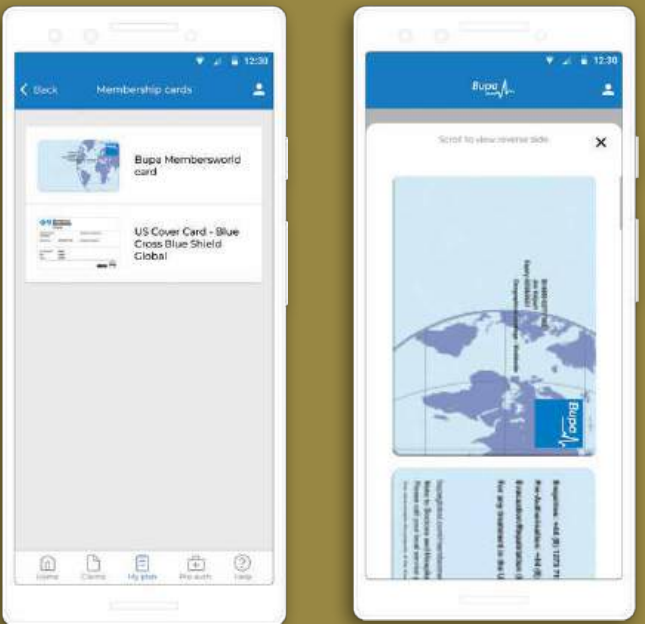
Dependants

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



Membership cards

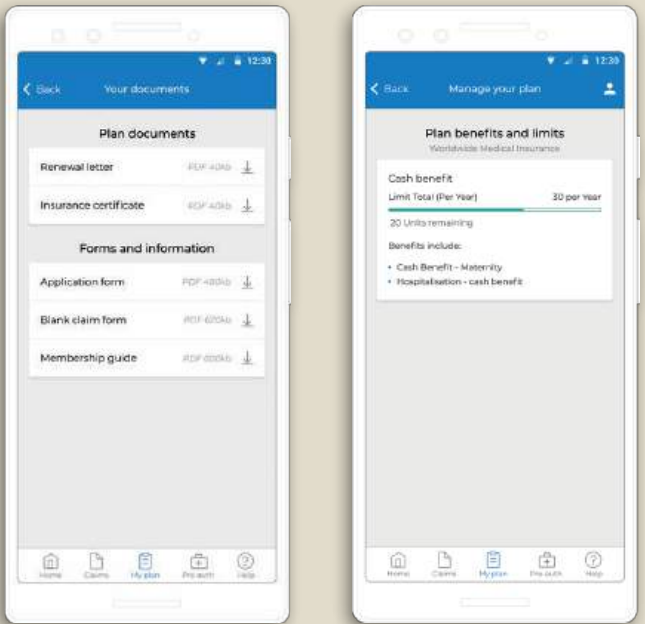
- Access to **your** membership cards whenever **you** need them



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

Policy documents

- View and download documents for **your** plan



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!

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

Your wellbeing

Explore **Bupa Global's** ever-growing health and lifestyle webpages at www.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 a team of international **specialist doctors**.

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

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** or email info@bupaglobal.com

Global Virtual Care*

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

Features include (depending on local regulations):

- Video and telephonic consults
- **Doctor's** notes
- Selfcare
- Referrals
- Prescriptions

Access virtual consultations with a doctor any time of the day or night by signing-in to the MembersWorld app. If **you** haven't registered yet, go to the MembersWorld page to get started.



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 depend on third-party availability. **Bupa Global** assumes no liability and accepts no responsibility for information provided by the services detailed above.

THE CLAIMING PROCESS

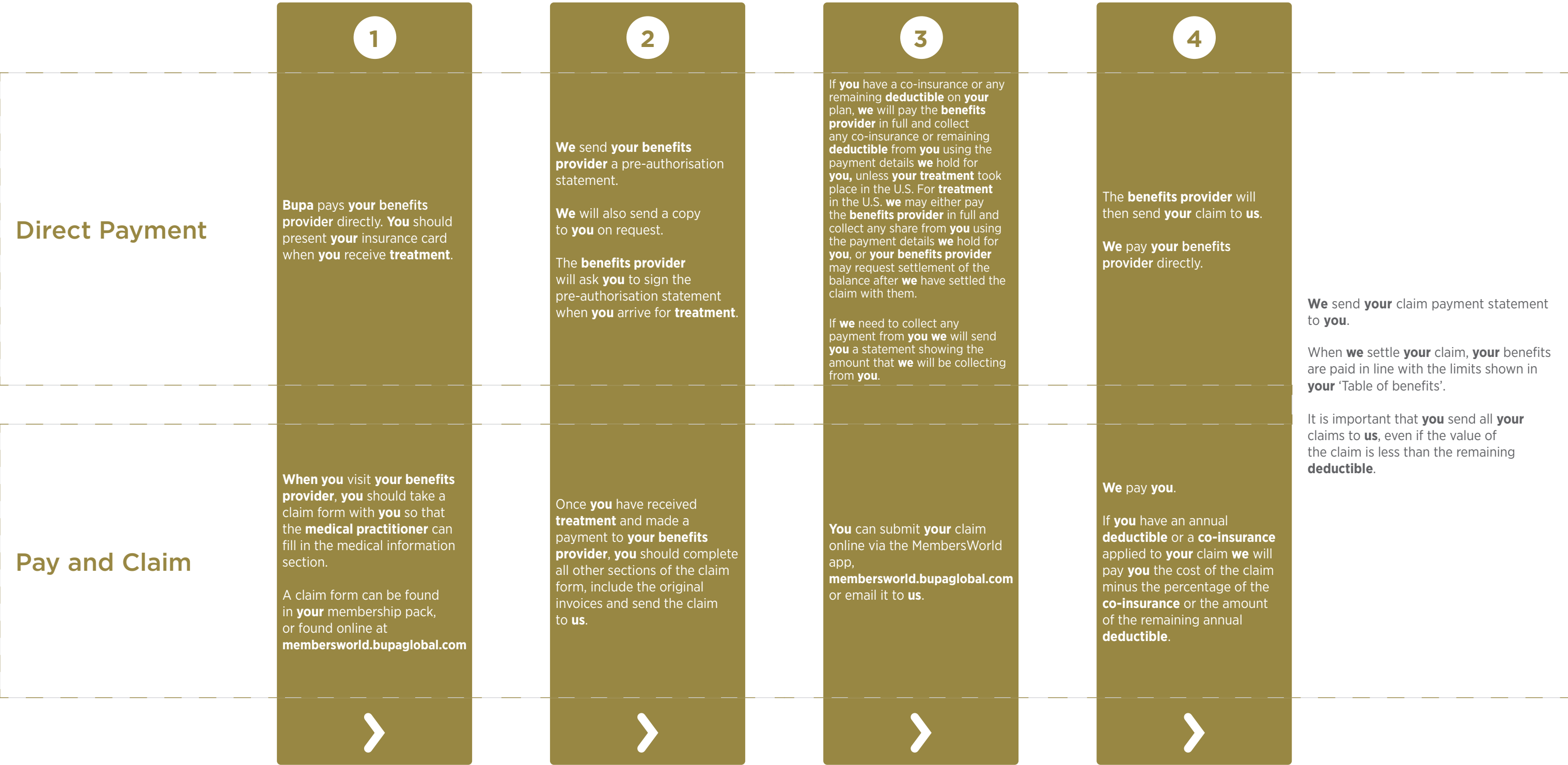
Whether **you** choose direct payment or ‘pay and claim’ **we** provide a quick and easy claims process. **We** aim to arrange direct settlement wherever possible, but it has to be with the agreement of whoever is providing the **treatment**. In general, direct settlement can only be arranged for **in-patient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

How to make a claim

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

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

- Call **us** on **+44 (0) 1273 718 379**
- Email **info@bupaglobal.com**





WANT TO ADD MORE PEOPLE TO YOUR HEALTH PLAN?

You can apply to include **dependants**, including newborn children, to this **health plan** by filling in an application form

You can download this easily from <https://membersworld.bupaglobal.com>. If **you** are adding **your** newborn child please complete the, newborn application form' or **you** can contact **us** and **we** will send one to you.

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

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

Children covered at no additional cost

For each parent or legal guardian who is covered on this **policy**, **we** will also cover two of their children (up to a maximum of four children) at the same level of cover for no additional premium, subject to underwriting provided that:

- the children are aged 9 or under
- the children live at the same address as the covered parent or guardian who has legal custody of the child.

We will review the child's medical history, which may add personal exclusions or restrictions. If underwriting results in a charge, this will be calculated as a percentage of what your child's premium would have been and confirmed with **you**.

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

To add **your** newborn baby **you** will need to send **us** a completed newborn application form. If:

- either parent has been a **Bupa Global** member for at least 18 months before the baby's birth and
- **we** receive the application form within 30 days of the baby's birth

we will add the baby to the **policy** from their date of birth and not apply any personal exclusions to the baby's cover.

However, if:

- neither parent has been a **Bupa Global** member for at least 18 months before the baby's birth, or
- **we** receive the application form more than 30 days after the baby was born, or
- the child is born as a result of Assisted Reproduction Technologies, ovulation induction treatment, adopted, or born to a surrogate, or
- the baby was born in the U.S.

the baby's medical history will be reviewed by **our** medical team which may result in cover for pre-existing conditions, special restrictions or exclusions, or **we** may decline to offer cover. This means that if the baby has medical conditions that need **treatment**, these might not be covered by the **policy**. Cover will start on the date that **we** receive the application form.

If there are any changes to the information **you** provided in the application form after **you** or **your dependants** sign it and before **we** accept the application, please let **us** know straight away.



YOUR HEALTH PLAN BENEFITS

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

Benefit limits

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

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

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

Currencies

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

Waiting periods

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

How does the deductible work?

Your deductible is the annual amount **you** must pay each **policy year** towards covered claims before **we** start paying.

It’s important that **you** send all **your** claims to **us**, even if the value of the claim is less than the **deductible**. **We** won’t make any payment, but the claim will count towards **your deductible**. If the claim is for an amount higher than the value of **your deductible** or remaining **deductible**, **we** will pay costs in line with **your** benefit limits.

There are two **deductible** options available. A **deductible** which applies only to **out-patient** day to day care benefits and a **deductible** which applies to all other benefits. If **you** select to have a **deductible**, **you** must choose one on both options.

Both **deductible** options apply:

- each policy year
- separately for each person.

Example: Here’s how it works if **you** have a EUR 330 **deductible** for **out-patient** day to day care:

You visit a doctor. This is out-patient day to day care. The visit costs EUR 100.	
You pay the doctor and submit the claim to us . This counts towards your deductible for the policy year .	You now have EUR 230 left to pay towards any out-patient day to day care for this policy year .
Later in the year you have some blood tests and an X-ray as an out-patient . These cost EUR 300.	
You pay the remaining EUR 230 of your deductible , and we pay the rest. You will not have any more deductible to pay towards out-patient day to day care for this policy year .	
Example: Here’s how it works if you have a EUR 6,250 deductible for all other benefits:	
You have treatment in hospital for a broken leg which costs EUR 3,000	
You pay all the cost.	We don’t pay towards this as the total cost is less than the amount of your deductible
Your remaining deductible for this policy year is EUR 3,250	

Later in the year you are admitted to hospital for an operation which costs EUR 25,000	
You pay the rest of your deductible . This is EUR 3,250	We pay the rest.
You will not have any more deductible left to pay for this policy year .	

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

TABLE OF BENEFITS

ELITE HEALTH PLAN

BENEFIT AND EXPLANATION	LIMITS
ALL BENEFITS BELOW, EVEN THOSE PAID IN FULL WILL CONTRIBUTE TO THE OVERALL ANNUAL POLICY MAXIMUM LIMIT	
ALL BENEFITS BELOW, EVEN THOSE PAID IN FULL WILL CONTRIBUTE TO THE OVERALL ANNUAL POLICY MAXIMUM LIMIT	Overall annual policy maximum EUR 3,750,000, GBP 3,000,000, USD 5,100,000
MANDATORY PRE-AUTHORISATION There are some benefits for which you must receive pre-authorisation. This will be stated in the benefit explanation. Benefits may not be paid unless pre-authorisation has been provided.	
AREA OF COVER OPTIONS There are three area of cover options. The policyholder has chosen one of these. They are: ◦ Worldwide ◦ Worldwide, excluding the U.S. ◦ Europe Your geographical area for coverage is shown on your insurance certificate.	

BENEFIT AND EXPLANATION	LIMITS
DEDUCTIBLE OPTIONS Deductible options available on this Elite Health Plan are: ◦ a deductible which applies only to out-patient day to day care benefits, and ◦ a deductible which applies to all other benefits. If you select to have a deductible , you must choose one on both options. The out-patient day to day care deductible options are: No deductible OR EUR 330, GBP 250, USD 425 OR EUR 625, GBP 500, USD 850 OR EUR 1,250, GBP 1,000, USD 1,700 The deductible options for all benefits excluding out-patient day to day care are: No deductible OR EUR 2,500, GBP 2,000, USD 3,400 OR EUR 6,250, GBP 5,000, USD 8,500 OR EUR 9,400, GBP 7,500, USD 12,750 OR EUR 12,500, GBP 10,000, USD 22,550 Please refer to your insurance certificate to confirm which deductibles have been chosen.	
OUT-PATIENT DAY TO DAY CARE	
*PAID IN FULL UP TO THE ANNUAL MAXIMUM OF OUT-PATIENT DAY TO DAY CARE LIMIT	Up to 'overall annual policy maximum'
OUT-PATIENT SURGICAL OPERATIONS When carried out by a specialist or a doctor .	Paid in full*
PATHOLOGY, SCANS, X-RAY AND DIAGNOSTIC TESTS When recommended by your specialist or doctor to help diagnose or assess your condition: ◦ pathology such as blood test(s) ◦ radiology such as ultrasound or X-ray(s) ◦ diagnostic tests such as electrocardiograms (ECGs)	Paid in full*

BENEFIT AND EXPLANATION	LIMITS
SPECIALIST CONSULTATIONS AND DOCTOR'S FEES Consultations with your specialist or doctor, for example to: ◦ receive or arrange treatment ◦ follow up on treatment already received ◦ receive routine baby/childhood check-ups ◦ receive pre- and post-hospital consultations/treatment ◦ receive prescriptions for medicines, or ◦ diagnose your symptoms Any vaccinations/immunisations given along with the consultation are paid for from the vaccinations benefit. Such consultations may take place in the specialist's or doctor's office, by telephone or using the internet.	Paid in full* Up to 60 consultations each policy year
QUALIFIED NURSES Costs for nursing care, for example injections or wound dressings by a qualified nurse.	
MENTAL HEALTH Consultation fees with psychiatrists, psychologists and psychotherapists to: ◦ receive or arrange treatment ◦ receive pre- and post-hospital treatment, or ◦ diagnose your illness	
PHYSIOTHERAPISTS, OSTEOPATHS AND CHIROPRACTORS Consultations and treatment with physiotherapists, osteopaths, chiropractors for physical therapies aimed at restoring your normal physical function.	
OCCUPATIONAL THERAPIST AND ORTHOPTIST Consultations and treatment with occupational therapists and orthoptists. Note: Occupational therapy for developmental issues, including sensory deficits, is not covered.	
FOOTCARE Treatment by a podiatrist, orthopaedic specialist, or chiropodist. Treatment for corns, calluses or thickened misshapen nails will <u>only</u> be covered if you have diabetes.	
COMPLEMENTARY THERAPIES: ACUPUNCTURE AND REFLEXOLOGY Consultations and treatment with acupuncturists and reflexologists when the practitioners are appropriately qualified and registered to practice in the country where treatment is received. Note: treatments supplied or carried out on a separate date to a consultation will be considered as a separate consultation. We only pay for these complementary therapies and those below.	

BENEFIT AND EXPLANATION	LIMITS
COMPLEMENTARY MEDICINES: HOMEOPATHY, NATUROPATHY AND CHINESE MEDICINE Consultations and treatment with homeopaths, naturopaths and Chinese medicine practitioners when the practitioners are appropriately qualified and registered to practise in the country where treatment is received. Note: should any complementary medicines or treatments be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate consultation. We only pay for the complementary medicines and therapies above. Exclusions apply to some Chinese medicines as detailed in the General exclusions section.	Paid in full Up to 20 visits each policy year
PRESCRIBED MEDICINES AND DRESSINGS Medicines and dressings prescribed by your medical practitioner, needed to treat a disease, illness or injury.	Up to EUR 5,000, GBP 4,000 or USD 6,800 each policy year
DURABLE MEDICAL EQUIPMENT Durable medical equipment that: ◦ can be used more than once ◦ is not disposable ◦ is used to serve a medical purpose ◦ is not used in the absence of a disease, illness or injury and ◦ is fit for use in the home For example oxygen supplies or wheelchairs.	Paid in full
DIETETIC ADVICE We pay for consultations with a dietician, needed for dietary advice relating to a medical reason.	Up to 4 visits each policy year
THIS IS THE END OF THE OUT-PATIENT DAY TO DAY CARE BENEFITS SECTION.	
PREVENTIVE TREATMENT	
HEALTH SCREENING AND WELLNESS (AFTER A WAITING PERIOD OF 10 MONTHS) A health screen generally includes various routine tests performed to assess your state of health and could include tests to check cholesterol and blood sugar (glucose) levels, liver and kidney function tests, a blood pressure check, and a cardiac risk assessment. You may also have the specific screening tests for breast, cervical, prostate, colorectal and skin cancer or bone densitometry. The actual tests you have will depend on those supplied by the benefit provider where you have your screening.	Up to EUR 1,875, GBP 1,500 or USD 2,550 each policy year
VACCINATIONS The following are covered: ◦ vaccinations which are recommended as part of the national childhood immunisation programme in the country of residency ◦ human papilloma virus (HPV) vaccination to protect against cervical cancer ◦ influenza (seasonal flu) vaccination ◦ travel vaccinations ◦ anti-malarial medicines ◦ pneumococcal vaccinations	Up to EUR 1,250, GBP 1,000 or USD 1,700 each policy year

BENEFIT AND EXPLANATION	LIMITS
EYE TEST One eye test each policy year, which includes the cost of your consultation and sight/vision testing.	Paid in full 1 test each policy year
DENTAL TREATMENT AND HEARING AIDS/OPTICAL	
DENTAL TREATMENT	
PREVENTIVE DENTAL (AFTER A WAITING PERIOD OF 6 MONTHS) Once you have been covered on this health plan for 6 months: ◦ check-ups/exams ◦ X-rays/bitewing/single view/Orthopantomogram (OPG) ◦ scale and polish/tooth cleaning ◦ gum shield/mouth guard Treatment must be provided by a dental practitioner.	Paid in full 2 visits each policy year
ACCIDENT RELATED DENTAL TREATMENT We pay for accident related dental treatment that you receive from a dental practitioner for treatment during an emergency visit following accidental damage to any tooth. Until you have been covered on this health plan for 6 months we only pay any accident related dental treatment taking place up to 30 days after the accident. Treatment must be provided by a dental practitioner.	
ROUTINE DENTAL (AFTER A WAITING PERIOD OF 6 MONTHS) Once you have been covered on this health plan for 6 months: ◦ fillings ◦ root canal treatment ◦ x-ray ◦ tooth extraction ◦ anaesthesia Treatment must be provided by a dental practitioner.	Up to EUR 3,100, GBP 2,500 or USD 4,200 each policy year
MAJOR RESTORATIVE (AFTER A WAITING PERIOD OF 6 MONTHS) Once you have been covered on this health plan for 6 months: ◦ bridges ◦ crowns ◦ dental implants ◦ dentures Treatment must be provided by a dental practitioner.	

BENEFIT AND EXPLANATION	LIMITS
ORTHODONTICS (AFTER A WAITING PERIOD OF 12 MONTHS) Once you have been covered on this health plan for 12 months, orthodontic treatment up to the age of 19: ◦ consultations and monthly check-ups ◦ removal of deciduous/baby teeth/milk teeth/primary teeth ◦ treatment planning ◦ models/gum impressions ◦ extractions ◦ anaesthesia ◦ X-rays including single/bitewing/periapical (root X-ray)/full-mouth X-rays/Orthopantomogram (OPG) and Cephalometric (CEPH) ◦ digital photography, and ◦ metal braces/retainers Treatment must be provided by a dental practitioner.	Please see previous page for shared limit.
HEARING AIDS/OPTICAL	
HEARING AIDS	
Costs for prescribed hearing aids.	
SPECTACLE FRAMES AND LENSES AND CONTACT LENSES	
Spectacle and contact lenses which are prescribed to correct a sight/vision problem such as short or long sight.	
IN-PATIENT CARE: FOR ALL IN-PATIENT AND DAY-PATIENT TREATMENT COSTS	
HOSPITAL ACCOMMODATION, ROOM AND BOARD	
When: ◦ there is a medical need to stay in hospital ◦ the treatment is given or managed by a specialist, and ◦ the length of your stay is medically appropriate We will not pay the extra costs of a deluxe, executive or VIP suite. If the cost of treatment is linked to the type of room, we pay the cost of treatment at the rate which would be charged if you occupied a room type appropriate for your level of cover. For in-patient stays of 5 nights or more, you or your specialist must send us a medical report before the fifth night, confirming your diagnosis, treatment already given, treatment planned and discharge date. We will also pay up to EUR 13 / GBP 10 / USD 17 each day for personal expenses such as newspapers, television rental and guest meals when you have had to stay overnight in hospital.	Paid in full Standard private room
PARENT ACCOMMODATION IN HOSPITAL	
Room and board costs for a parent staying in hospital with their child when the costs are for one parent only, you are staying with a child up to 18 years old and the child is insured and receiving treatment that is covered.	Paid in full
OPERATING ROOM, MEDICINES AND SURGICAL DRESSINGS	
Costs of the: ◦ operating room ◦ recovery room ◦ medicines and dressings used in the operating or recovery room ◦ medicines and dressings used during your hospital stay	Paid in full

BENEFIT AND EXPLANATION	LIMITS
INTENSIVE CARE Costs for treatment in an intensive care unit when it is medically necessary or an essential part of treatment .	Paid in full
SURGERY, INCLUDING SURGEONS' AND ANAESTHETISTS' FEES Surgery, including surgeons' and anaesthetists' fees, as well as treatment needed immediately before and after the surgery on the same day.	Paid in full
SPECIALISTS CONSULTATION FEES When you require medical treatment during your stay in hospital .	Paid in full
PATHOLOGY, RADIOLOGY AND DIAGNOSTIC TESTS: ◦ pathology such as blood test(s) ◦ radiology such as ultrasound or X-ray(s) ◦ diagnostic tests such as electrocardiograms (ECGs) when recommended by your specialist to help diagnose or assess your condition when you are in hospital .	Paid in full
MENTAL HEALTH Mental Health treatment , where it is medically necessary for you to be treated as a day-patient or in-patient to include room, board and all treatment costs related to the mental health condition. Any Mental Health treatment overnight in hospital and as a day-patient for 5 days or more will need pre-authorisation. Benefit will not be paid unless pre-authorisation has been provided.	Paid in full
PHYSIOTHERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS AND DIETICIANS Treatment provided by therapists (such as occupational therapists), physiotherapy and dietician or speech therapy if it is needed as part of your treatment in hospital , meaning this is not the sole reason for your hospital stay.	Paid in full
OBESITY SURGERY (AFTER A WAITING PERIOD OF 24 MONTHS) We may pay, depending on Bupa Global's medical policy criteria, for bariatric surgery if you : ◦ have a body mass index (BMI) of 40 or over and have been diagnosed as being morbidly obese ◦ can provide documented evidence of other methods of weight loss which have been tried over the past 24 months and ◦ have been through a psychological assessment which has confirmed that it is appropriate for you to undergo the procedure The bariatric surgery technique needs to be evaluated by our medical teams and is depending on Bupa Global's medical policy criteria. In some cases, you may qualify for weight-loss surgery if your BMI is between 35 and 40 and you have a serious weight-related health problem, such as type 2 diabetes. The decision for Bupa Global to cover this will be entirely made by our medical teams. Please contact us for pre-authorisation before proceeding with treatment . Benefit may not be paid unless pre-authorisation has been provided.	Paid in full

BENEFIT AND EXPLANATION	LIMITS
PROPHYLACTIC SURGERY We may pay depending on Bupa Global's medical policy criteria, for example, a mastectomy when there is a significant family history and/or you have a positive result from genetic testing. Please contact us for pre-authorisation before proceeding with treatment . Benefit may not be paid unless pre-authorisation has been provided.	Paid in full
PROSTHETIC DEVICES The initial prosthetic device needed as part of your treatment . By this we mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is needed at the time of your surgical procedure. We do not pay for any regular maintenance or replacement prosthetic devices for adults including any replacement devices or regular maintenance needed for a pre-existing condition . We will pay for the initial and up to two replacements per device for children under the age of 18.	Paid in full
PROSTHETIC IMPLANTS AND APPLIANCES Covered prosthetic implants and appliances shown in the following lists. Prosthetic implants: ◦ to replace a joint or ligament ◦ to replace a heart valve ◦ to replace an aorta or an arterial blood vessel ◦ to replace a sphincter muscle ◦ to replace the lens or cornea of the eye ◦ to control urinary incontinence or bladder control ◦ to act as a heart pacemaker (internal cardiac defibrillator may be available depending on Bupa Global's medical policy criteria. Please contact us for pre-authorisation) ◦ to remove excess fluid from the brain ◦ cochlear implant – provided the initial implant was provided when you were under the age of five, we will pay ongoing maintenance and replacements ◦ to restore vocal function following surgery for cancer Appliances: ◦ a knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament ◦ a spinal support which is an essential part of a surgical operation to the spine ◦ an external fixator such as for an open fracture or following surgery to the head or neck	Paid in full
RECONSTRUCTIVE SURGERY Treatment to restore your appearance after an illness, injury or surgery. We may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during your current continuous cover. Please contact us for pre-authorisation before proceeding with treatment . Benefit may not be paid unless pre-authorisation has been provided.	Paid in full
ACCIDENT RELATED DENTAL TREATMENT We pay for dental treatment that is needed in hospital after a serious accident.	Paid in full

BENEFIT AND EXPLANATION	LIMITS
HOSPICE AND REHABILITATION	
HOME NURSING Following treatment in hospital which is covered under this health plan, when it: ◦ is prescribed by your specialist ◦ starts immediately after you leave hospital ◦ reduces the length of your stay in hospital ◦ is provided by a qualified nurse in your home and ◦ is needed to provide medical care, not personal assistance Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.	Paid in full Up to 30 days each policy year
HOSPICE AND PALLIATIVE CARE Hospice and palliative care services if you have received a terminal diagnosis and can no longer have treatment which will lead to your recovery: ◦ hospital or hospice accommodation ◦ nursing care ◦ prescribed medicines ◦ physical, psychological, social and spiritual care	Up to EUR 31,000, GBP 25,000 or USD 42,000 per lifetime
REHABILITATION (MULTIDISCIPLINARY REHABILITATION) We pay for rehabilitation, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. We do not pay for room and board for rehabilitation when the treatment being given is solely physiotherapy. We pay for rehabilitation; only when you have received our pre-authorisation before the treatment starts, for up to 60 days treatment per policy year. For treatment in hospital one day is each overnight stay and for day-patient and out-patient treatment, one day is counted as any day on which you have one or more appointments for rehabilitation treatment. We only pay for multidisciplinary rehabilitation where it: ◦ starts within 6 weeks after the end of your treatment in hospital for a condition which is covered by your health plan (such as trauma or stroke), and ◦ arises as a result of the condition which needed the hospitalisation or is needed as a result of such treatment given for that condition Note: in order to give pre-authorisation, we must receive full clinical details from your specialist; including your diagnosis, treatment given and planned and proposed discharge date if you stayed in hospital to receive rehabilitation. Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.	Paid in full Up to 60 days each policy year
IN-PATIENT AND/OR OUT-PATIENT CARE	
ADVANCED IMAGING Such as: ◦ magnetic resonance imaging (MRI) ◦ computed tomography (CT) ◦ positron emission tomography (PET) when recommended by your specialist to help diagnose or assess your condition.	Paid in full

BENEFIT AND EXPLANATION	LIMITS
CANCER TREATMENT If you are diagnosed with cancer, we will pay for costs related specifically to planning and carrying out treatment for the cancer. This Includes: ◦ surgery (including any prostheses needed) ◦ specialists' fees ◦ diagnostic tests ◦ consultations with a specialist ◦ chemotherapy ◦ radiotherapy ◦ treatment you need to relieve the side effects of cancer treatment ◦ examples include antibiotics, anti-sickness drugs, pain relief, blood transfusions, cold cap treatment needed as a result of cancer treatment. ◦ bone marrow and peripheral blood stem cell transplants (see the 'transplant services' benefit for details of what we cover) ◦ one wig ◦ consultations and diagnostic tests to monitor your condition after your cancer treatment has finished and you are still under the care of your cancer specialist We will also pay for you to have a chemotherapy at home where this is possible. Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided. Treatment for cancer using ATMPs will be covered separately from the ATMP benefit.	Paid in full
ADVANCED THERAPY MEDICINAL PRODUCTS (ATMPs) We pay for ATMP treatment if it is: ◦ administered by a specialist in the country where you receive it, and; ◦ approved by the licensing authority in the country where you receive it, for your condition, stage of disease and stage of treatment that you have, and; ◦ endorsed by an independent specialist appointed by Bupa Global who confirms it: ◦ as medically appropriate, based on established medical practice, or ◦ is provided under a registered and ethically approved study (in this case we will not apply the 'experimental or unproven treatment' exclusion). Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.	Paid in full, one course of treatment for each condition per lifetime

BENEFIT AND EXPLANATION	LIMITS
TRANSPLANT SERVICES All medical expenses, including consultations with a doctor or specialist and medical treatments whether staying in hospital overnight, as a day-patient or an out-patient for the following transplants, if the organ has come from a relative or a certified and verified source of donation: ◦ cornea ◦ small bowel ◦ kidney ◦ kidney/pancreas ◦ liver ◦ heart ◦ lung, or ◦ heart/lung transplant Costs for anti-rejection medicines and medical expenses for bone marrow transplants and peripheral stem cell transplants, with or without high dose chemotherapy when treating cancer, are covered under the cancer treatment benefit. Donor expenses, for each condition needing a transplant whether the donor is insured or not, including: ◦ the harvesting of the organ, whether from a live or deceased donor ◦ all tissue matching fees ◦ hospital/operation costs of the donor, and ◦ any donor complications, but to a maximum of 30 days post-operatively only. Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.	Each condition up to EUR 750,000, GBP 600,000 or USD 1,020,000
KIDNEY DIALYSIS Provided as an in-patient, day-patient or as an out-patient.	Paid in full
TREATMENT FOR OR RELATED TO GENDER DYSPHORIA This benefit is paid instead of any other benefit for all hormonal and surgical treatment for or related to gender dysphoria. Any mental health treatment for or related to gender dysphoria is paid from the mental health benefit to the limits that apply to the mental health benefit. Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided. Please refer to the 'Your Exclusions' section.	Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people EUR 76,250 GBP 61,000 USD 104,000 per membership year Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people EUR 76,250 GBP 61,000 USD 104,000 per membership year

BENEFIT AND EXPLANATION	LIMITS
ASSISTED FERTILITY TREATMENT (AFTER A WAITING PERIOD OF 18 MONTHS) We pay towards the cost of: ◦ diagnostic tests to look into fertility issues Assisted fertility treatment to help you conceive, for example: ◦ IVF (in-vitro fertilisation) ◦ artificial insemination (AI) ◦ for intracytoplasmic sperm injections (ICSI) This includes drugs, diagnostic tests, consultations, and surgery which your specialist prescribes. So that we can check that the policy covers you, you must contact us for pre-authorisation for fertility tests and treatment. We do not pay towards the cost of: ◦ tests or treatment for surrogates or donors ◦ tests or treatment for your partner if they are not covered on this policy ◦ tests or treatment for anyone aged 17 or under ◦ the harvesting, storage or freezing of eggs, sperm, or embryos. However, we will pay: ◦ if you have this because you need treatment for another condition, for example cancer ◦ for harvesting when part of your assisted fertility treatment ◦ the travel costs for the transport of eggs, sperm, or embryos from one place to another. For example, the transport of an egg or embryo which was fertilised in one place and implanted in another ◦ treatment you need after you have chosen to be sterilised.	Up to EUR 7,500, GBP 6,000 or USD 10,200 each policy year
MATERNITY/CHILDBIRTH (AFTER A WAITING PERIOD OF 18 MONTHS):	
Pregnancy and childbirth after the mother has been covered on this health plan for 18 months including pregnancy and childbirth complications. Treatment for conditions such as hydatiform mole and ectopic pregnancy and other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered from the maternity/childbirth benefit but will be covered under your other benefits, for example, out-patient day to day care or in-patient care. Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.	
NORMAL DELIVERY/BIRTHING CENTRE/HOME DELIVERY (AFTER A WAITING PERIOD OF 18 MONTHS): Maternity treatment and childbirth, including: ◦ hospital charges, obstetricians and midwives fees for normal childbirth ◦ post-natal care needed by the mother immediately following normal childbirth, such as stitches ◦ up to 7 days' routine care for the baby	Up to EUR 12,500, GBP 10,000 or USD 17,000 each policy year
CAESAREAN SECTION (AFTER A WAITING PERIOD OF 18 MONTHS): Hospital, obstetricians' and other medical fees for the cost of the delivery of your baby by Caesarean section, when it is medically essential for a Caesarean section for example as a result of non-progression during labour (for example dystocia, foetal distress, haemorrhage). Note: if we are unable to determine that your Caesarean section was medically essential, it will be paid from your normal delivery benefit limit.	Up to EUR 12,500, GBP 10,000 or USD 17,000 each policy year

BENEFIT AND EXPLANATION	LIMITS
PRE- AND POST-NATAL TREATMENT (AFTER A WAITING PERIOD OF 18 MONTHS): Maternity care and treatment before and after the birth.	Up to EUR 6,250, GBP 5,000 or USD 8,500 each policy year
COMPLICATIONS OF MATERNITY AND CHILDBIRTH (AFTER A WAITING PERIOD OF 18 MONTHS): Treatment which is medically necessary as a direct result of pregnancy and childbirth complications. By complications we 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. This benefit depends on Bupa Global's medical policy criteria. Please contact us for pre-authorisation where possible. If you require an emergency admission as a direct result of pregnancy and childbirth complications, please contact us within 48 hours of your admission.	Paid in full
NEWBORN CARE If your newborn is added to the policy, all eligible treatment (including routine preventive care, check-ups and immunisations) needed for a newborn during the first 90 days' following birth shall be covered by this newborn care benefit. The newborn care benefit is paid instead of any other benefit. Newborn children must have their own membership and must be registered on a Bupa Global plan before this benefit can be claimed.	Up to EUR 30,000, GBP 25,000 or USD 31,250 maximum benefit for all treatment received during the first 90 days following birth each policy year

BENEFIT AND EXPLANATION	LIMITS
TRANSPORTATION/TRAVEL Evacuation covers you for reasonable transport costs to the nearest appropriate place of treatment, when the treatment you need is not available nearby. Repatriation 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 you need is not available nearby. For all medical transfers, either evacuation or repatriation: ◦ you must contact us for pre-authorisation before you travel ◦ the treatment must be recommended by your specialist or doctor ◦ the treatment is not available locally ◦ the treatment must be covered under your health plan ◦ we must agree the arrangements with you, and ◦ benefit is applicable for hospital treatment, either overnight or as a day-patient Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided. Evacuation may also be authorised if you need advanced imaging or cancer treatment such as radiotherapy or chemotherapy. We will only pay if all arrangements are agreed and approved in advance by Bupa Global. Should you arrange transportation covered under the health plan yourself we shall only compensate your expenses to the equivalent cost if we had arranged your transportation. Note: ◦ we do not pay for extra nights in hospital when you are no longer receiving active treatment which requires you to be hospitalised, for example when you are awaiting your return flight. ◦ 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 is against the advice of the Bupa Global medical team. ◦ we will not arrange evacuation or repatriation in cases where the local situation, including geography, makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. Such intervention depends upon local and/or international resource availability and must remain within the scope of national and international law and regulations. Interventions may depend on the attainment of necessary authorisations issued by the various authorities concerned, which may be outside of the reasonable control or influence of Bupa Global or our service partners. ◦ 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.	
EVACUATION Transport costs for an evacuation: ◦ to the nearest appropriate place where the necessary treatment is available. (This could be to another part of the country that you are in or to another country), and ◦ for the return journey to the place you were transferred from When this is authorised in advance by us. The costs we pay for the return journey will be either: ◦ the reasonable cost of the return journey by land or sea, or ◦ the cost of an economy class air ticket whichever is the lesser amount We do not pay any other costs related to the evacuation such as travel costs or hotel accommodation. In some cases, it may be more appropriate for you to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, we will pay for taxi fares.	Paid in full

BENEFIT AND EXPLANATION	LIMITS
REPATRIATION Transport costs for a repatriation: - to your specified country of nationality as given on your application form, or your specified country of residence, and - the return journey to the place you were transferred from when: - this is authorised in advance by Bupa Global The costs we pay for the return journey will be either: - the reasonable cost of the return journey by land or sea, or - the cost of an economy class air ticket whichever is the lesser amount We do not pay any other costs related to the repatriation such as travel costs or hotel accommodation. In some cases, it may be more appropriate for you to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, we will pay for taxi fares. In some cases you may request a medical repatriation when contacting Bupa Global for authorisation, but this may not be medically appropriate. In these cases, we will first evacuate you to the nearest appropriate place where treatment is available. Once you have been stabilised, we may then repatriate you to your specified country of nationality or your specified country of residence.	Paid in full
TRAVEL COST FOR AN ACCOMPANYING PERSON Reasonable travel costs for a close relative (spouse/partner, parent, child, brother or sister) to accompany you if there is a reasonable need for you to be accompanied. By 'reasonable need' we mean that you need someone to accompany you for one of the following reasons: you need assistance to board or disembark from transport you need to be transferred over a long distance (over at least 1000 miles or 1600 KM) - there is no medical escort - in the case of serious acute illness The accompanying person may travel in a different class from the person receiving treatment depending on medical requirements. Reasonable travel costs for the return journey to the place you were transferred from when this is authorised in advance by Bupa Global. The costs we pay for the return journey will be either: - the reasonable cost of the return journey by land or sea, or - the cost of an economy air ticket whichever is the lesser amount We do not pay for someone to travel with you when the evacuation is for you to receive out-patient treatment.	Paid in full
TRAVEL COST FOR THE TRANSFER OF CHILDREN Reasonable travel costs for children to be transferred with you in the event of an evacuation or repatriation, provided they are under the age of 18 when: - it is medically necessary for you as their parent or guardian to be evacuated or repatriated your spouse, partner, or other joint guardian is accompanying you, and - they would otherwise be left without a parent or guardian	Paid in full

BENEFIT AND EXPLANATION	LIMITS
COMPASSIONATE VISIT TRANSPORT COSTS AND COMPASSIONATE VISIT LIVING ALLOWANCE The cost of economy class travel costs for a close relative (spouse/partner, parent, child, brother or sister) who is in another country to visit when you have a sudden accident or illness and are going to be hospitalised for at least five days or you have received a short-term terminal prognosis. This includes economy class costs of your relative's return journey to their home country. This benefit is only paid when authorised in advance by Bupa Global. For: - a maximum of five trips per lifetime - only when authorised in advance by Bupa Global Costs towards living expenses for your relative: - following a covered compassionate visit only, and - for up to 10 days while away from their usual specified country of residence This benefit is not paid when either an evacuation or repatriation has taken place. In the event of an evacuation or repatriation taking place during a compassionate visit, no more benefits as described in benefit section 'Travel cost for an accompanying person', 'Travel cost for the transfer of children' or 'Living allowance' will be payable.	Visit and return: 5 trips per lifetime EUR 1,875, GBP 1,500 or USD 2,550 per trip Visit living allowance: EUR 125, GBP 100 or USD 170 Up to 10 days each policy year
LIVING ALLOWANCE Costs towards living expenses for a relative (spouse/partner, parent, child, brother or sister) who is authorised to travel with you: - following an evacuation, and - for up to 10 days, or your date of discharge whichever is the earlier, while away from their usual specified country of residence We do not pay for someone to travel with you when evacuation is for out-patient treatment only.	10 days each policy year up to EUR 125, GBP 100 or USD 170 per day
LOCAL AIR AMBULANCE: - from the location of an accident to a hospital, or - for a transfer from one hospital to another When a local air ambulance is: medically necessary - used for short distances of up to 100 miles/160 KM, and - related to treatment that is covered that you need to receive in hospital 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. We do not pay for mountain rescue.	Paid in full
LOCAL ROAD AMBULANCE: - from the location of an accident to a hospital - for a transfer from one hospital to another, or - from your home to the hospital When a local road ambulance is: medically necessary, and - related to treatment that is covered that you need to receive in hospital	

BENEFIT AND EXPLANATION	LIMITS
REPATRIATION OF MORTAL REMAINS Reasonable costs for the transportation of your body or cremated mortal remains to your home country or to your specified country of residence: ◦ in the event of your death while you are away from home, and ◦ depending on airline requirements and restrictions We will only pay statutory arrangements, such as cremation and an urn or embalming and a zinc coffin, if this is needed by the airline authorities to carry out the transportation. We do not pay for any other costs related to the burial or cremation, the cost of burial caskets or the transport costs for someone to collect or accompany your mortal remains.	Paid in full

YOUR EXCLUSIONS

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

Do you have cover for pre-existing conditions?

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

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

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

General exclusions

The exclusions in this section apply as well as and alongside any personal exclusions and restrictions explained above.

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

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

Our global **health plans** are non-U.S. insurance products and accordingly are not designed to meet the requirements of the U.S. Patient Protection and Affordable Care Act (the Affordable Care Act). **Our** plans may not qualify as minimum essential coverage or meet the requirements of the individual mandate for the purposes of the Affordable Care Act, and **we** are unable to provide tax reporting on behalf of those U.S. taxpayers and other persons who may be named on it. The provisions of the Affordable Care Act are complex and whether or not **you** or **your dependants** are affected by its requirements will depend on a number of factors. **You** should consult an independent professional financial or tax advisor for advice. For customers whose coverage is provided under a group **health plan**, **you** should speak to **your health plan** administrator for more information.

Please note that, should **you** choose to have **treatment** or services with a **benefit provider** who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. Other rules may apply in respect of **covered benefits** received from an 'out-of-network' **benefit provider** in certain specific countries. This applies whether **we** pay the **benefit provider** directly, or **you** pay the costs and claim this back from **us**.

GENERAL EXCLUSIONS	
Administration / registration fees	Administration and/or registration fees (unless we , at our reasonable discretion, agree that such fees are proper and usual accepted practice in the relevant country).
Advance payments / deposits	Advance payments and/or deposits towards the costs of any covered benefits .
Antenatal classes	We will not pay for antenatal classes from your maternity benefits or any other benefits.

Artificial life maintenance	We will not pay for artificial life maintenance for more than 90 days - including mechanical ventilation, where such treatment will not or is not expected to result in your recovery or restore you to your previous state of health. Example: We will not pay for artificial life maintenance when you are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 days.
Birth control	Contraception, sterilisation, vasectomy, termination of pregnancy (unless there is a threat to the mother's health), family planning, such as meeting your doctor to discuss becoming pregnant or contraception. We will not pay for a pregnancy or HCG test if this is carried out solely to determine if you are pregnant or not.
Chinese medicine	Any of the following traditional Chinese medicines: cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American Ginseng; Radix Ginseng Silvestris; antelope horn powder; placenta hominis; Agaricus blazei murill; musk; and pearl powder, rhinoceros horn and substances from Asian Elephant, Sun Bear, and Tiger or other endangered species.
Conflict and disaster	We shall not be liable for any claims which concern, are due to or are incurred as a result of treatment for sickness or injuries directly or indirectly caused by you putting yourself in danger by entering a known area of conflict (as listed below) and/or if you were an active participant or you have displayed a blatant disregard for your personal safety in a known area of conflict: ◦ nuclear or chemical contamination ◦ war, invasion, acts of a foreign enemy ◦ civil war, rebellion, revolution, insurrection ◦ terrorist acts ◦ military or usurped power ◦ martial law ◦ civil commotion, riots, or the acts of any lawfully constituted authority ◦ hostilities, army, naval or air services operations whether war has been declared or not
Convalescence and admission for treatment that could take place as a day-case or out-patient , general care, or staying in hospital for	◦ convalescence, pain management, supervision, or ◦ receiving only general nursing care, or ◦ therapist or complementary therapist services, or ◦ domestic/living assistance such as bathing and dressing
Cosmetic treatment	Non-medically essential surgery and treatment to alter your appearance including abdominoplasty or treatment related to or arising from the removal or addition of non-diseased or surplus or fat tissue is not covered. We do not pay for treatment of keloid scars. We also do not pay for scar revision, even if the scar is causing a functional problem.
Developmental problems	Treatment for, or related to developmental problems, including: ◦ learning difficulties, such as dyslexia ◦ developmental problems treated in an educational environment or to support educational development

Experimental or unproven treatment	Clinical tests, treatments, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy. ◦ We do not pay for any test, treatment, 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. ◦ We do not pay for any tests, treatment, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by Bupa Global in line with its criteria for standard clinical use. Standard clinical use includes: ◦ treatment 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 UK Cancer Drugs Fund), Royal Colleges or equivalent national specialist bodies in the country of treatment; ◦ 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 treatment is safe and effective; ◦ where the treatment has received full regulatory approval by the licensing authority (e.g. US Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency) in the location where the member has requested treatment, 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 ◦ tests, treatments, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which treatment is requested. Notes: ◦ 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, treatment, equipment, medicine, device or procedure should be used in standard clinical use. ◦ Where licensing authority approval to market tests, treatment, 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.
Eyesight	Treatment equipment or surgery to correct eyesight, such as laser treatment , refractive keratotomy (RK) and photorefractive keratotomy (PRK).
Genetic testing	Genetic tests, when such tests are performed to determine whether or not you may be genetically likely to develop a medical condition. Example: We do not pay for tests used to determine whether you may develop Alzheimer's disease, when that disease is not present.
Harmful or hazardous use of alcohol, drugs and/or medicines	◦ directly or indirectly, from the deliberate, reckless (including where you have displayed a blatant disregard for your 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 ◦ in any event, from the illegal use of any such substance

Health hydros, nature cure clinics or any establishment that is not a hospital	Treatment or services received in a health hydro, nature cure clinic, spa, or any similar establishment that is not a hospital .
Illegal activity	We will not pay for treatment which arises, directly or indirectly, as result of your deliberate or reckless participation (whether actual or attempted) in any illegal act, including road traffic offenses.
Mechanical or animal donor organs	Mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function while awaiting transplant, purchase of a donor organ from any source or harvesting or storage of stem cells when a preventive measure against possible future disease.
Obesity and weight management	Treatment for or as a result of obesity and weight management such as: ◦ slimming aids or drugs, or ◦ slimming classes Note: We may cover costs associated with obesity surgery as detailed in the 'Table of benefits', depending on Bupa Global's medical policy criteria.
Persistent vegetative state (PVS) and neurological damage	We will not pay for treatment while staying in hospital for more than 90 continuous days for permanent neurological damage or if you are in a persistent vegetative state .
Professional sports activities	Treatments and services arising as a result of professional sports activities , including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any other professional sports activities .
Sexual problems	Sexual problems, such as impotence, whatever the cause.
Sleep disorders	Treatment , including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.
Stem cells	Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage. Note: We pay for bone marrow transplants and peripheral stem cell transplants when carried out as part of the treatment for cancer. This is covered under the cancer treatment benefit.
Surrogacy	Treatment directly related to surrogacy. This applies to you if you act as a surrogate, or to anyone else acting as a surrogate for you .
Temporomandibular joint (TMJ) disorders	Disorders of the Temporomandibular joint (TMJ) and related complications.
Treatment for or related to gender dysphoria	We do not pay for: ◦ any surgical treatment (including cosmetic treatment) for or related to gender dysphoria unless: ◦ you have lived continuously for at least 12 months in the gender role that is congruent with your gender identity; and ◦ we have received referral letters from two independent psychologists and/or psychiatrists detailing your personal and treatment history, progress and eligibility and confirming that such treatment is medically necessary for treating gender dysphoria; and, in any event ◦ any treatment (surgical or non-surgical) for or related to gender dysphoria where such treatment is unlawful and/or gender dysphoria is not a clinically recognised condition in the country of treatment.

Treatment outside of area of cover	If you have bought cover for Europe, then we will not pay for treatment or services received outside of Europe. If you have bought cover for Worldwide, excluding the U.S., then any treatment or services, received in the U.S. are not covered when: ◦ this takes place after the 28th day of your visit to the U.S.; or ◦ this relates to any condition where symptoms of the condition were apparent to you before your visit to the U.S.; or ◦ we know or have reasonable grounds to conclude that you travelled to the U.S. for the purpose of receiving treatment or services - this applies whether or not your treatment or services were the main or sole purpose of your visit; or ◦ these relate to the delivery of a baby, other than in the case of unexpected premature delivery; or ◦ these relate to a newborn baby born in the U.S., other than in the case of an unexpected premature delivery. (In the case of unexpected premature delivery the newborn must have been validly added to the membership) or ◦ when arrangements for treatment or services were not pre-authorised by our agents in the U.S. Note: in order to claim for unexpected treatment or services received within 28 days of your arrival in the U.S., you must send a photocopy of your airline ticket and stamped passport as evidence of your arrival date with your claim. Please see terms around adding newborn babies in the 'WANT TO ADD MORE PEOPLE TO YOUR HEALTH PLAN?' section of this membership guide.
Unrecognised medical practitioner, hospital or healthcare facility	◦ Treatment provided by a medical practitioner, hospital or healthcare facility which are not recognised by the relevant authorities in the country where the treatment takes place as having specialist knowledge, or expertise in, the treatment of the disease, illness or injury being treated. ◦ Self treatment or treatment provided by anyone with the same residence, family members (persons of a family, related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ◦ Treatment provided by a medical practitioner, hospital or healthcare facility which are to whom we have sent a written notice that we no longer recognise them for the purposes of our health plans. You can contact us by telephone for details of benefit providers we have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder.

TERMS AND CONDITIONS

No	CLAUSE
1.	Your policy
1.1	The definitions set out in the "Glossary" in the Guide to your Bupa Global Health Plan apply to these Terms and Conditions and are marked in bold.
1.2	This policy is an insurance contract between you the policyholder and Bupa Global for each policy year . If the policy is renewed a new insurance contract is formed on the same terms as the previous policy year but with a new premium and any amendments we have notified you the policyholder of at the time of renewal .
1.3	No other persons, including any dependants , may enforce any legal rights under this insurance contract. Dependants may use our complaints process set out in clause 15 below.
1.4	This insurance contract is set out in: ◦ these Terms and Conditions; ◦ the Guide to your Bupa Global health plan; ◦ the information and declarations in your application form; and ◦ the insurance certificate.
1.5	If you the policyholder add dependants to this policy , those dependants will be covered by this policy from the date shown on the updated insurance certificate sent to you the policyholder .
2.	Your cover
2.1	We will pay for the cost of any covered benefits in accordance with the terms of this policy .
2.2	Your health plan may include a mandatory annual deductible , which will be shown in the Guide to your Bupa Global health plan . You may also have an optional annual deductible , if available and selected by you the policyholder in your application form. Your deductibles will be shown on your insurance certificate and your insurance card. All annual deductibles apply to you the policyholder and each of the dependants separately. You the policyholder and each dependant may have different annual deductible amounts. You will have a new annual deductible if this policy renews. If an annual deductible applies, you must pay the cost of any covered benefits received directly to the provider until you have reached the level of your annual deductible . Costs in excess of the maximums shown in the Guide to your Bupa Global health plan will not count towards your annual deductible . The cost of any covered benefits you receive which are covered by your annual deductible (excluding costs in excess of the maximums shown in the Guide to your Bupa Global health plan), count towards the maximum cover limits shown in the Guide to your Bupa Global health plan . Even if the amount you are claiming is less than the amount of your annual deductible , you should still submit a claim to us so we know when you have reached the level of your annual deductible . As this is an annual deductible , if your first claim is towards the end of the policy year and your covered benefits continue over your renewal date, the annual deductible is payable separately for the covered benefits received in each policy year .
2.3	Your health plan may include a mandatory co-insurance , which will be shown in the Guide to your Bupa Global health plan . You may also have an optional co-insurance , if available and selected by you the policyholder in your application form. Your co-insurance will be shown on your insurance certificate and your insurance card. You must pay for the co-insurance proportion of the cost of any covered benefits to which the co-insurance applies directly to the benefit provider .

No	CLAUSE
2.4	Should we have to, for any reason, pay a benefit provider an amount which is covered by any annual deductible or co-insurance we will then collect payment from you for that amount. You authorise us to take this payment from you under the direct debit agreement or credit card authority you have given to us in your application form or as updated. If this policy has an annual deductible or co-insurance you must make sure that we always have a valid direct debit agreement or credit card authority that allows us to take payment of any annual deductible or coinsurance we have paid. You must update the direct debit agreement or credit card authority you have given to us when necessary or when requested by us . Otherwise it may cause delays in our paying claims. We will not pay claims until we have received any outstanding annual deductible or co-insurance payments.
2.5	You must obtain pre-authorisation for any covered benefits where it is stated that this is needed in the Guide to your Bupa Global health plan . Details of how to pre-authorise covered benefits are available in the Guide to your Bupa Global health plan .
2.6	Before we pre-authorise any covered benefits or pay any claim, we are entitled to request more information, such as medical reports, and 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 time 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.
2.7	If we make a payment to you for a benefit you are not covered for, it does not mean that we will pay identical or similar costs in the future. Any payment that we may make on this basis will still count towards the overall annual maximum limit that applies to this policy .
3.	Premium and Payment
3.1	You should pay your premiums direct to Bupa Global . If you pay your premiums to anyone else, such as an intermediary, we are not responsible for ensuring those persons pass the premium on to us . Premiums are collected by Bupa Insurance Services Limited who act as our intermediary for the purpose of receiving and holding premiums, making claims and refunds. Your premiums are protected by an agreement between us and Bupa Insurance Services Limited. The amount and method of payment is shown in your insurance certificate.
3.2	If we do not receive your premium (or any instalment) or any other payment you owe us under this policy by the due date, we will write to you the policyholder requesting payment by a specific date, which will be not less than 30 days after the date we issue our letter or email to you . If we do not receive payment by that date, this policy will be cancelled and all rights under this policy will cease from the original date on which your premium (or the first missed instalment) or other payment should have been received. We will not pay any claims until all overdue payments have been paid, unless the reason for non-payment is an error outside of your control, such as a bank error.
3.3	If we incorrectly make any payment to either a benefit provider for treatment or benefits received by you but not covered by this policy , or to you , we may deduct the amount we incorrectly paid from your future claims or seek repayment from you .
4.	Where another person has caused your condition or you hold other insurance cover
4.1	If any person is to blame for any injury, disease, illness, condition or other event where 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 policy . 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.

No	CLAUSE
4.2	If you have other insurance which also covers your covered benefits you must let us know and provide details of the other insurance company, including on pre-authorisation and when making a claim. We will only pay for our share of the cost of any covered benefits.
5.	Making a claim
5.1	We aim to pay the benefit provider directly for any covered benefits covered by this policy whenever possible. Otherwise you must pay the benefit provider and then send a completed claim form to us, with copies of all valid invoices, relevant letters and other documents relating to the covered benefits you are claiming for. Where requested, original invoices must be provided to us. We are not obliged to pay for any covered benefits if the claim form is received by us more than 2 years after the covered benefits were provided to you, unless there is a good reason why it was not possible for you to make the claim earlier. We cannot return any original documents, but we can send you copies if you request.
5.2	Where you have paid the benefit provider and you have made a valid claim, we will pay you the policyholder. We may pay a dependant only where the dependant received the covered benefits, they are over 16 and we have their current bank details. We only pay by electronic transfer direct to your bank account or by cheque payable to you. We pay the administration costs for making electronic transfers. If your local bank charges you an administration fee, we will refund you on receipt of proof you have paid such fees. All other bank charges or fees, such as currency exchange, are your responsibility, unless you are charged because we made a mistake.
5.3	We will reimburse you in the currency: ◦ in which we receive the premium ◦ of the invoices you send us, or ◦ of your bank account. Sometimes banking rules may not let us pay you in the currency you would like. So, we will pay you in the currency we receive the premium in. Very rarely, paying in a certain currency may be illegal or expose us (or the Bupa Group) to United Nations sanctions. If so: ◦ we may not be able to pay you immediately, or ◦ will pay you in a currency which we are allowed to and able to. We use the rate that is in place in the UK on the invoice date. If there is no invoice date, we will use your treatment date. The exchange rate we use will be from a leading market provider of rates. Please call us if you would like more details.
5.4	We will not provide cover and we will not pay any claim or provide any benefit under this insurance, if doing so would: ◦ break any United Nations resolution, or any trade or economic sanctions, laws or regulations that apply to us (including those of the European Union, the UK, and / or the U.S.), or ◦ put us at risk of being sanctioned by any relevant authority or competent body, or ◦ put us at risk of being involved (directly or indirectly) in something which any relevant authority, banks we use, or competent body would consider to be banned or restricted. If any resolutions, sanctions, laws or regulations referred to in this clause apply (or start to apply), we can take any action we consider necessary, to make sure we continue to work within them. If this happens, you acknowledge that this may restrict, delay or end our obligations under your plan, and we may not be able to pay any claim.

No	CLAUSE
6.	Renewal
6.1	We will write to let you know if this policy will renew for the next year in advance of the renewal date. Each policy year we may change how we calculate your premiums, how we determine premiums, what you have to pay and the method of payment. We may also change the Guide to your Bupa Global health plan (including which covered benefits are covered and the limits for covered benefits) and the terms this policy. We will issue you a notice in advance of the renewal date, with details of the new premium, any changes to the renewed policy and the reasons for those changes. If you do not want to renew this policy you must contact us within 30 days following the start of the renewed policy. Unless you contact us to tell us not to, we will continue to take payment of the new premium using the payment details you have given us.
6.2	We may not renew this policy at our discretion for any reason. If so, we will issue you a notice at least 30 days before the end of the policy year.
6.3	If we decide to renew this policy, we won't add any new personal restrictions or exclusions (those that appear on your insurance certificate) to your renewed policy. However, should you move to a different health plan, we may add new personal restrictions or exclusions.
6.4	Please contact us before your renewal date if you or your dependants have personal exclusion(s) or cover for pre-existing conditions and would like us to review this. We may remove your exclusion or the increased premium applied for the pre-existing condition if, in our opinion, no more treatment will be either directly or indirectly needed for the condition, or for any related condition. There are some personal exclusions that, due to their nature, we will not review. To carry out a review, we may ask for an up to date medical report from your family doctor or consultant. Any costs incurred in obtaining these details are not covered under your plan and are your responsibility.
7.	Changes to your policy
7.1	Only we and the policyholder can agree to make changes. Changes will take effect only when we confirm them in writing.
7.2	This policy lasts one year: ◦ the policyholder can only make changes at renewal ◦ any waiting periods would not re-start.
7.3	We may make changes to the policy before renewal: ◦ if laws or regulators say we must, or ◦ to improve cover for all members with the same product. If so, we will write to tell you about the changes.
7.4	If we reasonably consider that by continuing this policy we or you may breach any: ◦ law ◦ regulation ◦ code or ◦ court order we can end the policy immediately. This policy does not provide cover if this would expose us (or the Bupa group) to any: ◦ sanction, prohibition or restriction under United Nations resolutions or ◦ trade or economic sanctions, laws or regulations of the European Union, UK or U.S.
7.5	If you ask to add a new dependant to this policy, we will review that person's medical history. We may not agree to add the person to this policy, or we may add special restrictions or exclusions to the cover for that new dependant. We may, at our discretion, agree to provide cover for certain pre-existing conditions of the new dependant. You must pay any additional premium. Children may be added without medical history or additional premium being required where this is provided for (and in accordance with any relevant requirements) in your Guide to your Bupa Global health plan. For certain health plans, we may not be able to add dependants who are over a certain age at the time we receive the request for them to be added to this policy.

No	CLAUSE
8.	Your country of residence
8.1	You must tell us straight away if you move to a different country or your specified country of residence or specified country of nationality changes. This policy will terminate if the law of the country in which you are located, or your country of residence or nationality, or any other law which applies to us or this policy, prohibits the provision of healthcare cover by us to local nationals, residents or citizens. Without limitation to the foregoing, we will not be able to renew your health plan at the next policy renewal if you become a permanent resident of the U.S., and, if any other people covered under your policy become a resident of the U.S., we will not be able to renew their cover under their health plan at the next policy renewal date. 'Permanent resident' shall mean a person residing in the U.S. who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in the U.S., and 'U.S.' shall include the Commonwealth of Puerto Rico for this purpose.
8.2	You must tell us straight away if you change your correspondence address or other contact details as we will use the last address and contact details you gave us until you tell us otherwise.
9.	Ending this policy
9.1	The policyholder can at any time: ◦ cancel the entire policy, which will end cover for everyone; or ◦ cancel cover for a dependant. To do this, please tell us by telephone, email or post. The change will take effect 14 days after the policyholder tells us about the change. Please note: 1. we will not back-date the cancellation date and 2. will not pay claims for treatment which takes place after the policy ends.

No	CLAUSE
9.2	The refund of any premium will depend on the date the policyholder cancels the entire policy or the policy of a dependant. There are two scenarios: A. Cancellation within the first 30 days of the policy; or B. Cancellation after the first 30 days of taking out the policy. A. Cancellation within the first 30 days of cover: If the policyholder cancels the entire policy: ◦ within the first 30 days of cover starting for that policy year, and ◦ there have been no claims for treatment which took place in that 30-day period we will refund all premiums paid for that policy year. If the policyholder cancels cover for a dependant: ◦ within the first 30 days of cover starting for that dependant for that policy year, and ◦ there have been no claims for treatment for that dependant which took place in that 30-day period we will refund all premium paid for that dependant for that policy year. Important: In either case, where a claim has been made in the first 30 days of cover either by the policyholder or a dependant, we will treat this as acceptance to have a policy with us. This means if you wish to cancel the policy, it will be treated as cancellation taking place after the first 30 days (section B below). B. Cancellation after the first 30 days of cover: If the policyholder cancels the entire policy: ◦ after the first 30 days of cover for that policy year, or ◦ there have been claims for treatment which took place in the first 30 days of cover we will cancel the policy 14 days from the date the policyholder asked us (as mentioned in section 9.1 above). And we will refund any premiums already paid for after the 14-day cancellation period. For example, if the policyholder cancels the entire policy on 1 March, we will refund any premium paid for 15 March onwards. If the policyholder cancels cover for a dependant: ◦ after the first 30 days of cover for that policy year, or ◦ there have been claims for treatment for that dependant which took place in those first 30 days of cover we will refund any premium already paid for that dependant for after the 14-day cancellation period. For example, if the policyholder cancels the cover for a dependant on 1 March, we will refund any premium paid for 15 March onwards.
9.3	We will refund you on the same method you used to pay premium. This means the refund will go back into your bank account, credit card, debit card or via a cheque. Please be aware that if you have any outstanding payments with us, we may deduct this from the refund.
9.4	If: ◦ a dependant dies – The policyholder should tell us within 30 days. ◦ the policyholder dies – Any dependants on the policy, or family members of the policyholder, should tell us within 30 days. After we have been informed of the death, we will end the policy. Where the policyholder has died, a dependant aged 18 or over can apply to be the policyholder and can add more dependants to the policy. If there is no new policyholder, the policy will end. In either case, where there have been no claims, we will refund the premium for the period after the policy ended.
9.5	We may decide to end your plan. If this happens, it will be at your next renewal. We: ◦ will notify you of our decision at least 3 months before your next renewal; and ◦ may offer you membership of another of our plans with the current insurer. If you accept our proposed alternative plan, this new plan will take effect from your renewal date without a break in cover and without any new underwriting terms. You may wish to discuss this with us before your renewal date or you may decide not to continue your cover with us.

No	CLAUSE
10.	Our role under this policy and appointment as your intermediary
10.1	Our role under this policy is to provide you with insurance cover and sometimes to make arrangements (on your behalf) for you to receive any covered benefits . It is not our role to provide you with the actual covered benefits .
10.2	You the policyholder , on behalf of yourself and the dependants , appoint us to act as intermediary for you , to make appointments or arrangements for you to receive covered benefits which you request. We will use reasonable care when acting as your intermediary.
10.3	You the policyholder , on behalf of yourself and the dependants , authorise us as your intermediary, if for any reason you are not available to give us instructions with regard to any covered benefits (for example if you are incapacitated), to: ◦ take such action as we reasonably believe to be in your best interests (in accordance with the cover you have under this policy); ◦ provide any information about you to your benefit provider as we reasonably believe to be appropriate in the circumstances; and/or ◦ take instructions from the person we reasonably believe to be the most appropriate person (for example a family member, your treating doctor or your employer).
10.4	When acting as your intermediary we may act via our Bupa group of companies and administrators .
11.	Our liability to you
11.1	We (and our Bupa group of companies and administrators) shall not be liable to you or anyone else for any loss, damage, illness and/or injury that may occur as a result of your receiving any covered benefits , nor for any action or failure to act of any benefit provider or other person providing you with any covered benefits . You should be able to bring a claim directly against such benefit provider or other person.
11.2	Your statutory rights are not affected.
12.	Fraudulent Claims
12.1	In this clause 12, where we refer to ' you ' or ' you the policyholder ' this includes anyone acting on your behalf, where we refer to ' dependant ' this includes anyone acting on behalf of any dependant .
12.2	You the policyholder and any dependant must not: ◦ make a fraudulent or exaggerated or falsely stated claim under this policy; ◦ send us fake or forged documents or other false evidence, or make a false statement in support of a claim(s); and/or ◦ provide us with information which you the policyholder or any dependant knows would otherwise allow us to refuse to pay a claim(s) under this policy; and/or ◦ refuse to cooperate or fail to provide information/documents reasonably requested by us to validate your claim(s), whether outstanding or paid (including but not limited to proof of payment, medical reports and original invoices).
12.3	In the event of failure to comply with clause 12.2 above, we may: ◦ refuse to pay the whole of the claim and any other claim(s) submitted since the date of that claim; and/or ◦ recover any payments we have already made in respect of the claim and/or other claim(s) submitted since that claim. In addition, if you the policyholder breach clause 12.2 then we will let you, the policyholder, know that this policy has terminated from the date of the breach of clause 12.2, and not refund any premium for the policy. If only a particular dependant has breached clause 12.2 then we will let you, the policyholder, know that the cover under this policy for that particular dependant has terminated from the date of the breach of clause 12.2 above, and not refund any premium for that cover under the policy.
13.	Provision of accurate and complete information
13.1	In this clause 13, where we refer to ' you ' or ' you the policyholder ' this includes anyone acting on your behalf, where we refer to any ' dependant ' this includes anyone acting on behalf of any dependant .

No	CLAUSE
13.2	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 plan, and at each renewal and variation of this plan. You and any dependant must also tell us if any of the answers to the questions in the application form change prior to this plan starting. Otherwise, the following apply with effect from the date the plan was taken out, renewed or varied (depending on when we were provided with inaccurate or incomplete information). A. We may treat this plan 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 plan 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 plan 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 plan. 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 plan 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 higher premium to the original premium. For example, we will only pay half of a claim, if we would have charged double the premium.
13.3	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 plan 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.
14.	Data Processing Notice
14.1	Please see Bupa Global's Privacy Notice.
15.	Complaints
15.1	How can I make a complaint? ◦ call us: +44 (0) 1273 323 563 ◦ email: info@bupaglobal.com ◦ write to: Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, UK. You can also ask for a copy of our complaints process.
15.2	If we can't settle your complaint within eight weeks or you don't agree with our final decision, you may be able to refer it to the Financial Services and Pensions Ombudsman: ◦ write to: Financial Services and Pensions Ombudsman, Lincoln House, Lincoln Place, Dublin 2, D02 VH29 ◦ call them: +353 1 567 7000 ◦ email them: info@fspoi.ie For more details go to: www.fspoi.ie
16.	The law of this policy and where you can bring court action
16.1	This policy is governed by Irish law. Any dispute that cannot otherwise be resolved may be dealt with by courts in Ireland.
16.2	If any dispute arises as to the interpretation of this policy as between different language versions, then the English language version shall be treated as conclusive and take precedence over any other versions.
16.3	Bupa Group agree to keep to all UK laws relating to detecting and preventing financial crime (including the Bribery Act 2010 and the Proceeds of Crime Act 2002).

PRIVACY NOTICE

Last updated: September 2023

We are committed to protecting **your** privacy when dealing with **your** personal information. This privacy notice provides an overview of the information **we** collect about **you** and how **we** use and protect it. It also provides information about **your** rights. The information **we** process about **you**, and **our** reasons for processing it, depends on the products and services **you** use. **You** can find more details in **our** full privacy notice available at: www.bupaglobal.com/privacypolicy. If **you** do not have access to the internet and would like a paper copy of the full privacy notice, or if **you** have any questions about how **we** handle **your** information, please contact the **Bupa Global** service team on +44 (0) 1273 323 563. Alternatively **you** can email or write to the team via info@bupaglobal.com or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, **United Kingdom**.

Information about Bupa Global

In this privacy notice, "**we**" "**us**" and "**our**" mean the **Bupa** companies trading as **Bupa Global**. For details of these companies, visit www.bupaglobal.com/legal-notices

The **Bupa** companies that process **your** information will depend on which of **our** products and services **you** ask **us** about, buy or use. For **our** insurance policies, **your** information will be processed by the insurer and the lead administrator of **your policy** who may share it with other **Bupa** companies as set out in the 'Sharing **your** information section'. Please refer to **your policy** documentation for confirmation of the insurer and lead administrator.

1. What this privacy notice covers

This privacy notice applies to anyone who interacts with **us** about **our** products and services ("**you**", "**your**"), in any way (for example email, website, phone, app and so on).

2. How we collect personal information

We collect personal information from **you** and from other organisations (for example those acting on **your** behalf, like brokers, healthcare providers and so on). If **you** give **us** information about other people, **you** must make sure that they have seen a copy of this privacy notice and are comfortable with **you** giving **us** their information.

3. Categories of personal information

We process the following categories of personal information about **you** and, if it applies, **your dependants**. This is standard personal information (for example information **we** use to contact **you**, identify **you** or manage **our** relationship with **you**), special categories of information (for example health information, information about race, ethnic origin and religion that allows **us** to tailor **your** care), and information about any criminal convictions and offences (**we** may get this information when carrying out anti-fraud or anti-money-laundering checks or other background screening activity).

4. What we use personal information for and our legal reasons for doing so

We process **your** personal information for the purposes set out in **our** full privacy notice, including to deal with **our** relationship with **you** (including for claims and complaints handling), for research and analysis, to monitor **our** expectations of performance (including of health providers relevant to **you**) and to protect **our** rights, property, or safety, or that of **our** customers, or others. The legal reason **we** process personal information depends on what category of personal information **we** process. **We** normally process standard personal information on the basis that it is necessary so **we** can perform a contract, for **our** or others' legitimate interests or it is needed or allowed by law. **We** process special categories of information because it is necessary for an insurance purpose, because **we** have **your** permission or as described in **our** full privacy notice. **We** may process information about **your** criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Profiling and automated decision making

Like many businesses, **we** sometimes use automation to provide **you** with a quicker, better, more consistent and fair service, as well as with marketing information **we** think will interest **you** (including discounts on **our** products and services). This may involve evaluating information about **you** and, in limited cases, using technology to provide **you** with automatic responses or decisions. **You** can read more about this in **our** full privacy notice. **You** have the right to object to direct marketing and profiling relating to direct marketing. **You** may also have rights to object to other types of profiling and automated decision-making.

6. Sharing your information

We share **your** information within the **Bupa group** of companies, with relevant **policyholders** (including **your** employer if **you** are covered under a group scheme), with funders who arrange services on **your** behalf, those acting on **your** behalf (for example brokers and other intermediaries) and with others who help **us** provide services to **you** (for example healthcare providers) or who **we** need information from to handle or check claims or entitlements (for example professional associations). **We** also share **your** information in line with the law. **You** can read more about what information may be shared in what circumstances in **our** full privacy notice.

7. International transfers

We work with companies that **we** partner with, or that provide services to **us** (such as healthcare providers, other **Bupa** companies and IT providers) that are located in, or run their services from, countries across the world. As a result, **we** transfer **your** personal information to different countries including transfers from within the **UK** to outside the **UK**, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. **We** take steps to make sure that when **we** transfer **your** personal information to another country, appropriate protection is in place, in line with global data protection laws.

8. How long we keep your personal information

We keep **your** personal information in line with periods **we** work out using the criteria shown in the full privacy notice.

9. Your rights

You have rights to have access to **your** information and to ask **us** to correct, erase and restrict use of **your** information. **You** also have rights to object to **your** information being used, to ask **us** to transfer information **you** have made available to **us**, to withdraw **your** permission for **us** to use **your** information and to ask **us** not to make automated decisions which produce legal effects concerning **you** or significantly affect **you**. Please contact **us** if **you** would like to exercise any of **your** rights.

10. Data protection contacts

If **you** have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which **we** process information about **you**, please contact **us** at info@bupaglobal.com. **You** can also use this address to contact **our** Data Protection Officer.

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

GLOSSARY

Active treatment	Treatment from a medical practitioner of a disease, illness or injury that leads to your recovery, conservation of your condition or to restore you to your previous state of health as quickly as possible.
Advanced therapy medicinal products (ATMPs)	Treatments that are based on genes, tissues or cells, for example Chimeric Antigen Receptor (CAR) T-cell treatment .
Artificial life maintenance	Any medical procedure, technique, medication or intervention delivered to a patient in order to prolong life.
Benefit provider	The recognised medical practitioner, hospital or clinic, or any other service provider, which provides you with any covered benefits .
Birthing centre	A medical facility often associated with a hospital that is designed to provide a homelike setting during childbirth.
Blue Cross Blue Shield Association / Blue Cross Blue Shield Global / BCBSA	Bupa Global is a trade name of Bupa , the international health and care company. Bupa is an independent licensee of Blue Cross and Blue Shield Association . Bupa Global is not licensed by Blue Cross and Blue Shield Association to sell Bupa Global/Blue Cross Blue Shield Global co-branded products in Argentina, Canada, Panama, Uruguay and US Virgin Islands. In Hong Kong, Bupa Global is only licensed to use the Blue Shield marks. Please consult your policy terms and conditions for coverage availability. Blue Cross and Blue Shield Association is an association of independent, community-based and locally operated Blue Cross and Blue Shield companies. Blue Cross Blue Shield Global is a brand owned by Blue Cross and Blue Shield Association . For more information about Bupa Global , visit bupaglobalaccess.com, and for more information about Blue Cross and Blue Shield Association , visit www.BCBS.com.
Bupa	The British United Provident Association Limited, a UK limited liability company limited by guarantee, registered in England and Wales with company number 00432511, with registered office at Bupa ,1 Angel Court, London, EC2R 7HJ, England.
Bupa Global, we, us, our	Bupa Global Designated Activity Company or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.
Bupa Group	Bupa Global, Bupa Insurance Services Limited and all other companies in the Bupa Group , and those companies which provide any administration of this policy on behalf of Bupa Global .
Co-insurance	The percentage you have to pay towards those covered benefits to which co-insurance applies, as indicated in your membership certificate and membership guide.
Complementary therapist	Such as an acupuncturist, homeopath, reflexologist, naturopath or Chinese medicine practitioner who is fully trained and legally qualified and permitted to practise by the relevant authorities in the country in which the treatment is received.
Covered benefits	The treatment and benefits shown as covered in the Guide to your Bupa Global health plan .

Day-patient	Treatment which for medical reasons requires you to stay in a bed in hospital during the day only. We do not require you to occupy a bed for day-patient mental health treatment .
Deductible	The amount payable by you in any policy year before we will pay for any covered benefits .
Dental practitioner	A person who: ◦ is legally qualified to practice dentistry, ◦ is recognised by the relevant authorities in the country in which the treatment takes place as having a specialised qualification following attendance at a recognised dental school, and ◦ is permitted to practice dentistry by the relevant authorities in the country where the dental treatment takes place Examples of a specialised qualification in the field of dentistry may include (but are not limited to) periodontics or paediatric dentistry.
Dependants	Any other people covered by this policy , as named on the insurance certificate.
Diagnostic tests	Investigations, such as X-rays or blood tests, to find the cause of your symptoms.
Dietician	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received.
Doctor	A person who: is legally qualified in medical practice following attendance at a recognised medical school to provide medical treatment , does not need a specialist's training, and is licensed to practise medicine in the country where the treatment is received. 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.
Emergency	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 treatment , generally within 24 hours of onset, and which would otherwise put your health at risk.
Europe	All EU countries, plus Andorra, Channel Islands, Iceland, Isle of Man, Liechtenstein, Monaco, Norway, San Marino, Switzerland, Turkey, the United Kingdom and Vatican City.
Family Members	Persons of a family relationship (related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
Guide to your Elite Global health plan	The booklet entitled " Guide to your Elite Global health plan " for the health plan which is stated to apply to you on your insurance certificate. This sets out which treatments and benefits are included under and any exclusions that apply to this policy . Where you the policyholder have a different health plan to the dependants , a different " Guide to your Bupa Global health plan " will apply to each of you .
Health plan	Any insurance plans made available by Bupa Global from time to time.
Hospital	A centre of treatment which is registered, or recognised under the local country's laws, as existing primarily for carrying out major surgical operations , or providing treatment which only specialists can provide.
In-patient	Treatment which for medical reasons normally means that you have to stay in hospital bed overnight or longer.

Intensive care	Intensive care includes; High Dependency Unit (HDU): a unit that provides a higher level of medical care and monitoring, for example in single organ system failure. Intensive Therapy Unit/ Intensive Care Unit (ITU/ICU): a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation. Coronary Care Unit (CCU): a unit that provides a higher level of cardiac monitoring. Special care baby unit: a unit that provides the highest level of care for babies.
Medical practitioner	A specialist, doctor, psychologist, psychotherapist, physiotherapist, osteopath, chiropractor, dietician, speech therapist, complementary therapist or therapist who provides active treatment of a known condition.
Medically necessary:	treatment , medical service or prescribed drugs/medication which is: (a) consistent with the diagnosis and medical treatment for the condition; (b) consistent with generally accepted standards of medical practice; (c) necessary for such a diagnosis or treatment ; (d) not being undertaken primarily for the convenience of the member or the treating medical practitioner
Mental health treatment	Treatment of mental conditions, including eating disorders.
Network	Hospitals , pharmacies or similar facilities, or Medical practitioner’s that have an agreement in effect with Bupa Global or a service partner to provide you with covered treatment .
Out-patient	Treatment given at a hospital , consulting room, doctor’s office or out-patient clinic where you do not stay overnight or as a day-patient to receive treatment .
Ovulation induction treatment	Treatment including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.
Persistent vegetative state:	A state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and the person does not respond to stimuli such as calling their name, or touching. The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.
Pharmacy	A facility where prescribed drugs are prepared or sold.
Physiotherapists, osteopaths and chiropractors	Practitioners must be fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the treatment is received.
Policy	Your contract of insurance with Bupa Global as described in Clause 1 of the Terms and Conditions.
Policy year	The 12 month period for which this policy is effective, as first shown on your insurance certificate and, if this policy is renewed, each 12 month period which follows the renewal date.
Policyholder	The main applicant set out in the application form and who will be the first person named on the insurance certificate.

Pre-existing condition	- Any medical condition declared in your application for cover which has been noted on your insurance certificate as a 'personal exclusion' or covered pre-existing condition - Any medical condition declared in your application for cover which has been accepted with no 'personal exclusion' or underwriting loading applied - Any disease illness or injury for which you received medication, advice or treatment, or you had experienced symptoms of whether the condition was diagnosed or not, prior to becoming a member which was not disclosed on your application for cover 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 mean your original application for cover under that previous insurance product.
Professional sports activities	Any sport the member takes part in and is compensated for, whether when participating in training practice or in competitive practice.
Prophylactic surgery	Surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland.
Psychologist and psychotherapist	A person who is legally qualified and is permitted to practice as such in the country where the treatment is received.
Qualified nurse	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the treatment is received.
Reasonable and Customary	Reasonable and Customary means the 'usual', or 'accepted standard' amount payable for a specific healthcare treatment , procedure or service in a particular geographical region, and provided by benefit providers of comparable quality and experience.
Recognised medical practitioner, hospital or healthcare facility	Any provider who is not an unrecognised medical practitioner, hospital or healthcare facility .
Rehabilitation (Multidisciplinary rehabilitation)	Treatment in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.
Renewal	Each anniversary of the date you joined the health plan .
Serious acute illness	A medical condition, or symptoms resulting from a disease, illness or injury which arises suddenly and in the reasonable opinion of the attending specialist and our medical consultants, requires immediate treatment , generally within 24 hours of onset, and which would otherwise put your health at serious risk.
Service partner	A company or organisation that provides services on behalf of Bupa Global . These services may include pre-authorisation of cover and location of local medical facilities.
Specialist	A surgeon, anaesthetist or specialist who: is legally qualified to practise medicine or surgery following attendance at a recognised medical school, is recognised by the relevant authorities in the country in which the treatment is received as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated. 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.
Specified country of nationality	The country of nationality specified by you in your application form or as advised to us in writing, which ever is the later.

Specified country of residence	The country of residence specified by you in your application and shown in your insurance certificate, or as advised to us in writing, whichever is the later. The country you specify must be the country in which the relevant authorities (such as tax authorities) believe you to be resident for the duration of the policy .
Speech therapist	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received.
Surgical operation	A medical procedure that involves the use of instruments or equipment.
Therapists	An occupational therapist or orthoptist, who is legally qualified and is permitted to practise as such in the country where the treatment is received.
Treatment	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure disease, illness or injury.
UK	Great Britain and Northern Ireland.
Unrecognised medical practitioner, provider or facility	◦ Treatment provided by a medical practitioner, hospital or healthcare facility which are not recognised by the relevant authorities in the country where the treatment takes place as having specialist knowledge, or expertise in, the treatment of the disease, illness or injury being treated. ◦ Self treatment or treatment provided by anyone with the same residence, Family Members (persons of a family, related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ◦ Treatment provided by a medical practitioner, hospital or healthcare facility which are to whom we have sent a written notice that we no longer recognise them for the purposes of our health plans. You can contact us by telephone for details of benefit providers we have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder
We/us/our	Bupa Global
You the policyholder	Just the policyholder .
You/your	The policyholder and/or any dependants .

General services and medical related enquiries:

+44 (0) 1273 323 563

Your calls may be recorded or monitored.

Bupa Global offers you:

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

bupaglobal.com

For services in the U.S.

Blue Cross Blue Shield Global

U.S. Service Center
18001 Old Cutler Road, Suite 500
Palmetto Bay, Florida 33157

info@bupaglobalaccess.com

+1 786 257 4742

+1 844 369 3797 (toll free)

Bupa Global Designated Activity Company (**Bupa Global** DAC), trading as **Bupa Global**, 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, DO4 V1W6.

Bupa Global DAC, trading as **Bupa Global**, is regulated by the Central Bank of Ireland.

Global Virtual Care, **Bupa** Lifeworks and Second Medical Opinion are not regulated by the Central Bank of Ireland.