

Worldwide Health Options

Your flexible international health plan



Welcome

Thank you for choosing Worldwide Health Options. This guide explains all you need to know about your own, personal, made to order health cover, created to suit your lifestyle and personal circumstances.

We'll also take you through the wider advantages of your membership with us and the expert services available to you.

To confirm which of the Worldwide Health Options you have chosen, we've included your membership certificate in the pocket opposite. (You can find full details on your chosen options from page 28.) And each year on the anniversary of your cover, we'll inform you of any updates or changes to your plan.

Please keep your guide in a safe place. If you need another copy, you can call +44 (0) 1 273 323 563 or view and print it online at www.bupa-intl.com/membersworld

European branch addresses:

Bupa Denmark • 8 Palaegade • DK-1261 Copenhagen K • Denmark

Bupa in Malta • 120 The Strand • Gzira • Malta

Bupa France • Nice Etoile 30 • Avenue Jean Médecin • F-06000 • Nice • France

Bupa Spain • Edif. Santa Rosa 1-D • C/. Santa Rosa 20 • Los Boliches • E-29640 Fuengirola (Málaga) • Spain

Bupa Cyprus • 3 Ioannis Polemis Street • PO Box 51160 • 3502 Limassol • Cyprus

Worldwide Health Options membership guide

Effective 1 April 2010



Contents

Getting in touch.....	6
How your plan works.....	8
Core cover	
Worldwide Medical Insurance.....	18
Option	
Worldwide Medical Plus.....	28
Option	
Worldwide Medicines and Equipment.....	32
Option	
Worldwide Wellbeing.....	34
Option	
Worldwide Evacuation.....	38
Deductibles.....	44
General exclusions.....	46
Important information.....	52

Getting in touch

We're available for help around the world,
24 hours a day, 365 days a year.

General enquiries

Telephone: +44 (0) 1273 323 563

Email via: www.bupa-intl.com/membersworld*

Call **our** dedicated team at any time of the day
or night to:

- ask questions about **your** cover
- add or remove an option from **your anniversary date**
- check **your** payments or benefits

Medical Centre

Telephone: +44 (0) 1273 333 911

Call **our** team of experts to:

- arrange prior approval of **treatment**
- arrange evacuation or repatriation
- speak to medical professionals
- ask for travel advice (for example, information on vaccinations and visas)

MembersWorld website

www.bupa-intl.com/membersworld

On **our** website **you** can:

- view and update **your** details
- make payments online
- track the progress of **your** claims**
- search **our** international **hospital** directory
- download claim forms and other useful documents
- talk to **us** using webchat
- access secure email

Further help

We want to make sure that members with special needs are not excluded in any way. For hearing or speech impaired members who have textphone, please call +44 (0) 1273 866 557. **We** also offer a choice of Braille, large print or audio for **our** letters and literature. Please let **us** know which **you** would prefer.

You can write to **us** at **our** postal address:

Bupa International, Russell House, Russell Mews,
Brighton BN1 2NR, **UK**.

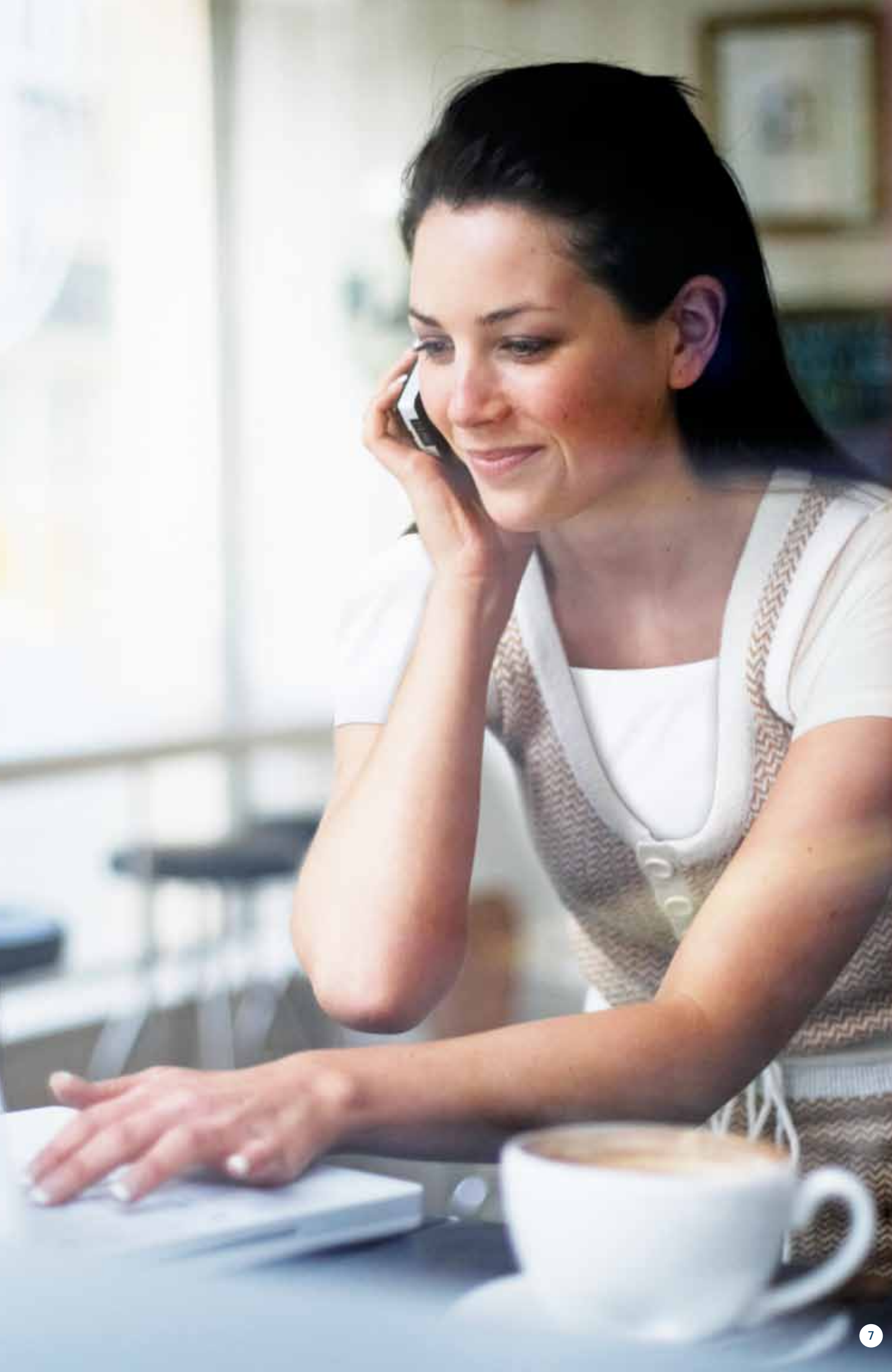
Glossary

Words which appear in **bold** have specific meanings in this guide. They are explained in the glossary at the back of the guide.

* Email disclaimer

We cannot guarantee the security of email as a method of communication. Some companies and countries do monitor email traffic—please keep this in mind when sending confidential information. If **you** feel **your** email is not secure please send us **your** confidential documents by post or fax.

** MembersWorld may not track claims in the USA as we use a third party here.



How your plan works

Whichever cover options you have chosen, you can rely on service and support from Bupa International around the clock.

A quick reminder of how you created your individual plan

You bought Worldwide Medical Insurance and added the option(s) **you** wanted, plus USA Cover and a **deductible** if needed. By selecting **your** preferred options **you** have created a plan tailored to suit **your** needs.

Start with our core cover



Then choose the options you wish to add

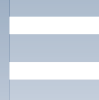
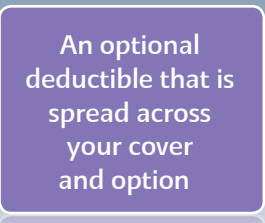




Plus USA Cover if you need it



Finally decide what deductibles, if any, you want





In this section you'll find information on how your plan works. If you have any questions regarding any aspect of your cover or our service, please get in touch.

Find out more about:

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

Our service

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

Round the clock reassurance from our Medical Centre

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

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

What help can you expect?

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

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

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

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

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

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

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

Online support at MembersWorld

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

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

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

- view **your** plan documents
- update **your** personal details
- track the progress of **your** claims**
- make payments online
- search **our** international **hospital** directory
- download claim forms and other useful documents
- talk to **us** using webchat

Get expert health advice from bupa.com

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

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

** MembersWorld may not track claims in the USA as **we** use a third party here.



What happens if you need treatment

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

Prior approval

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

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

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

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

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

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

When **we** have been contacted about prior approval, **we** will send **you** a pre-authorisation statement. This can also be used as a claim form to send to **us** with the original invoices if **you** need to pay for any of **your treatment**. **We** will also send a pre-authorisation statement to **your hospital** or clinic, to let them know that **your treatment** is covered and ask them to send all the bills directly to **us**.

How does it work?

Please follow these simple steps:

- make sure **you** take **your** membership card when **you** go for **treatment**
- give **your** card to the admissions staff when **you** arrive and ask them to contact **us** - all the information they need is on the card
- **we** will confirm whether the **treatment you** are having is covered and that **your** membership is in order
- **we** will arrange direct settlement with them, wherever possible. If you've chosen to pay a **deductible**, **we** will collect any amount due from **your** bank or credit card

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

Treatment in the USA

If **you** chose to include USA Cover, **we** have special arrangements in place if **you** need to be hospitalised while **you** are there. These include access to a select **network** of quality **hospitals** and other medical **treatment** providers with direct settlement of all covered expenses when **you** receive **treatment** in a **network hospital**. To access these benefits, and avoid penalties, prior approval must be obtained for all **treatment** in **hospital** using the same simple process as before. Please call 800 554 9299 (from inside the US) or +1 972 461 5103 (from outside the US).

By getting prior approval for **your treatment** you're also helping **us** to manage the ever increasing costs of medical care. This is good news for **you**, as it also helps **us** to manage **your** subscriptions and keep any increases to a minimum. But what is even better is

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

This cover still gives **you** the freedom to choose to have **your treatment** at any **hospital**. However, if **you** decide to have **your treatment** at a **hospital** which is not included in the **network**, **you** will be required to share the cost and pay 20 percent of **your** covered expenses.

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

These include:

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

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

If **you** choose not to get prior approval for **your treatment** in **hospital**, **you** will be required to pay 50 percent of **your** covered expenses. Without prior approval, the special arrangements and **network** pricing **we** have put in place for **you** cannot be accessed.

Of course **we** understand that there are times when **you** cannot get prior approval, such as in an **emergency**. If **you** are taken to **hospital** in an **emergency**, it is important that **you** arrange for the **hospital** to contact **us** within 48 hours of **your** admission. **We** can then make sure **you** are getting the right care, in the right place. If **you** have been taken to a **hospital** which is not part of the **network**, and if it is the best thing for **you**, **we** will

arrange for **you** to be moved to a **network hospital** to continue **your treatment** once **you** are stable.

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

How to claim

We always aim to settle **your** claim directly with **your treatment** provider. If **we** cannot do this for any reason, please send **us** a claim by post.

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

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

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

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

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

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

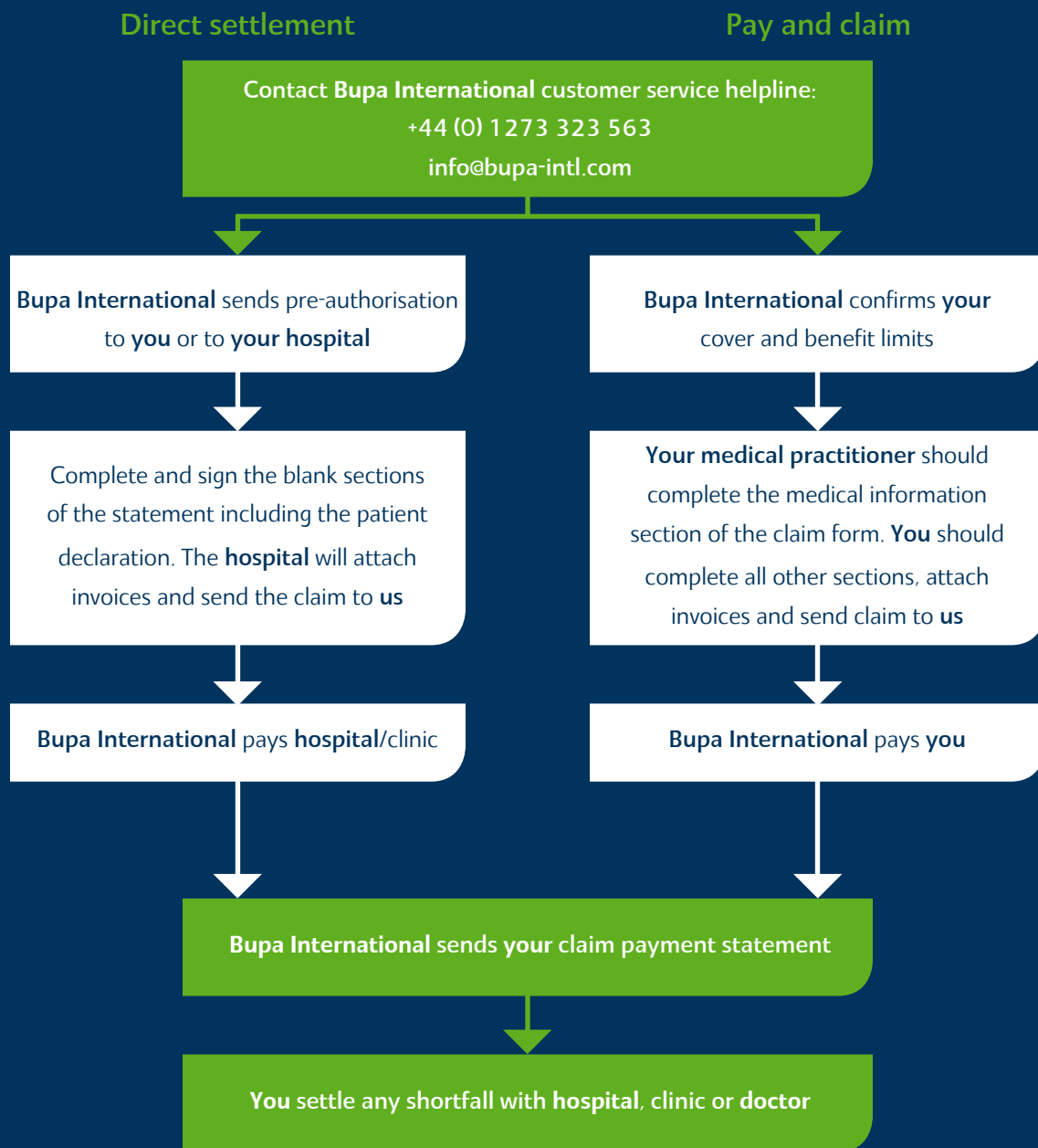
We will pay for:

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

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

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

How your claim is processed





How you will be paid

We will pay only one of the following:

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

We will pay by either:

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

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

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

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

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

If **we** pay **you** by cheque and **you** don't cash it within 12 months, it will no longer be valid. If this happens simply get in touch and **we** will send **you** a replacement.

Which currency will you be paid in?

We will pay **you** in the currency **you** asked for in the payment section of **your** claim form, unless **we** are not allowed to due to international banking regulations. If this happens, **we** will pay **you** in the currency **you** use to pay **us**.

If **we** need to make a conversion to calculate **your** claim, the exchange rate will be the average of the buying and selling rates across a wide range of rates quoted by the banks in London, either on the date

when the invoice was issued or on the last date of **your treatment** - whichever is later.

How much will you be paid?

Your benefits are paid in line with the limits shown in "What is covered?", and any **deductibles you** may have chosen.

The benefit limits are shown in three currencies (see "What is covered?"). The currency in which **you** have chosen to pay **your** subscriptions is the one **we** use to calculate **your** benefits.

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

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

Discretionary payments

Sometimes, in certain situations, **we** may pay for **treatment you** have received which is outside the terms of **your** cover. This is called a discretionary

or ex-gratia payment. Any payment that **we** may make on this basis will still count towards the maximum limits on **your** membership. If **you** receive a discretionary payment like this, it does not mean that **we** are required to pay similar costs in the future.

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

Treatment after an accident

If **you** need **treatment** after an accident caused by someone else, **we** will do everything **we** can to help. It is important that **you** complete the correct section on the claim form so that **we** can help **you** to:

- get the cost of **treatment we** have paid from the person at fault (or their insurance company) and return it to **us**
- claim interest on **your treatment** costs if **you** are allowed to

If you're the victim of an accident, **your insurer** (or any person or company **we** nominate) will have the full "right of **subrogation**". This means that **we** can assume **your** right to recoup the cost of **treatment(s)** that **we** have paid from the person at fault (or their insurance company). **You** will need to sign and deliver all documents or papers, and anything else that is required to secure these rights. **You** must not take any action which could damage or affect these rights.

* Exception - the lifetime limit for **psychiatric treatment in hospital** applies to the whole of **your** membership with **your insurer**. Please read note 0.10.

Core cover

Worldwide Medical Insurance

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

Worldwide Medical Insurance gives **you** the reassurance of covering essential **hospital treatment you** may need, whether in an **emergency** or a planned visit. All surgery, cancer **treatment** and advanced imaging, whether received whilst staying in **hospital** or as a visiting patient, are also included. **You** may have chosen this cover on its own, or together with any combination of **our** options.



What is covered?

Worldwide Medical Insurance				
Annual overall limit £1,500,000/€1,875,000/\$2,550,000				
Benefit	Level of cover	£ Sterling	€ Euros	\$ US
Staying in hospital overnight or as a day-case	Paid in full			
Parent accommodation	Paid in full			
Nursing care	Paid in full			
Operating room, medicines and surgical dressings	Paid in full			
Intensive care , intensive therapy, coronary care and high dependency unit	Paid in full			
Surgery, including surgeons', anaesthetists' and assistants' fees	Paid in full			
Specialists' consultation fees	Paid in full			
Pathology, X-rays, diagnostic tests and therapies	Paid in full			
Rehabilitation	Paid in full for 30 days each condition			
Advanced imaging	Paid in full			
Psychiatric treatment overnight in hospital , including room, board and treatment costs	90 days' lifetime limit			
Psychiatric treatment as a day-case , including room, board and treatment costs	Paid in full for 20 days each membership year			
Prosthetic implants and appliances	Paid in full			
Prosthetic devices	Each device	2,000	2,500	3,400
Childbirth and treatment in hospital	Each membership year , up to	6,500	8,100	11,050
Childbirth at home	Each membership year , up to	650	810	1,105
Medically essential Caesarean section	Each membership year , up to	13,000	16,250	22,100
Newborn care		75,000	93,750	127,500
Cancer treatment	Paid in full			
Transplant services	Each condition, up to	150,000	187,500	255,000
Hospice and palliative care	Lifetime limit	20,000	25,000	34,000
Local road ambulance	Paid in full			
Local air ambulance	Each membership year , up to	5,000	6,250	8,500
Home nursing	Paid in full for 30 days each membership year			
Hospitalisation cash benefit	Each night for a maximum of up to 30 nights each membership year	100	125	170
Emergency dental treatment	Paid in full			
Treatment of congenital and hereditary conditions	Each membership year , up to	20,000	25,000	34,000

At a glance	Notes
Room and board costs when staying in hospital overnight or as a day-case	0.0
Room and board costs when staying in hospital with your child	0.1
Nursing services provided in hospital	0.2
Operating room, recovery room, medicines and dressings when you have surgery	0.3
Room and board costs when staying in hospital or intensive care , intensive therapy, coronary care or high dependency unit when required as part of your treatment	0.4
Includes operations performed whether staying in hospital overnight, as a day-case or as an out-patient	0.5
Meetings with or treatment by a specialist in hospital	0.6
Investigations such as blood or urine tests and diagnostic X-rays, or therapies	0.7
A combination of therapies aimed at either restoring full function or the ability to live independently	0.8
Diagnostic imaging whether staying in hospital overnight, as a day-case or as an out-patient	0.9
Treatment of mental health problems, including eating disorders	0.10
An artificial body part which is designed to form a permanent part of your body, or is a medically necessary temporary part of your body	0.11
An external artificial body part, such as a prosthetic limb or prosthetic ear	0.11
Available once the mother has been a member for 10 months or more. Hospital charges, obstetricians' and midwives' fees for delivery	0.12
All treatment within first 90 days' following birth	0.13
All treatment you receive for or related to cancer whether staying in hospital overnight, as a day-case or as an out-patient	0.14
All costs for treatment in hospital , including donor expenses for organ harvesting if the recipient is a Bupa International member	0.15
Expenses following the diagnosis that your condition is terminal, when treatment can no longer be expected to cure your condition	0.16
Medically necessary travel by local road ambulance when related to covered hospitalisation	0.17
Medically necessary travel by local air ambulance, such as a helicopter, when related to covered hospitalisation	0.18
Payable for home nursing after a covered stay in hospital	0.19
Payable for each night you stay in hospital without charge	0.20
Dental treatment in hospital after a serious accident	0.21
Payable for treatment received after the first 90 days' following birth	0.22

Worldwide Medical Insurance notes

0.0

We pay **hospital** room and board costs when:

- there is a medical need to stay in **hospital**
- **your treatment** is given or managed by a **specialist**
- **you** are staying in **hospital**
- the length of **your** stay is medically appropriate
- **you** occupy a standard single room with private bathroom. (This means **we** will not pay the extra costs of a deluxe, executive or VIP suite, etc)
- if **treatment** fees are charged in line with the room type, **we** will pay for **treatment** at the cost which would have been charged if **you** had stayed in a standard single room with private bathroom

If **you** need to stay in **hospital** for longer than **we** have given prior approval, or if **your treatment** plan changes, **your specialist** must send **us** a medical report as soon as possible telling us:

- **your** diagnosis
- **treatment you** have already had
- **treatment** that **you** need to have
- how long **you** need to stay in **hospital**

We will also pay up to £10/€13/\$17 each day for personal expenses such as newspapers, television rental and guest meals when **you** have had to stay overnight in **hospital**.

We do not pay **hospital** room and board charges if **you** are staying in **hospital** for any of the following reasons:

- convalescence
- general supervision
- pain management
- general nursing care without **specialist treatment**, except when in a hospice and receiving palliative care

- services from a **therapist** or **complementary therapist**
- domestic services such as help in walking, bathing or preparing meals, or
- receiving **treatment** that could have taken place as an **out-patient**

0.1

We pay room and board costs for a parent staying in **hospital** with their child when:

- the costs are for one parent only
- **you** are staying in the same **hospital** as the child
- **you** are staying with a child up to 18 years old, and
- the child is a member and receiving **treatment** that is covered

0.2

We pay for reasonable costs of a **qualified nurse** for **your treatment** if the **hospital** does not provide nursing staff.

We do not pay for nurses hired in addition to the **hospital's** own staff.

0.3

We pay for the costs of the:

- operating room
- recovery room
- medicines and dressings used in the operating or recovery room
- medicines and dressings for use during **your hospital** stay

We do not pay medicines and dressings prescribed for use at home unless **you** have bought the Worldwide Medicines and Equipment option.

0.4

We pay room and board costs if **you** are treated in an **intensive care/intensive therapy** unit,

high dependency or coronary care unit (or their equivalents) when it is the most appropriate place for **you** to receive **treatment** and:

- it is an essential part of **your treatment** and is required routinely by patients undergoing the same type of **treatment** as **yours**, or
- it is medically necessary in the event of unexpected circumstances, for example if **you** have an allergic reaction during surgery

0.5

We pay for surgery, including surgeons', anaesthetists' and assistants' fees, as well as **treatment** needed immediately before and after the surgery on the same day.

We do not pay for **out-patient treatment** received prior to surgery or as a follow-up afterwards unless **you** have bought the Worldwide Medical Plus option.

0.6

We pay for **specialists'** consultation fees during **your** stay in **hospital** when **you** have:

- medical **treatment**, for example if **you** have pneumonia
- meetings with **your specialist**, for example to discuss **your** surgery
- **specialist** attendance when medically necessary, for example in the unlikely event that **you** have a heart attack during surgery

0.7

We pay for:

- pathology, such as checking blood and urine samples
- radiology, such as X-rays
- **diagnostic tests** such as electrocardiograms (ECGs)

if recommended by **your specialist** to help diagnose or assess **your** condition when **you** are in **hospital**

We also pay for **treatment** provided by **therapists** (such as **physiotherapy**) and **complementary therapists** (such as acupuncturists) if it is needed as part of **your treatment** in **hospital**, as long as this **treatment** is not the primary reason for **your hospital** stay.

0.8

We pay for **rehabilitation**, including room, board and therapies or combinations of therapies such as physical, occupational and speech therapy after an event such as a stroke.

We pay for **rehabilitation**; only when **you** have received **our** written agreement before the **treatment** starts, for up to 30 days **treatment** for each separate condition requiring **rehabilitation**. For **treatment** in **hospital** one day is each overnight stay and for **day-case** 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 **rehabilitation** where it:

- starts within 30 days after the end of **your treatment** in **hospital** for a condition which is covered by **your** membership (such as trauma or stroke); and
- arises as a result of the condition which required the hospitalisation or is needed as a result of such **treatment** given for that condition

Note: in order to give written agreement, **we** must receive full clinical details from **your** consultant; including **your** diagnosis, **treatment** given and planned, and proposed discharge date if **you** stayed in **hospital** to receive **rehabilitation**.

Note: **we** may pay for **treatment** for more than 30 days when it is needed following:

- orthopaedic, or
- spinal, or
- neurological events

If this is the case, please contact **us** for prior approval. It may be necessary for **us** to seek a second opinion as part of **our** approval process.

0.9

We pay for advanced imaging such as:

- magnetic resonance imaging (MRI)
- computed tomography (CT)
- positron emission tomography (PET)

if recommended by **your specialist** to help diagnose or assess **your** condition, whether **you** need this during a **hospital** stay overnight, as a **day-case** or as an **out-patient**.

0.10

We pay for **psychiatric treatment** overnight in **hospital** or as a **day-case**, to include room, board and **treatment** costs.

We pay for a total of 90 days' **psychiatric treatment**, during **your** lifetime, for which **you** are medically required to stay overnight in **hospital**.

This applies to all Bupa administered plans **you** have been a member of in the past, or may be a member of in the future, even if **you** have had a break in **your** cover.

*Example: if Bupa has paid for 45 days' **psychiatric treatment** in **hospital** under another Bupa administered plan, this plan will only pay for another 45 days' **treatment**.*

We also pay for **psychiatric treatment** received as a **day-case** in **hospital**, for up to 20 days each **membership year**.

0.11

We pay for prosthetic implants, appliances and prosthetic devices 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
- to remove excess fluid from the brain
- cochlear implant - provided the initial implant was provided to the member when under the age of five, **we** will pay ongoing maintenance and replacements
- breast reconstruction following surgery for cancer when the reconstruction was carried out as part of the original **treatment** for the cancer and **you** have obtained **our** written consent before receiving the **treatment**
- 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

Prosthetic devices

We pay for a 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. **We** will only pay for one prosthetic device per limb for an adult, and **we** will pay for the initial and up to two replacement prosthetic devices per limb for children under the age of 16.

The maximum benefit **we** will pay towards each prosthetic device is £2,000/€2,500/\$3,400.

0.12

We pay for maternity **treatment** and childbirth after the mother has been a member of this plan for 10 months, including:

- **hospital** charges, obstetricians' and midwives' fees for normal childbirth

- post-natal care required by the mother immediately following normal childbirth, such as stitches
- up to seven days' routine care for the baby

We also pay for pregnancy and childbirth complications, by which **we** mean those conditions which only ever arise as a direct result of pregnancy or childbirth. These include:

- pre-eclampsia
- miscarriage
- threatened miscarriage
- gestational diabetes
- when the foetus has died and remains with the placenta in the womb
- still birth
- heavy bleeding in the hours and days immediately after childbirth (post partum haemorrhage)
- afterbirth left in the womb after delivery of the baby (retained placental membranes)
- complications following any of the above conditions

(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by **your** other benefits).

Childbirth at home

We pay for midwives' or other **specialists'** fees for childbirth at home after the mother has been a member for 10 months.

Medically essential Caesarean section

We pay for **hospital**, obstetricians' and other medical fees for the cost of the delivery of **your** baby by Caesarean section, after the mother has been a member of this plan for 10 months, when:

- it is medically essential for a Caesarean section for example as a result of non progression during labour (eg dystocia, foetal distress, haemorrhage)

Note: if **we** are unable to determine that **your** Caesarean section was medically essential, it will be paid from **your** maternity and childbirth benefit limit.

We do not pay for **treatment** directly related to surrogacy. **We** will not pay maternity benefits:

- to **you** if **you** act as a surrogate, or
- to anyone else acting as a surrogate for **you**

We do not pay for **treatment** received as an **out-patient** before or after the birth unless **you** have bought the Worldwide Medical Plus option.

Please read "Adding members to your plan" section.

0.13

We pay newborn care benefits:

- for all **treatment** required for the newborn during the first 90 days' following birth, instead of any other benefit. (The first seven days of routine care for **your** baby will be paid from the mother's maternity benefit, whether **your** baby is entitled to newborn cover benefits or not)
- only for children covered under this plan

We do not pay newborn care benefits for children joining on their own membership (where they are the **main member**), born to a surrogate or who have been adopted, as these children can only join once they are 90 days old.

Please read "Adding members to your plan" section.

0.14

We pay for **treatment** of cancer, once it has been diagnosed, including:

- fees that are related specifically to planning and carrying out **treatment** for cancer. This includes tests, scans, consultations and drugs (such as cytotoxic drugs or chemotherapy), and

- when the acute phase of cancer **treatment** (by which **we** mean surgery, radiotherapy or chemotherapy) has been completed, **we** will continue to pay this benefit for all cancer **treatment** specifically related to the original diagnosis for up to a further five years

The five years will begin on the first outpatient consultation following completion of the acute phase of **treatment**. Cover during this period includes any follow-up tests, scans and consultations **you** may require. It also includes any drugs that may be required to keep the cancer in remission or to prevent relapse, for up to five years.

If **your treatment** needs to continue for more than five years, please contact **us** for prior approval. It may be necessary for **us** to seek a second opinion as part of **our** approval process.

0.15

We pay medical expenses 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

We will also pay medical expenses for bone marrow transplants (either using **your** own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy when carried out for conditions other than cancer.

We pay donor expenses, for each condition needing a transplant whether the donor is a member or not, including:

- the harvesting of the organ, whether from 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

We do not pay for **treatment** received as an **out-patient** before or after the transplant for either **you** or **your** donor unless **you** have bought the Worldwide Medical Plus option.

We do not pay for anti-rejection medicines unless **you** have bought the Worldwide Medicines and Equipment option three or more years before needing these medicines.

We do not pay medical costs for **you** to have an organ harvested, when the intended recipient is not a **Bupa International** member.

Please read note 1.9 under Worldwide Medical Plus.

Please read note 5.7 under General exclusions.

0.16

We pay for the following 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

The amount shown in "What is covered?" is the total amount **we** shall pay for these expenses during the whole of **your** membership of **Bupa International**, even if **you** have a break in **your** cover.

0.17

We pay for a 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 you** need to receive in **hospital**

0.18

We pay for a 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 kilometres, and
- related to **treatment 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.

We do not pay for evacuation or repatriation if the **treatment you** need is not available locally unless **you** have bought the Worldwide Evacuation option.

0.19

We pay for home nursing if **you** have had **treatment in hospital** which is covered under this 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

0.20

We pay **hospital** cash benefit if you:

- have received **treatment in hospital** which is covered under this plan
- have not been charged for **your** room and board, and
- have not been charged for **your treatment**

0.21

We pay for **emergency** dental **treatment** when:

- the **treatment** is needed as part of **your** overall **treatment** following a serious accident causing **you** to stay in **hospital**, and
- it is not the primary reason for **you** to be in **hospital**

This benefit is paid instead of any other dental benefits **you** may have, when **you** need **treatment** as a result of a serious accident requiring hospitalisation.

0.22

We pay for **treatment** of congenital and hereditary conditions:

- by congenital conditions **we** mean any abnormalities, deformities, diseases, illnesses or injuries present at birth, whether diagnosed or not
- by hereditary conditions **we** mean any abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of **your** family

If **you** have bought Worldwide Medical Plus, Worldwide Medicines and Equipment, Worldwide Wellbeing or Worldwide Evacuation the stated limits will apply for benefits included under those options. A full list of conditions which **we** define as congenital and hereditary is available on MembersWorld, or by contacting general enquiries.

Option Worldwide Medical Plus

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

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

What is covered?

Worldwide Medical Plus

Annual overall limit £25,000/€31,250/\$42,500 (excluding transplant benefits)

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

Benefit	Level of cover	£ Sterling	€ Euros	\$ US
Specialists' consultation and doctors' fees	Paid in full up to 35 visits each membership year			
Physiotherapy, osteopathy and chiropractor treatment	Paid in full up to 30 visits each membership year			
Consultations and treatment with complementary therapists	Paid in full up to 15 visits each membership year			
Psychiatrists' and psychologists' fees	Paid in full up to 30 visits each membership year			
Speech therapy	Paid in full			
Pathology, X-rays and diagnostic tests	Paid in full			
Young child care	Each membership year, up to	1,000	1,250	1,700
Maternity	Each membership year, up to	2,000	2,500	3,400
Accident-related dental treatment	Each membership year, 80% up to	500	625	850
Transplant services	Each condition, up to	50,000	62,500	85,000



At a glance

Notes

A meeting with **your specialist** or **doctor**

1.0

Physical therapies

1.1

To include acupuncture, homeopathy and Chinese medicine

1.2

Treatment for mental health conditions

1.3

Provided on a short-term basis following a condition such as a stroke

1.4

Investigations such as blood or urine tests, diagnostic X-rays and hearing tests

1.5

Routine preventive care for children covered under this option

1.6

Available after the mother has been a member for 10 months or more. Pre and post natal care

1.7

An accident resulting in a need for dental **treatment** only, which is received as an **out-patient**

1.8

Costs for transplant related **treatment**, before and after the transplant

1.9

Worldwide Medical Plus notes

1.0

We pay for consultations or meetings with **your specialist** or **doctor** to:

- receive **treatment**
- arrange **treatment**
- as a follow-up to **treatment** already received, or
- diagnose **your** illness or interpret **your** symptoms

Such meetings may take place in the **specialist's** or **doctor's** office, by telephone or using the internet.

1.1

We pay for **physiotherapy, osteopathy** and **chiropractor treatments**, which are physical therapies aimed at restoring **your** normal physical functions.

1.2

We pay for consultations and **treatment** with **complementary therapists** including:

- acupuncture, homeopathy and Chinese medicine, when the practitioners are appropriately qualified and registered to practise in the country where **treatment** is received, and
- the cost of both consultation and **treatment**, including any complementary medicines prescribed or administered as part of **your treatment**

We do not pay any other complementary therapies such as ayurvedic **treatment** or aromatherapy which may be available.

1.3

We pay for psychiatrists' and **psychologists'** fees for:

- meeting with **your specialist** to assess **your** condition, or
- **treatment** provided by a psychiatrist or **psychologist**

1.4

We pay for speech therapy only when it is:

- short term for a condition such as a stroke
- part of the **treatment** for that condition
- taking place during or immediately following **treatment** for that condition, and
- recommended by **your specialist**

We do not pay for **treatment** of speech or language disorders such as stammering or as a result of learning difficulties.

1.5

We pay for the following if recommended by **your specialist** or **doctor** to help diagnose or assess **your** condition:

- pathology, such as checking blood and urine samples
- radiology (such as X-rays)
- **diagnostic tests** such as electrocardiograms (ECGs) or hearing tests

1.6

We pay the following young child benefits for children up to the age of five covered under this plan:

- routine preventive care and check-ups, and
- immunisations

1.7

We pay for maternity care and **treatment** after **you**, the mother, have been covered on this option for 10 months including:

- **treatment** before and after the birth, including up to seven days' routine care for **your** baby, and
- home nurse following delivery

We also pay for pregnancy and childbirth complications, by which **we** mean those conditions

which only ever arise as a direct result of pregnancy or childbirth.

These include:

- pre-eclampsia
- miscarriage
- threatened miscarriage, gestational diabetes, when the foetus has died and remains with the placenta in the womb
- still birth
- heavy bleeding in the hours and days immediately after childbirth (post partum haemorrhage)
- afterbirth left in the womb after delivery of the baby (retained placental membranes)
- complications following any of the above conditions

(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by **your** other benefits).

1.8

We pay for accident related dental **treatment** when:

- it is needed only following a trauma or injury
- **you** do not need to be admitted to **hospital**
- **sound, natural tooth/teeth** are affected, and
- **treatment** takes place within six months of the date of the accident

A medical report from **your** dentist is required confirming:

- the date of the accident, and
- that the tooth/teeth requiring **treatment** are **sound, natural teeth**

This benefit is paid instead of any other dental benefits **you** may have, when **you** need **treatment** following accidental damage to **your** tooth/teeth.

We do not pay for the repair or provision of dental implants, crowns or dentures.

1.9

We pay for all costs for **treatment** received by **you** or **your** donor for, or related to, a covered transplant which has not been provided during a stay in **hospital**, such as:

- **specialists' and doctors' fees**
- pathology, X-rays and **diagnostic tests**
- **physiotherapy, osteopathy and chiropractor treatment**, or
- any donor complications, but to a maximum of 30 days post-operatively only

We do not pay for anti-rejection medicines unless **you** have bought the Worldwide Medicines and Equipment option three or more years before needing these medicines.

Please read note 0.15 under Worldwide Medical Insurance.



Option

Worldwide Medicines and Equipment

For prescribed medicines and medical equipment

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

What is covered?

Worldwide Medicines and Equipment

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

Benefit	Level of cover	£ Sterling	€ Euros	\$ US	At a glance	Notes
Prescribed medicines and dressings	Each membership year , up to				Medicines and dressings prescribed for you by your medical practitioner	2.0
Durable medical equipment rental	Up to 45 days each condition, each membership year up to	1,500	1,875	2,550	Such as crutches, a wheelchair or hospital bed	2.1
Long-term prescription medicines	Each membership year , 80% up to Lifetime limit	10,000	12,500	17,000	Available after you have been covered on this option for three years. Medicines prescribed for long-term use of six months or more	2.2
		60,000	75,000	102,000		

Worldwide Medicines and Equipment notes

2.0

We pay for medicines and dressings:

- prescribed by **your medical practitioner**
- which **you** can only get with a prescription, and
- that are only used if **you** have a disease, illness or injury

If **you** are staying in **hospital**, medicines and dressings will be covered under **your** Worldwide Medical Insurance benefits – read note 0.3.

2.1

We pay for the rental of durable medical equipment when this is 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

2.2

We pay for long-term prescribed medicines

- after **you** have been covered on this option for three years, and
- which have been prescribed for a period of at least six months

A medical report from **your specialist** or **doctor** is required confirming:

- the condition **you** need the medicines for, and
- that **you** need to take these medicines for at least six months

Option

Worldwide Wellbeing

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

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

What is covered?

Worldwide Wellbeing—annual overall limit £5,000/€6,250/\$8,500

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

Benefit	Level of cover	£ Sterling	€ Euros	\$ US
Screening and prevention:				
Full health screen				
Mammogram				
Papanicolaou (PAP) test				
Prostate cancer screen	Each membership year , up to	500	625	850
Colon cancer screen				
Bone densitometry				
Four dietetic consultations				
Vaccinations				
Dental:				
Preventive	Each membership year , 100% up to			
Routine and major restorative	Each membership year , 80% up to	3,500	4,375	5,950
Orthodontic	Each membership year , 50% up to			
Optical:				
Eye test (including consultation)	One each membership year , 100%			
Spectacle lenses	80%			
Contact lenses	80%			
Spectacle frames	Once every two membership years , 80% up to	150	185	255



At a glance

Notes

Available after **you** have been covered on this option for one **membership year**. A range of tests performed to review **your** general, overall state of health and fitness

3.0

Breast X-ray to detect signs of disease

Smear test to detect signs of cervical cancer

A blood test and/or digital rectal examination to detect signs of prostate cancer

3.1

A test such as a colonoscopy or an X-ray such as a barium enema to examine the large bowel for signs of colon cancer

A scan to determine the density of **your** bones

Meetings with a dietician

3.2

Vaccinations and immunisations

3.3

3.4

Available after **you** have been covered on this option for six months. Routine check-ups and hygienist services

3.5

Available after **you** have been covered on this option for six months. **Treatment** of a dental problem

3.6

Available after **you** have been covered on this option for two years. **Treatment** of misaligned teeth, under-bite, over-bite

3.7

Meeting and tests with an eye **specialist** to assess **your** sight and vision

3.8

Prescribed lenses only

3.9

Only available if **you** have prescribed lenses

3.10

Worldwide Wellbeing notes

3.0

We pay for a full health screening:

- after **you** have been covered on this option for one **membership year**
- then each alternate **membership year**

A full health screening generally includes various routine tests performed to assess **your** state of health and could include tests such as high cholesterol, high blood pressure, diabetes, anaemia and lung function, liver and kidney function and cardiac risk assessment. In addition, **you** may also have the specific screenings shown under 3.1 as part of a full health screening. The actual tests **you** have will depend on those supplied by the **treatment** provider where **you** have **your** screening.

3.1

We pay for mammogram, PAP (also known as a smear test), prostate cancer screening (which may include a prostate-specific antigen (PSA) test and/or physical examination), colon cancer screening and bone densitometry.

These tests and/or screenings:

- do not have a waiting period, and
- may take place independently of full health screening

3.2

We pay for dietetic consultations when required for dietary advice relating to a diagnosed disease or illness, such as diabetes.

We do not pay for slimming classes, slimming aids and weight management.

3.3

We pay for vaccinations and immunisations such as:

- travel vaccinations
- malaria tablets
- pneumococcal vaccinations, or

- vaccinations to aid the prevention of cancer, such as human papilloma virus (HPV), as and when these are complete medical trials and are approved for use in the country of **treatment**

We do not pay for child immunisations up to the age of five from this benefit. If **you** have bought the Worldwide Medical Plus option **we** will pay these immunisations from the young child care benefit – please read note 1.6.

3.4

We pay for **treatment you** receive from **your** dental practitioner, as described under notes 3.5 – 3.7. Certain dental/oral **treatments** will not be paid from this benefit, but from the Worldwide Medical Insurance and/or Worldwide Medical Plus benefits if **you** bought this option (please read notes under those benefits).

These conditions are those which are more specialised and need to be performed by a maxillofacial or oral **specialist in hospital**, such as:

- put a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident
- surgically remove a complicated, buried or impacted tooth, teeth or root
- benign gum cysts/jaw cysts
- chronic (large) mouth ulcers
- facial deformity such as cleft palate or lip
- facial injuries such as after an accident or cancer, or
- salivary gland diseases

This benefit is paid instead of any other dental benefits **you** may have, when **you** need preventive, routine or orthodontic **treatment**.

3.5

Dental – preventive, after **you** have been covered on this option for six months includes:

- two check-ups/exams each **membership year**
- X-rays/bitewing/single view/Orthopantomogram (OPG)
- scale and polish
- gum shield/mouth guard, and
- night guard

3.6

Dental - routine and major restorative, after **you** have been covered on this option for six months includes:

- all fillings—either amalgam (silver) or composite (white)
- root canal **treatment**
- crowns/bridge
- dental implant, and
- anaesthesia costs

3.7

Dental - orthodontic **treatment** up to the age of 19, after **you** have been covered on this option for two years includes:

- 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

3.8

We pay for one eye test each **membership year**, which includes the cost of **your** consultation and sight/vision testing.

3.9

We pay for spectacle and contact lenses which are:

- prescribed by your eye **specialist**, and
- to correct a sight/vision problem such as short or long sight

3.10

We pay for spectacle frames. This benefit is payable:

- once every two **membership years**
- only if **you** have been prescribed spectacle lenses

Your spectacle lens prescription or invoice will be required in support of **your** claim for spectacle frames.

Option

Worldwide

Evacuation

For when you can't get the treatment you need in a local hospital

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

What is covered?

Worldwide Evacuation

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

Benefit	Level of cover	£ Sterling	€ Euros	\$ US
Medical evacuation	Paid in full			
Medical repatriation	Paid in full			
Travel cost for an accompanying person	Paid in full			
Travel cost for the transfer of minor children	Paid in full			
Living allowance	For a maximum of 10 days each membership year , each day up to	100	125	170
Repatriation of mortal remains	Maximum benefit of	6,500	8,125	11,050
Compassionate visit and return	Five trips lifetime limit. Each membership year , up to	800	1,000	1,360
Compassionate visit living allowance	For a maximum of 10 days each visit, each day up to	100	125	170



At a glance

At a glance	Notes
Transfer to a hospital either in the same country or another country if the treatment you need is not available locally	4.0
Option to transfer to a hospital in your home country	4.1
A friend or relative can accompany you on your transfer, if there is a reasonable need for someone to go with you	4.2
If minor children will be left without a parent or guardian in the event of an evacuation or repatriation of a parent	4.3
A daily allowance towards living expenses for an accompanying person	4.4
Transfer of your mortal remains either to your home country or to your country of residence	4.5
Travel expenses for a relative's visit	4.6
A daily allowance towards living expenses for a visiting relative	4.6

Worldwide Evacuation notes

For all medical transfers, either evacuation or repatriation:

- **you** must contact **our service partner** for authorisation before **you** travel, on +44 (0) 1 273 333 911
- **our service partners** must agree the arrangements with **you**
- **your** Worldwide Evacuation benefit is applicable for **hospital treatment**, either overnight or as a **day-case**. Evacuation only (not repatriation) may also be authorised if **you** need a scan, exploratory tests or cancer **treatment** such as radiotherapy or chemotherapy
- the **treatment** must be recommended by **your specialist** or **doctor**
- the **treatment** is not available locally
- the **treatment** must be eligible under **your** plan
- **you** must have cover for the country **you** are going to be treated in, for example the USA
- **you** must have Worldwide Evacuation Cover in place before **you** need the **treatment**

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

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

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

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

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

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

4.0

We pay the reasonable and customary transport costs for a medical evacuation:

- to the nearest place where the required **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 **Bupa International's service partners**, and

- the return journey is within 14 days of the end of the **treatment**

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 taxis 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.

4.1

We pay the reasonable and customary transport costs for a medical repatriation:

- to **your specified country of nationality** as given on **your** application form, or **your country of residence**, and
- the return journey to the place **you** were transferred from

when:

- this is authorised in advance by **Bupa International's service partners**, and
- the return journey is within 14 days of the end of the **treatment**

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 taxis 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 International's service partners** for authorisation, but this may not be medically appropriate. In these cases, **we** will first evacuate **you** to the nearest place where **treatment** is available. Once **you** have been stabilised, **we** may then repatriate **you** to **your specified country of nationality** or **your country of residence**.

4.2

We pay reasonable travel costs for a relative or partner to accompany you:

- if there is a reasonable need for **you** to be accompanied, and
- the return journey to the place **you** were transferred from

when:

- this is authorised in advance by **Bupa International's service partners**, and
- the return journey is within 14 days of the end of the **treatment**

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 for someone to travel with **you** when the evacuation is for **you** to receive **out-patient treatment**.

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 (1 000 miles or 1 600 KM)
- there is no medical escort and **you** are in an anxious state
- **you** are very seriously ill

The accompanying person may travel in a different class from the member receiving **treatment** depending on medical requirements.

4.3

We pay reasonable travel costs for minor children to be transferred with **you** in the event of an evacuation or repatriation 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

4.4

We pay towards living expenses for the relative or partner who is authorised to travel with **you**:

- following an evacuation only, and
- for up to 10 days, or **your** date of discharge

whichever is the earlier, whilst away from their usual **country of residence**.

We do not pay for someone to travel with **you** when evacuation is for **out-patient treatment** only.

4.5

We pay for reasonable costs for the transportation only of **your** body or cremated mortal remains to **your** home country or to **your country of residence**:

- in the event of **your** death while **you** are away from home, and
- subject to airline requirements and restrictions

We do not pay for burial or cremation, the cost of burial caskets, etc, or the transport costs for someone to collect or accompany **your** mortal remains.

4.6

We pay the equivalent of economy class travel costs for one 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 the equivalent of economy class costs of **your** relative's return journey to their home country.

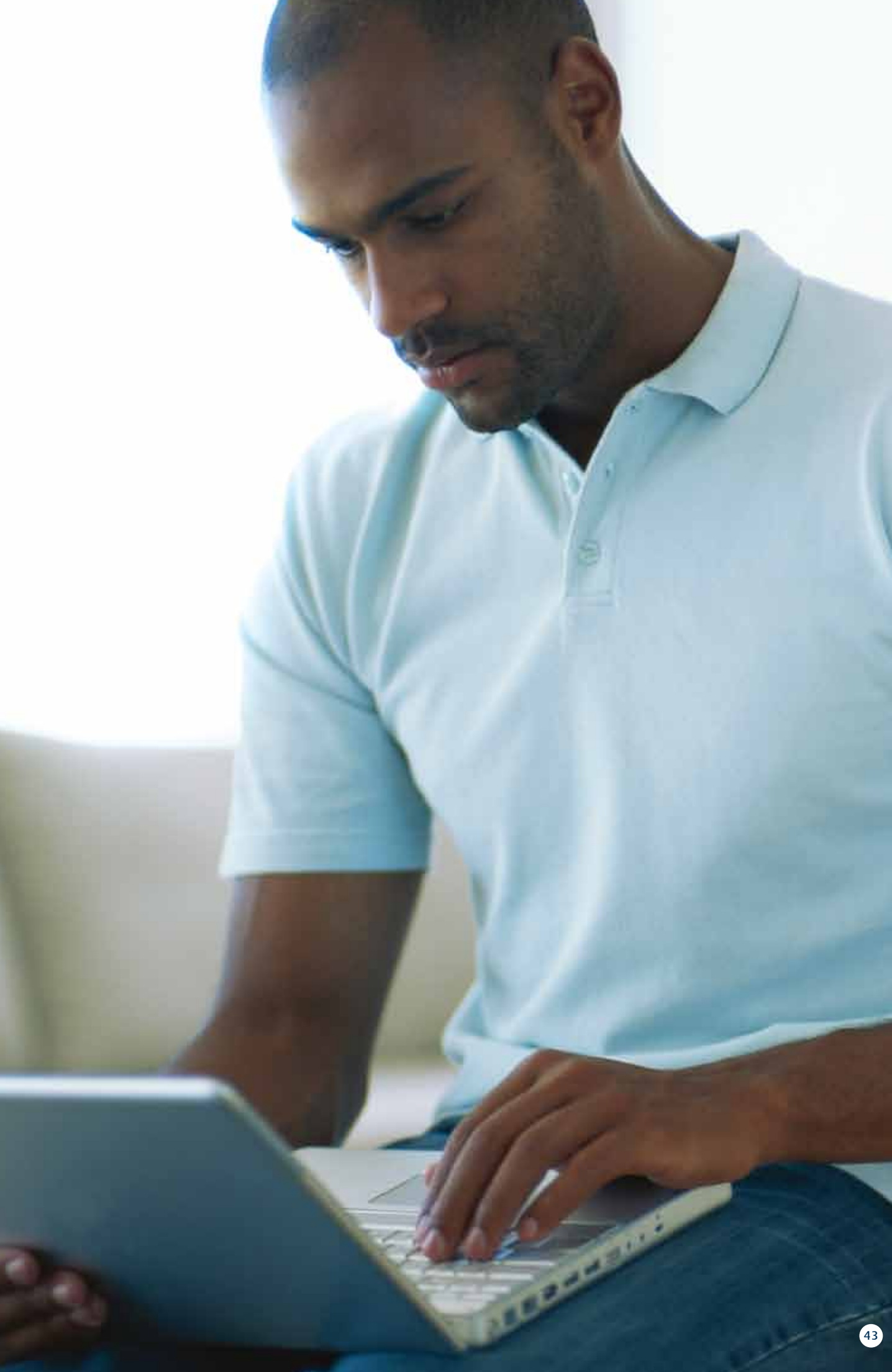
We pay:

- a maximum of five trips for the lifetime of **your** membership
- only when authorised in advance by **Bupa International's service partners**

We also pay towards living expenses for **your** relative:

- following an eligible compassionate visit only, and
- for up to 10 days whilst away from their usual **country of residence**

We do not pay this benefit when either an evacuation or repatriation has taken place. In the event of an evacuation or repatriation taking place during a compassionate visit, no further benefits as described in 4.2, 4.3 or 4.4 will be payable.



Deductibles

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

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

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

Worldwide Medical Insurance			Worldwide Medical Plus			Worldwide Medicines and Equipment		
£ Sterling	€ Euros	\$ US	£ Sterling	€ Euros	\$ US	£ Sterling	€ Euros	\$ US
250	300	425						
500	625	850						
1,000	1,250	1,700	100	125	170	50	60	80
2,000	2,500	3,400						
5,000	6,250	8,500						

How do deductibles work?

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

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

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

You have **treatment** in **hospital** for a broken leg, cost £1,000

Deductible applied £500
 from Worldwide Medical Insurance (as this covers **hospital treatments**)

Amount paid by us **£500**

You have **physiotherapy** for **your** broken leg (usually paid from **your** Worldwide Medical Plus option), cost £300

Deductible applied £100
 from Worldwide Medical Plus

Amount paid by us **£200**

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

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

Please remember:

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

How will claims be paid?

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

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

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

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

We will always send **you** a claims statement showing how much has been counted towards **your deductible** and how much has been paid. **Your deductible** invoice will show the amount **we** will collect from **your** account.

Changing your deductible

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

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

General exclusions

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

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

5.0

We do not pay for addictive conditions and disorders:

- **treatment** for or as a result of addictive conditions and disorders, and
- **treatment** for or as a result of any kind of substance or alcohol use or misuse

5.1

Artificial life maintenance:

- 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

5.2

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

5.3

Conflict and disaster:

- nuclear or chemical contamination
- war, riot, revolution, acts of terrorism
- epidemics put under the control of the local public health authorities, and
- any similar event

If:

- **you** have put yourself in danger by entering a known area of conflict (as identified by an EU government, such as the British Foreign and Commonwealth Office)
- **you** were an active participant, or
- **you** have displayed a blatant disregard for **your** personal safety

5.4

Convalescence and admission for general care, or staying in hospital for:

- convalescence, pain management, supervision
- receiving only general nursing care
- **therapist** or **complementary therapist** services
- domestic/living assistance such as bathing and dressing, and
- **treatment** that could take place as a **day-case** or **out-patient**

5.5

Cosmetic treatment:

Treatment to improve **your** appearance such as:

- facelift or re-modelled nose
- cosmetic dentistry such as the replacement of a **sound, natural tooth** with an implant, veneers, etc
- orthodontic **treatment** over the age of 19 (**we** pay for orthodontic **treatment** under the age of 19 if **you** have bought the Worldwide Wellbeing option)
- removal of surplus fat tissue such as liposuction
- hair transplants for any reason
- surgery to change the shape, enhance or reduce **your** breast(s) for any reason, except reconstruction following **treatment** for cancer

We may pay for **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) when:

- there is a significant family history of the disease, for example ovarian cancer, which is part of a genetic cancer syndrome, and/or
- **you** have positive results from genetic testing (please note that **we** will not pay for the genetic testing)

Please contact **us** for prior approval before proceeding with **treatment**. It may be necessary for **us** to seek a second opinion as part of **our** approval process. Benefit will not be paid unless prior approval has been received. The limit shown under Worldwide Medical Insurance will apply for **prophylactic surgery** for congenital and hereditary conditions other than cancer.

5.6

Developmental problems:

- learning difficulties, such as dyslexia
- behavioural problems, such as attention deficit disorder (ADHD), or
- physical development problems, such as short height

5.7

Donor organs:

- mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant
- purchase of a donor organ from any source, or

- harvesting and storage of stem cells, when a preventive measure against possible future disease

5.8

Experimental treatment:

- **treatment** or prescribed medicines which in **our** reasonable opinion, based on advice of the local public authority in the country where **your treatment** takes place, are experimental or have not proved to be effective
- **treatment** or clinical trials which have not yet been approved in the country in which **you** are receiving **treatment**, or
- prescribed medicines used for purposes other than those defined under their licence, which may vary from country to country

5.9

Eyesight:

Treatment or surgery to correct **your** eyesight such as laser **treatment**, refractive keratotomy (RK) and photorefractive keratectomy (PRK).

We pay for eligible **treatment** of **your** eyesight if it is needed as a result of a disease, illness or injury such as cataracts or a detached retina.

5.10

Foetal surgery:

Treatment or surgery undertaken in the womb before birth.

5.11

Footcare:

Treatment for:

- corns
- calluses, or
- thickened or misshapen nails

5.12

Health hydros, nature cure clinics, etc

Treatment or services received in a:

- health hydro
- nature cure clinic
- spa, or
- any similar establishment that is not a **hospital**

5.13

Infertility treatment:

Treatment to assist reproduction such as:

- in-vitro fertilisation (IVF)
- gamete intrafallopian transfer (GIFT)
- zygote intrafallopian transfer (ZIFT)
- artificial insemination (AI)
- prescribed drug **treatment**
- embryo transport (from one physical location to another), or
- donor ovum and/or semen and related costs

We pay for investigations into the cause of infertility when **your specialist** believes there are symptoms and/or evidence to suggest a medical cause. **We** will only pay when:

- both **you** and **your** partner have been members of this plan (or any Bupa administered plan which includes this cover) for two years before the investigations start, and
- **you** were both unaware and had not been suffering any symptoms prior to joining

5.14

Obesity:

Treatment for or as a result of obesity such as:

- slimming aids or drugs, or

- slimming classes

We may pay for surgery such as gastric banding or a gastric bypass when:

- **you** have a body mass index (BMI) of 40 or over, and/or
- **you** have a diagnosis of morbid obesity

Please contact **us** for prior approval before proceeding with **treatment**. It may be necessary for **us** to seek a second opinion as part of **our** approval process. Benefit will not be paid unless prior approval has been received.

5.15

Persistent vegetative state (PVS) and neurological damage:

We will not pay for **treatment** whilst staying in **hospital** for more than 90 continuous days for permanent neurological damage or if **you** are in a **persistent vegetative state**.

5.16

Personality disorders:

Any **treatment** for personality disorders, including but not limited to:

- affective personality disorder
- schizoid personality (not schizophrenia), or
- histrionic personality disorder

5.17

Pre-existing conditions:

Any **treatment** for a **pre-existing condition**, related symptoms, or any condition that results from or is related to a **pre-existing condition**, unless:

- **we** were given all the medical information that **we** asked for during **your** application for **your** current continuous period of membership

- **we** did not specifically exclude cover for the **pre-existing condition** on **your** membership certificate under special conditions, and

- **you** did not know about, or have any symptoms of, the **pre-existing condition** before the 'Period of cover from' date on the first membership certificate for **your** current continuous period of membership

5.18

Preventive treatment:

Health screening, including routine health checks and vaccinations, or any preventive **treatment**, except if **you** have bought the Worldwide Wellbeing option.

We may pay for **prophylactic surgery** when:

- there is a significant family history of the disease, for example ovarian cancer, which is part of a genetic cancer syndrome, and/or
- **you** have positive results from genetic testing (please note that **we** will not pay for the genetic testing)

The limit shown under Worldwide Medical Insurance will apply for **prophylactic surgery** for congenital and hereditary conditions other than cancer.

Please contact **us** for prior approval before proceeding with **treatment**. It may be necessary for **us** to seek a second opinion as part of **our** approval process. Benefit will not be paid unless prior approval has been received.

5.19

Reconstructive or remedial 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 membership.

Please contact **us** for prior approval before proceeding with **treatment**. It may be necessary for **us** to seek a second opinion as part of **our** approval process. Benefit will not be paid unless prior approval has been received.

5.20

Self-inflicted injuries:

Treatment for or as a result of an injury **you** have knowingly caused to yourself, such as in an attempted suicide.

5.21

Sexual problems and gender issues:

- sexual problems, such as impotence, whatever the cause, or
- sex changes or gender reassignments

5.22

Sleep disorders:

- insomnia
- snoring
- sleep-related breathing problems, or
- sleep studies

We may pay for **treatment** of sleep apnoea when **your specialist** believes this to be life-threatening.

We will only pay for:

- an initial sleep study
- surgery, if medically appropriate, and
- equipment hire, such as a Continuous Positive Airway Pressure (CPAP) machine (only if **you**

have bought the Worldwide Medicines and Equipment option)

Please contact **us** for prior approval before proceeding with **treatment**. It may be necessary for **us** to seek a second opinion as part of **our** approval process. Benefit will not be paid unless prior approval has been received.

5.23

Temporomandibular joint (TMJ) disorders

5.24

Travel costs for treatment:

- any fares such as taxis or buses, unless otherwise specified, and
- expenses such as petrol or parking fees

5.25

Unrecognised physicians, providers or facilities:

Treatment provided by a **medical practitioner** who is not recognised by the relevant authorities in the country where the **treatment** takes place as having specialised knowledge, or expertise in, the **treatment** of the disease, illness or injury being treated.

Treatment provided by anyone with the same residence as **you** or who is a member of **your** immediate family.

Treatment in any **hospital**, or by any **medical practitioner** or any other **treatment** provider, to whom **we** have sent a written notice that **we** no longer recognise them for the purposes of **our** plans. Details of **treatment** providers **we** have sent written notice to are available on MembersWorld, or by telephoning general enquiries. Please read "Getting in touch" section.

5.26

USA treatment:

If **you** have not bought cover for the USA, then **we** will not pay for **treatment** received in the USA.

If **you** have bought cover for the USA, **we** will not pay for **treatment** received there when:

- prior approval for **your treatment** was not given by **our service partner** in the USA (please read "Prior approval" section), and
- **Bupa International** knows or suspects that **you** purchased cover for and travelled to the USA for the purpose of receiving **treatment** for a condition, when **you** had already experienced symptoms of that condition. This applies whether or not **your treatment** was the main or sole purpose of **your** visit

Important information

In this section you'll find everything else you need to know about your plan:

- **your** membership
- making a complaint
- useful notes and legal information
- glossary

Your membership

Your plan is an annual contract that will begin on the "Period of cover from" date on **your** membership certificate. **Your anniversary** falls on this date in each following year of **your** membership.

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

Please read "What happens on my anniversary?" section.

Our legal agreement

You (the **main member**) have formed an agreement with **your insurer** about **your** cover on Worldwide Health Options. Only **you** and **your insurer** have legal rights under this agreement. This means that only **you** and no-one else may enforce the terms of this agreement, either under the Contracts (Rights of Third Parties) Act 1999 or otherwise.

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

Please read "Making a complaint" section.

What forms my membership?

Your membership with **us** consists of:

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

What happens if I move?

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

If **you** move to another country, **you** must let **us** know straight away. **Your** new country may have different regulations for health insurance, and **we** can make sure that **you** have the right cover and that all local regulations are being met.

Country of residence

You, the **main member**, must tell **us** if **your country of residence** or **your** country of citizenship changes.

We may need to end **your** membership if the change results in a breach of regulations governing the provision of healthcare cover to local nationals, residents or citizens.

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

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

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

For a list of **our** local partners and whether **we** can offer this transfer service please call the Bupa International customer services helpline.

You may need to add or remove cover for the USA during the course of **your** membership, if **you** move to or from that country. If this is the case, please contact **us** to discuss. Please note that **your** subscriptions will be higher or lower from the effective date of adding or removing cover for the USA.

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

When does my membership begin?

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

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

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

What happens on my anniversary?

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

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

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

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

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

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

Can I cancel my membership?

You can cancel **your** membership, and that of any **additional people** covered under **your** plan, within 28 days of receiving **your** first membership certificate. Should **you** wish to, simply write and let **us** know. You'll find **our** address in the "Getting in touch" section.

If **you** or the **additional people** covered have not made any claims, **we** will refund any subscriptions **you** have paid.

Ending your membership

You can end **your** membership by letting **us** know:

- as soon as possible in advance of the date **you** wish to end **your** membership
- whether or not the membership of **additional people** is also to be ended, or
- the date that **you** want **your** membership to end (**you** can't backdate the ending of **your** membership)

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

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

- if **you** do not pay subscriptions or other charges (such as IPT (Insurance Premium Tax) taxes or levies) before, or within 30 days of, the date they are due. If **you** are having trouble paying **your** subscriptions please get in touch - **we** may be able to help, or

- in the event of the death of the **main member**. In this case, any **additional people** in **your** plan can apply to become the **main member**. If the membership is transferred within one month of the date of death of the original **main member** and without a break in cover, **we** will not apply any new personal restrictions or exclusions

Refunding your subscriptions

We will refund any subscriptions **you** have paid which relate to a period after **your** membership ends. However, **we** are entitled to deduct money **you** may owe **us** from any refund.

How can I change my plan?

Your membership with **us** is an annual contract. This means that **we** can only add or remove options for **you** on **your anniversary**.

If **you** want to add or remove options, please contact **us** before **your anniversary** to discuss **your** choices. If **you** add options to **your** plan, **your** subscriptions will be higher. If **you** remove options from **your** plan, **your** subscriptions will be lower.

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

Adding members to your plan

You can apply to include **additional people** in **your** membership by filling in a membership amendment form. **You** can download this easily from MembersWorld at www.bupa-intl.com/membersworld. Or **you** can contact **us** and **we** will send one to **you**.

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

or exclusions, which are personal to any **additional people you** add and which will be shown on **your** membership certificate, or **we** may decline to offer cover.

Newborn children can only be included on **your** membership from their date of birth when:

- at least one parent has been covered on this membership for 10 months or more prior to the child's birth
- the child has not been adopted or born to a surrogate
- the child is not being enrolled on their own membership, or
- **you** have completed a membership amendment form

Newborn children who have been adopted, born to a surrogate or who are being enrolled on their own membership can be included once they are 90 days old and **you** have completed a membership amendment form or application form.

New membership certificates

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

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

How are my subscriptions calculated?

Your subscriptions are calculated according to the country in which **you** reside.

Countries are grouped into eight different zones according to the costs of **treatment** in those countries. For example, the cost of **treatments** in

France and Finland are similar and these countries are both in Zone 6.

If **you** live in the USA, **you** must pay for Zone 1 which covers those living in the USA. Please note that **we** cannot cover anyone who is permanently resident in the USA as **you** must be insured through a local company.

If **you** live outside the USA, **your** subscription is calculated according to the zone where **you** spend most of **your** time. **You** can choose to add USA Cover to any of the zones. This then covers **you** for the zone where **you** spend most of **your** time and includes cover for medical **treatment** if needed when **you** are visiting the USA.

How do I pay subscriptions and other charges?

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

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

You may also have to pay other charges, such as Insurance Premium Tax (IPT), or other taxes, levies or charges, depending on the laws of **your** residency country. If they apply to **you**, they will be included within the total that **you** have to pay on **your** invoice. The charges may apply from the "Period of cover from" date of **your** membership or **your** anniversary. **You** must pay these charges to **us** when **you** pay **your** subscriptions, unless otherwise required by law.

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

What happens if I don't pay?

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

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

Will the amount I pay change?

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

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

Bank charges

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

Making a complaint

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

If **you** have any comments or complaints, **you** can call the **Bupa International** customer helpline on +44 (0) 1 273 323 563, 24 hours a day, 365 days a year. Alternatively **you** can email via www.bupa-intl.com/membersworld, or write to **us** at:

Bupa International

Russell House
Russell Mews
Brighton
BN1 2NR
UK

We want to make sure that members with special needs are not excluded in any way. For hearing or speech impaired members with a textphone, please call +44 (0) 1 273 866 557. **We** also offer a choice of Braille, large print or audio for **our** letters and literature. Please let **us** know which **you** would prefer.

Taking it further

If **we** have not been able to resolve the problem and **you** wish to take **your** complaint further, please call the **Bupa International** customer helpline on +44 (0) 1273 323 563 or write to **our** Head of Customer Relations at:

Bupa International

Russell House
Russell Mews
Brighton
BN1 2NR
UK

It's very rare that **we** can't settle a complaint, but if this does happen, **you** may also refer **your** complaint to the Financial Ombudsman Service.

You can:

- write to them at South Quay Plaza, 183 Marsh Wall, London E14 9JR, **UK**
- call them on 0845 080 1800 or +44 (0) 20 7964 1000
- find details at their website www.financial-ombudsman.org.uk

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

Confidentiality

The confidentiality of patient and member information is of paramount concern to the companies in the Bupa group. To this end, Bupa fully complies with Data Protection Legislation and Medical Confidentiality Guidelines. Bupa sometimes uses third parties to process data on **our** behalf. Such processing, which may be undertaken outside the EEA (European Economic Area), is subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by the Data Protection Act.

Useful notes and legal information

Other parties

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

Correspondence

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

Applicable law

Your membership is governed by English law.

Any dispute that cannot otherwise be resolved will be dealt with by courts in the **UK**. If any dispute arises as to the interpretation of this document, then the English version of this document shall be deemed to be conclusive and taking precedence over any other language version of this document. **You** can obtain a copy at any time by contacting **our** customer helpline on +44 (0) 1 273 323 563.

False information

If there is reasonable evidence that any person has misled **us** or attempted to mislead **us**, either at the time of joining or when making a claim, by:

- giving false information
- keeping necessary information from **us**, or
- working with another party to give false information

either intentionally or carelessly and which may influence **us** in deciding:

- whether **you** (or they) can join the plan
- what subscription has to be paid, or
- whether **we** have to pay any claim

your insurer can end **your** membership, including the membership of any **additional people** included in **your** plan and seek to recover any claim payments which have previously been made. **We** will refund any subscriptions **you** have paid which relate to a period after **your** membership ends. However, **we** are entitled to deduct money **you** may owe **us** from any refund. **We** may also refer the case for legal action and/or law enforcement agencies.

We may alternatively:

- add new personal restrictions or exclusions to **your** cover, and/or
- deny payment against any pending claims

We will not end **your** membership, or add any personal restrictions or exclusions to **your** cover, for any disease, illness or injury that started after **you** joined the plan as long as **you**:

- gave **us** all the information **we** asked for before **you** joined, and
- have not applied to add any new options to **your** cover

Glossary

In this section **we** explain what **we** mean by various words and phrases in **your** membership guide.

Words written in bold are particularly important as they have specific meanings.

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.

Additional people: The other people named on **your** membership certificate as being members of the plan and who are eligible to be members, including newborn children.

Anniversary: Each **anniversary** of the date **you** joined the plan. (If however **you** are a member of a **Bupa International** Worldwide Health Options group plan with a common **anniversary** for all members, **your anniversary** will be the common **anniversary** for the group. **We** tell **you** the group **anniversary** when **you** join.)

Bupa International: Bupa Insurance Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.

Complementary therapist: An acupuncturist, homeopath 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.

Country of residence: Any country where **you** are considered by the relevant authorities to be resident.

Day-case: 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-case psychiatric treatment**.

Deductible: The amount **you** have to pay towards the cost of the **treatment** that **you** receive each **membership year** that would otherwise have been covered under **your** membership.

Diagnostic tests: Investigations, such as X-rays or blood tests, to find the cause of **your** symptoms.

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.

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**, and
- providing **treatment** which only **specialists** can provide

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.

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

Medical practitioner: A **complementary therapist, specialist, doctor, psychologist** or **therapist** who provides **active treatment** of a known condition.

Membership year: The period beginning on **your** start date or renewal date and ending on the day before **your** next renewal date. By start date **we** mean the "Period of cover from" date on **your** first membership certificate for **your** current continuous period of membership.

Network: A **hospital** or similar facility, or **medical practitioner**, that has an agreement in effect with **Bupa International** or a **service partner** to provide **you** with eligible **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-case** to receive **treatment**.

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.

Physiotherapy, osteopathy and chiropractor:

Practitioners must be fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the **treatment** is received.

Pre-existing condition: Any disease, illness or injury for which:

- **you** have received medication, advice or **treatment**
- **you** have experienced symptoms whether the condition has been diagnosed or not in the four years before the start of **your** current continuous period of cover

Prophylactic surgery: Surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland.

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

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

Qualified nurse: A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the **treatment** is received.

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.

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

Sound natural tooth/teeth: A tooth with no decay, no filling on more than two surfaces, no gum disease associated with bone loss, and no root canal therapy, that is not a dental implant and that functions normally in chewing and speech.

Specialist: A surgeon, anaesthetist or physician who:

- is legally qualified to practise medicine or surgery following attendance at a recognised medical school
- is recognised by the relevant authorities in the country in which the **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 **you** gave on **your** application form. This is the country to which **you** will be returned if **you** have purchased repatriation cover.

Subrogation: The assumption of the member's right by **Bupa International** to recover from another party the costs of any claims paid by **Bupa International** for **treatment** to the member.

Surgical operation: A medical procedure involving an incision into the body.

Therapists: A physiotherapist, occupational therapist, orthoptist, dietician or speech therapist 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.

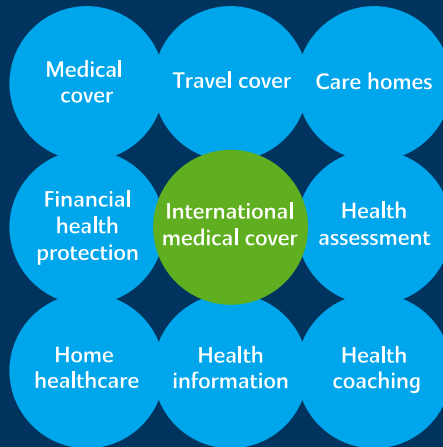
UK: Great Britain and Northern Ireland.

We/us/our: **Your insurer.**

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

Your insurer: The insurer providing **your** cover as stated on **your** membership certificate.





The world of Bupa

bupa.co.uk

Bupa International offers you

Global medical plans for
individuals and groups

Assistance, repatriation and evacuation cover
24-hour multi-lingual helpline

Contact us:

New business enquiries: +44 (0) 1273 208 181

General services: +44 (0) 1273 323 563

Medical related enquiries: +44 (0) 1273 333 911

bupa-intl.com

Your calls will be recorded
and may be monitored

Bupa International

Russell House, Russell Mews, Brighton BN1 2NR, UK