

Martime – How does policy work?

Who can apply for this policy?

This policy has been specifically designed for three or more crew employees who live and work aboard yachts, super yachts or ocean-going vessels.

Where can I be treated?

You can receive treatment from any recognised hospital, clinic, or legally qualified medical practitioner, wherever you are in the world.

We also have a network of more than 5,500 hospitals and clinics, which we can often arrange to pay directly on your behalf (this is known as direct settlement).

Our Medical Centre service will help you find a suitable medical professional.

How do I arrange treatment?

When you know that you need to seek medical advice and/or treatment, we ask that you contact us first. This allows us to check your cover, confirm that your proposed treatment is eligible for payment, and in many cases, contact your medical provider to arrange direct settlement.

How does Bupa International make claim payments?

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

- We can pay you, the principle member (applicant) or your medical provider.
- We can pay by cheque or by electronic bank transfer.
- We can pay in more than 80 currencies.

What treatment and conditions are not covered?

We always ask that you contact us before arranging or receiving any treatment so we can confirm coverage.

The following is a summary only of some of the main charges and treatment we do not pay for under this policy. There are some exceptions to the exclusions. Full rules are available by contacting us.

- Treatment for or related to AIDS or HIV.
- Treatment for, or arising out of, addictive conditions/disorders or drug, substance or alcohol abuse.
- Treatment for symptoms of bodily changes not due to underlying disease, illness or injury.
- Treatment for or arising out of allergies and allergic disorders.
- Treatment for or related to birth control, contraception, sexual problems, infertility and sex changes.
- Treatment for chronic conditions.
- Treatment arising out of complications caused by disease, illness, injury or treatment for which you are not covered under the policy.
- Treatment for congenital conditions which is received on or after the 28th day after birth.
- Treatment for disease, illness or injury resulting from nuclear or chemical contamination, war, riot, revolution or similar event.

Hospital accommodation used for:

- any purpose other than receiving treatment that normally requires you to stay in a hospital

- general nursing care that could be provided in a nursing home or other non-hospital facility
- receiving services from therapists, complementary medicine practitioners or anyone who is not a consultant
- treatment related to, or arising from removal of healthy, surplus or fat tissue, or treatment undergone for cosmetic or psychological reasons
- treatment for or arising from deafness caused by a congenital abnormality, maturing or ageing
- dental or oral treatment – except for emergency dental treatment – as defined in the table of benefits
- treatment for, or associated with, haemodialysis or peritoneal dialysis
- drugs or surgical dressings provided or prescribed for out-patient treatment
- treatment which in our reasonable opinion is experimental, or not proven to be as effective, based on established medical practice
- treatment to correct your eyesight
- treatment or services carried out by a family doctor, except for those covered by family doctor treatment as set out in the table of benefits
- treatment or services received in health spas (health spa treatments such as floatation therapy and reflexology), nature cure clinics and any similar establishment
- Hormone Replacement Therapy (HRT) or bone densitometry
- treatment for or related to learning difficulties, behavioural and developmental problems
- supplying or fitting of physical aids and devices
- unless otherwise agreed with your sponsor (organisation) under the agreement, treatment for a pre-existing condition or a condition which results from or is related to a pre-existing condition
- treatment for, or any condition arising from, pregnancy or childbirth
- preventive treatment
- treatment for self-inflicted injuries
- treatment for sexually transmitted diseases
- treatment for sleep-related breathing disorders
- treatment relating to any speech disorders
- any travel costs you incur when travelling to receive treatment, except for travel by ambulance to the extent set out in the table of benefits

Treatment provided by any practitioner who:

- is not recognised by the relevant authorities in the country in which you receive the treatment, or does not have specialised knowledge of the disease, illness or injury for which you are being treated
- Treatment in any hospital, or by any practitioner, to whom we have sent a written notice saying we will no longer recognise them for the purpose of our policies.
- Any treatment, including emergency treatment you receive in the USA, if your sponsor has not purchased this cover. If you are covered for treatment in the USA we will only pay if the arrangements for all such treatment are made by our agents in the USA.

Do you have a limit for the cost of treatment I may receive?

Beyond the benefit limits of your policy, we only pay costs when the charges made by the provider of services are reasonable and customary. By this we mean that the charges are the same as those made to our members by the majority of other service providers in the same country; and also that they are not more than the provider would normally charge.