

International School Plan – How does this plan work?

Who is the International School plan for?

The International School plan is for teaching staff who are members of the European Council of International Schools.

What International School discount can I expect?

Discounts of up to 25% are available. Please contact us for more information.

Where can I be treated?

You can receive treatment from any recognised hospital, clinic, or legally qualified medical practitioner.

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 Healthline 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 the claims process work?

There are two ways that your medical treatment can be paid:

Direct settlement

- You contact us to advise what treatment you intend to receive.
- We confirm that treatment is eligible and that we can 'pre-authorise' (guarantee payment) of it.
- We send pre-authorisation to you and the provider of your treatment.
- You complete and sign the pre-authorisation form.
- Your medical provider attaches the invoice(s) for your treatment and returns with the pre-authorisation documents to us.
- We process the claim and pay your medical provider directly.
- We send you a 'payment statement' advising when and how it was paid, and who received the payment.
- You settle any shortfall with your medical provider.

Pay and claim

- You contact us to advise what treatment you intend to receive.

- We confirm your cover and benefit limits.
- You receive treatment and pay your medical provider (usually at time of treatment).
- You and your medical provider fully complete a claim form and return the claim form to us.
- We process the claim and pay you (via cheque or electronic bank transfer, where applicable).

We send you a 'payment statement' advising when and how it was paid, and who received the payment.

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 over 80 currencies.

How do deductibles work?

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

Once your deductible amount has been reached, all covered expenses will be paid in line with your policy's benefit limits. For example, if you have an annual deductible of £Sterling 500, the total value of your eligible claims must reach £Sterling 500 before we will pay any benefit.

The annual deductible applies separately to each person on your membership, and is not cumulative.

What treatment and conditions are not covered?

There are certain conditions and treatments that we do not pay for on any level of coverage.

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

For further details on any of the exclusions below, please contact us.

Excluded conditions and treatments:

- addictive conditions and disorders
- ageing and puberty
- allergies and allergic conditions
- artificial life maintenance
- birth control
- conflict and disaster
- congenital conditions
- convalescence and admission for general care
- cosmetic treatment
- deafness
- dental treatment/gum disease
- developmental problems
- donor organs
- experimental treatment
- eyesight
- footcare

- genetic testing
- health spas (health spa treatments such as floatation therapy and reflexology), nature cure clinics and related treatments
- hereditary conditions
- HIV/AIDS
- infertility treatment
- obesity
- personality disorders
- physical aids and devices
- pre-existing conditions
- preventive and wellness treatment
- reconstructive or remedial surgery
- self-inflicted injuries
- sexual problems/gender issues
- sleep disorders
- speech disorders
- surrogate parenting
- travel costs for treatment
- treatment from unrecognised physicians or facilities
- USA treatment (unless USA cover is purchased separately)

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

Beyond the benefit limits of your plan, 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.