



Taking good
care of you
wherever you are

Introduction

This booklet contains **your** Table of Benefits and other information on how to use **your Bupa International** Company plan. The full rules are set out in the Membership Guide.

Important

Please keep this booklet in a safe place. **We** may send **you** amendments when **your** plan renews. If so, please read them and keep them with this booklet. **You** can download an updated version of the full Membership Guide at any time from **our** MembersWorld website or contact **us** to request a new copy.

Bold words

Words in **bold** have particular meanings in this booklet. Please check their definition in the Glossary before **you** read on.

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European branch addresses:

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

Bupa 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

Contact us

General Enquiries:

Your Bupa International customer services helpline

- open 24 hours a day, 365 days a year
- membership and payment queries
- claims information

Email: info@bupa-intl.com*

Tel: +44 (0) 1273 323 563

Web: www.bupa-intl.com

Fax: +44 (0) 1273 820 517

Medical Enquiries:

Pre-authorisation, Healthline, Evacuation and Repatriation

- open 24 hours a day, 365 days a year
- check cover and pre-authorise **treatment**
- medical advice and information
- find local medical facilities
- medical referrals
- authorise evacuation or repatriation
- embassy and visa information
- interpreter referral service

MembersWorld:

www.bupa-intl.com/membersworld

- view membership status
- track claims online **
- update personal details
- access **hospital** directory
- webchat
- download claim forms
- much more

Tel: +44 (0) 1273 333 911

Fax: +44 (0) 1273 866 301

Further help

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) 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.

Any correspondence, including your claims, should be sent to the following address: Bupa International, Russell House, Brighton, UK, BN1 2NR

* Please note that we cannot guarantee the security of email as a method of communication.

Some companies do monitor email traffic, so please bear this in mind when sending us confidential information.

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

How to use your Bupa International Company plan

Step 1: Where to get treatment

As long as it is covered by **your** plan, **you** can have **your treatment** at any recognised **hospital** or clinic. If **you** don't know where to go, please contact **our** Healthline service for help and advice.

Participating hospitals

To help **you** find a facility, **we** have also developed a global **network** of over 7,500 medical centres, called participating **hospitals** and clinics. The list is updated regularly, so please visit www.bupa-intl.com for the latest information. **We** can normally arrange direct settlement with these facilities (see Step 3 below).

Getting treatment in the USA

You must call **our Service Partner** on 800 554 9299 (from inside the US), or +1 800 554 9299 (from outside the US) to arrange any **treatment** in the USA.

Step 2: Contact Bupa International

If **you** know that **you** may need **treatment**, please contact **us** first. This gives **us** the chance to check **your** cover, and to make sure that **we** can give **you** the support of **our** global **networks**, **our** knowledge and **our** experience.

Pre-authorising in-patient treatment and day-case treatment

You must contact **us** whenever possible before **in-patient** or **day-case treatment**, for pre-authorisation. This means that **we** can confirm to **you** and to **your hospital** that **your treatment** will be covered under **your** plan. Pre-authorisation puts **us** directly in touch with **your hospital**, so that **we** can look after the details while **you** concentrate on getting well.

When **you** contact **us**, please have **your** membership number ready. **We** will ask some or all of the following questions:

- what condition are **you** suffering from?
- when did **your** symptoms first begin?
- when did **you** first see **your family doctor** about them?
- what **treatment** has been recommended?
- on what date will **you** receive the **treatment**?
- what is the name of **your consultant**?
- where will **your** proposed **treatment** take place?
- how long will **you** need to stay in **hospital**?

If **we** can pre-authorise **your treatment**, **we** will send a pre-authorisation statement that will also act as **your** claim form (see Step 3 below).

Step 3: Making a claim

You can contact **us** or **your sponsor** for the full rules around making a claim. Here are some guidelines and useful things to remember.

Direct settlement/pay and claim

Direct settlement is where the provider of **your treatment** claims directly from **us**, making things easier for **you**. The alternative is for **you** to pay and then claim back the costs from **us**.

We try to arrange direct settlement wherever possible, but it has to be with the **agreement** of whoever is providing the **treatment**. In general, direct settlement can only be arranged for **in-patient** or **day-case treatment**.

Direct settlement is easier for **us** to arrange if **you** pre-authorise **your treatment** first, or if **you** use a participating **hospital** or clinic.

What to send

We must receive a fully completed claim form and the original invoices for **your treatment**, within six months of the **treatment** date.

If this is not possible, please write to **us** with the details and **we** will see if an exception can be made.

Your claim form

You must ensure that **your** claim form is fully completed by **you** and by **your medical practitioner**. The claim form is important because it gives **us** all the information that **we** need. Contacting **you** or **your medical practitioner** for more information can take time, and an incomplete claim form is the most common reason for delayed payments.

You can download a claim form from **our** MembersWorld website, or contact **us** to send **you** one. Remember that if **your treatment** is pre-authorised, **your** pre-authorisation statement will act as **your** claim form.

How we make payments

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

- **we** can pay **you** or the **hospital**
- **we** can pay by cheque or by electronic transfer
- **we** can pay in over 80 currencies

To carry out electronic transfers, **we** need to know the full bank name, address, SWIFT code and (in Europe only) the IBAN number of **your** bank account. **You** can give **us** this information on the claim form.

Tracking a claim

We will process **your** claim as quickly as possible. **You** can easily check the progress of a claim **you** have made by logging on to **our** MembersWorld* website.

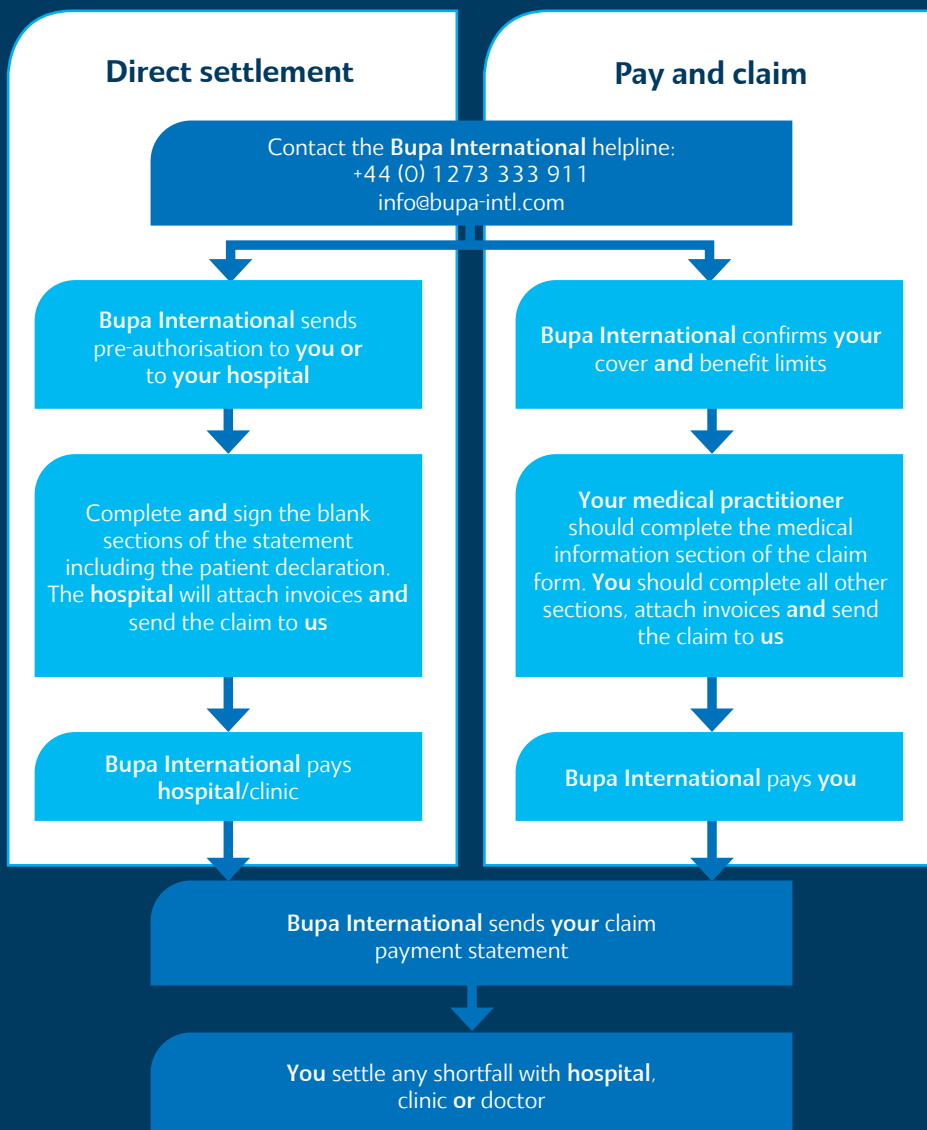
Claim payment statement-MyClaim

When **your** claim has been assessed and paid, **we** will send a statement to **you** to confirm when and how it was paid, and who received the payment. Again, please contact **us** if **you** have any questions about this information.

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

How to Claim

(summary)



About your membership

About your membership

The **Bupa International** Company plan is a group insurance plan. **You** are therefore one of a group of members, which has a **sponsor** (normally the company that **you**, the **principal member** work for).

This plan is governed by an **agreement** between **your sponsor** and **Bupa International**, which covers the terms and conditions of **your** membership. This means that there is no legal contract between **you** and **Bupa International**. Only the **sponsor** and **Bupa International** have legal rights under the **agreement** relating to **your** cover, and only they can enforce the **agreement**.

As a member of the plan, **you** do have access to **our** complaints process. This includes the use of any dispute resolution scheme **we** have for **our** members.

All the following documents make up **our agreement** and must be read together as they set out the terms and conditions of **your** membership:

- **you**, the **principal member's** application for cover: this includes any quote request, applications for cover for **you** and **your dependants** (if any) and the declarations that **you**, the **principal member** made during the application process

- **your** rules and benefits in the Membership Guide
- **your** Membership Certificate

The full name of **your** insurer is shown on **your** Membership Certificate.

When your cover starts

The start date of **your** membership is the "effective from" date shown on **your** Membership Certificate.

If you move to a new country

You, the **principal member** must inform **your sponsor** straight away if **you** change **your specified country of residence**.

Your new country may have different regulations about health insurance. **You**, the **principal member** need to tell **your sponsor** of any change so that **we** can make sure that **you** have the right cover and that all local regulations are being met.

What is covered?

This section contains **your** Table of Benefits and the accompanying notes. Before **you** look at these, please read the important information below about the kind of costs that **we** cover.

3.1 Treatment that we cover

For **us** to cover any **treatment** that **you** receive, it must satisfy all of the following requirements:

- it is at least consistent with generally accepted standards of medical practice in the country in which **treatment** is being received
- it is clinically appropriate in terms of type, duration, location and frequency, and
- it is covered under the terms and conditions of the plan

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.

Active treatment

This plan covers **you** for the costs of **active treatment** only. By this **we** mean **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 as quickly as possible.

Note: please see Note 1 b in Section 4.4 "Notes to the Table of Benefits" and exclusion 29 in Section 5 "What is not covered?" for information on preventive **treatment**.

3.2 Reasonable and customary charges

We will pay for 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*.

3.3 Table of Benefits

The Table of Benefits shows the benefits and limits that apply to **your** plan. The notes that follow it in section 3.4 contain the detailed rules for each benefit. **You** also need to read Section 4 "What is not covered?" so that **you** understand the exclusions on **your** plan.

Variations to your benefits

Your sponsor may have agreed variations to this benefit table with **Bupa International**. If so, **your sponsor** will inform **you** of these variations.

* 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.

Benefit limits

There are two kinds of benefit limits shown in this table. The "overall annual maximum" is the maximum **we** will pay for all benefits in total for each person, each **membership year**. Some benefits also have a limit applied to them separately; for example home nursing.

All benefit limits apply per member. If a benefit limit also applies per **membership year**, this means that once a benefit limit has been reached that benefit will no longer be available until **you**, the **principal member** renew **your** plan and start a new **membership year**. If a benefit limit applies for the whole of **your** membership, once this benefit limit has been reached, no further benefits will be paid, regardless of the renewal of **your** plan.

On the Gold Superior level, this 'overall annual maximum' also incorporates an annual maximum per condition.

Currencies

All the benefit limits in this Table of Benefits and notes are set out in three currencies: £Sterling, US\$ and €Euros. The currency in which **your sponsor** pays **us** subscriptions is the currency that applies to **your** membership for the purpose of the benefit limits.

For example, if **your sponsor** pays **us** subscriptions in £Sterling then the benefit limits given in £Sterling apply to **your** membership and US\$ and €Euro limits do not apply to **you**.

If **you** are unsure which level of cover **you** have or the currency that applies to **your** membership, **you** can either check on **your** Membership Certificate, through **our** MembersWorld website or contact the customer services helpline.

Table of Benefits

Overall annual maximum*

£ Sterling	£6,000,000*
\$ US Dollar	\$10,200,000*
€ Euro	€7,500,000*

Note 1: Out-patient treatment

Out-patient surgical operations	Note 1a	Paid in full
Wellness – mammogram, PAP test, prostate cancer screening or colon cancer screening (after one year's membership)	Note 1b	We pay up to £1,200, US\$2,000 or €1,500 each membership year
Full Health Screening – cholesterol, blood pressure, diabetes, anaemia, lung function, liver and kidney function, cardiac risk assessment and hearing tests (after one year's membership)	Note 1c	
Consultants' fees for consultations	Note 1d	Paid in full
Pathology, X-rays and diagnostic tests	Note 1e	Paid in full
Costs for treatment by therapists and complementary medicine practitioners	Note 1f	We pay in full for up to 60 visits each membership year
Consultants' fees and psychologists' fees for psychiatric treatment (after two years' membership)	Note 1g	We pay in full for up to 30 visits each membership year
Vaccinations	Note 1h	We pay up to £600, US\$1,000 or €750 each membership year
Costs for treatment by a family doctor	Note 1i	Paid in full
Prescribed drugs and dressings	Note 1j	Paid in full
Accident-related dental treatment	Note 1k	We pay up to £480, US\$815 or €600 each membership year

Note 2: In-patient and day-case treatment

Hospital accommodation	Note 2a	Paid in full
Surgical operations , including pre- and post-operative care	Note 2b	
Nursing care, drugs and surgical dressings	Note 2c	
Physicians' fees	Note 2d	
Theatre charges	Note 2e	
Intensive Care , intensive therapy, coronary care and high dependency unit	Note 2f	
Pathology, X-rays, diagnostic tests and therapies	Note 2g	
Prosthetic implants and appliances	Note 2h	
Parent accommodation	Note 2i	
Psychiatric treatment (after two years' membership, lifetime maximum 90 days)	Note 2j	

Table of Benefits (continued)

Note 3: Further benefits		
Advanced imaging	Note 3a	Paid in full
Cancer treatment	Note 3b	Paid in full
Dental treatment	Note 3c	We pay up to £2,400, US\$4,100 or €3,000 maximum benefit for each membership year (See notes for details of eligible costs for preventive, routine and major restorative treatment)
Optical (Dental treatment and optical must be purchased together)	Note 3d	We pay up to £250, US\$425 or €315 maximum benefit for each membership year (See notes for details of eligible costs of eye tests, spectacle lenses, frames and contact lenses)
Healthline services	Note 3e	Included
HIV/AIDS drug therapy including ART (after five years' membership)	Note 3f	We pay up to £12,000, US\$20,000 or €15,000 each membership year
Home nursing after in-patient treatment	Note 3g	We pay up to £120, US\$200 or €150 each day up to a maximum of 30 days each membership year
Hospice and palliative care	Note 3h	We pay up to £24,000, US\$41,000 or €30,000 maximum benefit for the whole of your membership
In-patient cash benefit	Note 3i	We pay £90, US\$150 or €110 each night up to 20 nights each membership year
Local air ambulance	Note 3j	We pay up to £5,900, US\$10,000 or €7,400 each membership year
Local road ambulance	Note 3k	Paid in full
Maternity cover (after 10 months' membership)	Note 3l	Maternity and childbirth: We pay up to £9,600, US\$16,300 or €12,000 each membership year Childbirth at home or birthing centre: We pay up to £780, US\$1,300 or €975 each membership year Medically essential Caesarean section: We pay up to £16,800, US\$28,500 or €18,750 each membership year
Newborn care	Note 3m	We pay £90,000, US\$150,000 or €110,000 maximum benefit for all treatment received during the first 90 days following birth
Prosthetic devices	Note 3n	We pay a maximum benefit of £2,400, US\$4,000, €3,000 each membership year
Rehabilitation	Note 3o	We pay in full for up to 30 days of treatment (which may be in-patient treatment, day-case or out-patient treatment) each membership year
Transplant services	Note 3p	Paid in full
Note 4: Optional benefits (if purchased)		
USA cover	Note 4a	100 percent of costs in network 80 percent of costs out of network. Treatment must be pre-authorised
Assistance cover (Evacuation and Repatriation)	Section 5	See Section 5 for details of the optional assistance cover. Your Membership Certificate will show if you have purchased this cover. The overall annual maximum benefit limit does not apply.

Notes to the Table of Benefits

Each benefit described in this section is payable according to the limits set out in the Table of Benefits (Section 3.3).

Note 1: Out-patient treatment

This is **treatment** which does not normally require a patient to occupy a **hospital** bed. Note 1 details the benefits payable for **out-patient treatment** only. If **you** are having **treatment** and **you** are not sure which benefit applies, please call **us** and **we** will be happy to help.

1a: Out-patient surgical operations

We pay for out-patient **surgical operations** when carried out by a **consultant** or a **family doctor**.

1b: Wellness – mammogram, PAP test, prostate cancer screening or colon cancer screening

We pay for these four preventive checks only, after **you** have been a member of the Company Gold Superior plan for one year.

1c: Full Health Screening - cholesterol, blood pressure, diabetes, anaemia, lung function, liver and kidney function, cardiac risk assessment and hearing test

We pay for these health checks only, after **you** have been a member of the Company Gold Superior plan for one year.

1d: Consultants' fees for consultations

This normally means a meeting with a **consultant** to assess **your** condition.

1e: Pathology, X-rays and diagnostic tests

We pay for:

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

when recommended by **your consultant** or **family doctor** to help determine or assess **your** condition.

1f: Costs for treatment by therapists and complementary medicine practitioners

The cost of both the consultation and **treatment**, including any complementary medicine prescribed or administered as part of **your treatment**.

Example: should any complementary medicines or **treatments** be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate visit.

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

Note: for dieticians, we pay the initial consultation plus two follow-up visits when needed as a result of an eligible condition. Please note that obesity is not covered.

1g: Consultants' fees and psychologists' fees for psychiatric treatment

We will pay after **you** have been a member of the plan (or any Bupa administered plan which includes cover for **psychiatric treatment**) for the whole of the two years leading up to the **psychiatric treatment**.

1h: Vaccinations

We pay for vaccinations.

1i: Family doctor treatment

We pay for family doctor treatment.

1j: Prescribed drugs and dressings

We pay for the cost of drugs and dressings prescribed for **you** by **your medical practitioner** for eligible **treatment**. We only pay for items which need a prescription.

Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit described in Note 1f.

1k: Accident-related dental treatment

We pay for accident-related dental **treatment** that **you** receive from a **dental practitioner**.

By accident-related **we** mean the **treatment** of any **sound natural tooth** due to dental trauma caused by an accident or injury.

This cover will only apply if the **dental practitioner** confirms that the teeth treated were **sound natural teeth**, which were damaged as the result of an accident, injury or dental trauma. This cover does not apply for the repair or provision of dental implants, crowns or dentures.

Treatment must be provided and completed within six months of the date of the accident or injury.

Note 2: In-patient and day-case treatment

Important for all in-patient and day-case treatment costs:

- it must be medically essential for **you** to occupy a **hospital** bed to receive the **treatment**
- **your treatment** must be provided, or overseen, by a **consultant**
- we pay for accommodation in a room that is no more expensive than the **hospital's** standard single room with a private bathroom. This means that we will not pay the extra costs of a deluxe, executive or VIP suite etc.
- if the cost of **treatment** is linked to the type of room, we pay the cost of **treatment** at the rate which would be charged if **you** occupied a standard single room with a private bathroom
- the **hospital** where **you** have **your treatment** must be recognised

Long in-patient stays: 10 days or longer

In order for **us** to cover an in-patient stay lasting 10 days or more, **you** must send **us** a medical report from **your consultant** before the eighth night, confirming:

- **your** diagnosis
- **treatment** already given
- **treatment** planned
- discharge date

2a: Hospital accommodation

We pay charges for **your hospital** accommodation, including all **your** own meals and refreshments. **We** do not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics.

We pay for accommodation in a room that is no more expensive than the **hospital's** standard single room with a private bathroom. This means that **we** will not pay the extra costs of a deluxe, executive or VIP suite etc.

We pay for the length of stay that is medically appropriate for the procedure that **you** are admitted for.

Examples: unless medically essential, **we** do not pay for day-case accommodation for **out-patient treatment** (such as an MRI scan), and **we** do not pay for in-patient accommodation for **day-case treatment** (such as a biopsy).

Please also read "Convalescence and admission for general care" in the "What is not covered?" section.

2b: Surgical operations, including pre- and post-operative care

We pay surgeons' and anaesthetists' fees for a **surgical operation**, including all pre- and post-operative care.

Note: this benefit does not include follow-up consultations with **your consultant**, as these are paid under benefit Note 1d.

2c: Nursing care, drugs and surgical dressings

We pay for nursing services, drugs and surgical dressings **you** need as part of **your treatment** in **hospital**.

Note: **we** do not pay for nurses hired in addition to the **hospital's** own staff. In the rare case where a **hospital** does not provide nursing staff **we** will pay for the reasonable cost of hiring a **qualified nurse** for **your treatment**.

2d: Physicians' fees

We pay physicians' fees for **treatment you** receive in **hospital** if this does not include a **surgical operation**, for example if **you** are in **hospital** for **treatment** of a medical condition such as pneumonia.

If **your treatment** includes a **surgical operation** **we** will only pay physicians' fees if the attendance of a physician is medically necessary, for example, in the rare event of a heart attack following a **surgical operation**.

2e: Theatre charges

We pay for use of an operating theatre.

2f: Intensive care

We pay for **intensive care** in an **intensive care** unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when:

- 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

2g: Pathology, X-rays, diagnostic tests and therapies

We pay for:

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

when recommended by **your consultant** to help determine or assess **your** condition when carried out in a **hospital**.

We also pay for **treatment** provided by **therapists** (such as physiotherapy) and **complementary medicine practitioners** (such as acupuncturists) if it is needed as part of **your treatment** in **hospital**.

2h: Prosthetic implants and appliances

We pay for a prosthetic implant needed as part of **your treatment**. By this, we mean an artificial body part or **appliance** which is designed to form a permanent part of **your** body and is surgically implanted for one or more of the following reasons:

- to replace a joint or ligament
- to replace one or more heart valves
- to replace the aorta or an arterial blood vessel
- to replace a sphincter muscle
- to replace the lens or cornea of the eye
- to act as a heart pacemaker
- to remove excess fluid from the brain
- to control urinary incontinence (bladder control)
- to reconstruct a breast following surgery for cancer when the reconstruction is 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

We also pay for the following **appliances**:

- a knee brace which is an essential part of a **surgical operation** for the repair to a cruciate (knee) ligament, or
- a spinal support which is an essential part of a **surgical operation** to the spine

2i: Parent accommodation

We pay for **hospital** accommodation for each night **you** need to stay with **your** child in the same **hospital**. This is limited to only one parent each night.

Your child must be:

- aged under 18, and
- a **Bupa International** member receiving **treatment** for which he or she is covered under their plan

2j: Psychiatric treatment

We pay for **psychiatric treatment you** receive in **hospital** after **you** have been a member of the plan (or any Bupa administered plan which includes cover for **psychiatric treatment**) for two years before the **psychiatric treatment**.

We pay for a total of 90 days' **psychiatric treatment** in **hospital** during **your** lifetime.

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, whether **your** membership is continuous or not.

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

Note 3: Further benefits

Note 3 covers additional benefits provided by **your** membership of the Company plan. These benefits may be in-patient, out-patient or day-case. Please check the Table of Benefits to see the limits that apply to **your** level of cover.

3a: Advanced imaging, for example MRI, CT and PET scans (head and body scanning)

We pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by **your consultant** or **family doctor**.

3b: Cancer treatment

Once cancer is diagnosed, **we** pay 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).

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 out-patient 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 pre-authorisation before proceeding. It may be necessary for **us** to seek a second opinion as part of **our** pre-authorisation process.

3c: Dental treatment

We pay:

- 100 percent of preventive **treatment** (such as check-ups, X-rays, scale and polishing)
- 100 percent of routine **treatment** (such as fillings, extractions and root canal therapy)
- 50 percent of major restorative or orthodontic **treatment** (such as crowns, bridges or implants), or orthodontic **treatment** of overbite or under bite etc
- this benefit is available only in conjunction with the optical benefit

3d: Optical

We pay:

- maximum of one eye test each **membership year**, which includes the cost of your consultation and sight/vision testing
- 75 percent of eligible costs for spectacle and contact lenses which are prescribed to correct a sight/vision problem, such as short or long sight
- 75 percent of eligible costs of spectacle frames 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
- this benefit is available only in conjunction with the dental **treatment** benefit

3e: Healthline services

This is a telephone advice line which offers help 24 hours a day, 365 days a year.

Please call +44 (0) 1273 333 911 at any time when **you** need to.

The following are some of the services that may be offered by telephone:

- general medical information from a health professional
- medical referrals to a physician or **hospital**
- medical service referral (ie locating a physician) and assistance arranging appointments
- inoculation and visa requirements information
- **emergency** message transmission
- interpreter and embassy referral

Note: treatment arranged through this service may not be covered under **your** plan. Please check **your** cover before proceeding.

3f: HIV/AIDS drug therapy including ART

We pay for HIV/AIDS drug therapy after **you** have been a member of the plan for the whole of the five years leading up to the **treatment**.

Note: we pay for **treatment** that is not drug therapy or ART from **your** in-patient or out-patient benefits if **you** have been a member of the plan for five years.

3g: Home nursing after in-patient treatment

We pay for home nursing after eligible **in-patient treatment**.

We pay if the home nursing:

- is needed to provide medical care, not personal assistance
- is necessary, meaning that without it **you** would have to stay in **hospital**
- starts immediately after **you** leave **hospital**
- is provided by a **qualified nurse** in **your** home, and
- is prescribed by **your consultant**

3h: Hospice and palliative care

If **you** need in-patient, day-case or out-patient care or **treatment** following the diagnosis that **your** condition is terminal, when **treatment** can no longer be expected to cure **your** condition, **we** pay for **your** physical, psychological, social and spiritual care as well as **hospital** or hospice accommodation, nursing care and prescribed drugs. The amount shown on the Table of Benefits is the total amount **we** shall pay for these expenses during the whole of **your** membership of **Bupa International**, whether continuous or not.

3i: In-patient cash benefit

This benefit is paid instead of any other benefit for each night **you** receive eligible **in-patient treatment** without charge.

To claim this benefit, please ask the **hospital** to sign and stamp **your** claim form. Then send the completed form to **us** with a covering letter stating that **you** were treated with no charge. Please note that **you** need to ensure that the medical section of **your** claim form is completed by **your consultant**.

3j: Local air ambulance

We pay for medically necessary travel for **you** to be transported by local air ambulance such as a helicopter, when related to eligible **in-patient** or **day-case treatment**, either:

- from the location of an accident to **hospital**, or
- for a transfer from one **hospital** to another

when it is appropriate for this method of transfer to be used to transport **you** over short journeys of up to 100 miles/160 kilometres. This benefit does not include mountain rescue.

Note: this benefit does not include evacuation if the **treatment you** need is not available locally.

Please also see Section 5 "Assistance cover".

3k: Local road ambulance

We pay for medically necessary travel by local road ambulance when related to eligible **in-patient** or **day-case treatment**.

3l: Maternity cover (after 10 months' membership)

We pay maternity benefits only after **you** have been covered under the Gold Superior plan for 10 months.

Maternity and childbirth (after 10 months' membership)

These benefits include for example:

- ante natal care such as ultrasound scans
- **hospital** charges, obstetricians' and midwives' fees for pregnancy and childbirth
- post natal care required by the mother immediately following normal childbirth, such as stitches
- pregnancy and childbirth complications, by which **we** mean those conditions which only ever arise as a direct result of pregnancy or childbirth

Pregnancy and childbirth complications 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) and 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).

Note: routine care for your baby

We pay for routine care for the baby, for up to seven days following birth, from the mother's maternity benefit.

Any non-routine care, if eligible, is paid from the baby's newborn care benefit, not from the mother's maternity benefit.

Your baby is also covered for up to seven days routine care following birth if **your** baby was born to a surrogate mother and **you**, as the intended parent, have been covered on the Gold Superior plan for 10 months when the baby is born.

Childbirth at home or birthing centre (after 10 months' membership)

This benefit includes obstetricians' and midwives' fees for delivering **your** baby at home.

Medically Essential Caesarean Section (after 10 months' membership)

This benefit includes **hospital**, obstetricians' and other medical fees for the cost of the delivery of **your** baby by Caesarean section when medically essential for example, non progression during labour leading to **emergency** Caesarean section (eg dystocia, foetal distress, haemorrhage) provided the mother has been a member of this plan for at least 10 months before delivery.

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.

Please refer to Surrogate parenting, congenital and hereditary conditions in the "What is not covered" section.

3m: Newborn care

This benefit is paid instead of any other benefit for all **treatment** required by a newborn child during the first 90 days following birth.

Children must be covered under this plan before you can claim for this benefit.

We do not pay newborn care benefits for children born to a surrogate or who have been adopted, as these children can only join once they are 90 days old.

3n: 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 which is required at the time of **your** surgical procedure. **We** do not pay for any replacement prosthetic devices for adults including any replacement devices required in relation to a **pre-existing condition**. **We** will pay for the initial and up to two replacements per device for children under the age of 16 years. The maximum benefit **we** will pay towards a prosthetic device is £Sterling 2,400, US\$4,000, €Euro 3,000.

3o: Rehabilitation

We pay for **rehabilitation**, only when **you** have received **our** written **agreement** before the **treatment** starts, for up to 30 days **treatment** in each **membership year**. For **in-patient treatment** 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 of **in-patient treatment** which is covered by **your** membership (such as trauma or stroke), and
- arises as a result of the condition which required the **in-patient treatment** 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** receive **rehabilitation** on an in-patient basis.

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

- orthopaedic,
- spinal, or
- neurological events

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

3p: Transplant services

We pay for transplant services that **you** need as a result of an eligible condition. We pay medical expenses if **you** need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant.

We also pay 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.

We do not pay for costs associated with the donor or the donor organ. Please see "Donor organs" in the "What is not covered?" section.

Any drugs prescribed for use as an out-patient, including anti-rejection drugs are paid from **your** prescribed drugs and dressings benefit (see Note 1j).

Note 4: Optional benefits (if purchased) 4a: USA cover

Pre-authorisation and the US provider network

If **you** have USA cover, then before any **in-patient** or **day-case treatment** in the US, **you** must contact **our US Service Partner** for pre-authorisation.

Please contact them by calling 800 554 9299 (from inside the US), or +1 800 554 9299 (from outside the US).

In-patient or **day-case treatment** received in the US without pre-authorisation may be ineligible. Any pre-authorised **treatment** costs are covered according to the Table of Benefits and Notes 1-3 in this section.

Our US Service Partner uses a national **network** of **hospitals**, clinics and **medical practitioners**. This is the US provider **network**. **Our Service Partner** can help **you** to find a **hospital** or clinic in the US provider **network**, when **you** contact them for pre-authorisation. When eligible **treatment** takes place in the US using the US provider **network**, benefit is paid at 100 percent. When eligible **treatment** takes place in the US but outside the US provider **network**, benefit is paid at 80 percent.

Emergency admissions

If **you** are admitted for **emergency treatment** **you** must contact **our US Service Partner** within 48 hours of admission, or as soon as reasonably possible.

If **your** admission for **emergency treatment** is to a non-**network hospital**, **our Service Partner** may arrange to transfer **you** to a **network hospital** as soon as it is medically appropriate to do so.

If the transfer to a **network hospital** is carried out, benefit for all eligible **treatment** received at both facilities will be payable at 100 percent.

If **you** choose to stay in a non-**network hospital** after the date **our US Service Partner** decides a transfer is medically appropriate, benefit for all eligible **treatment** received both before and after that date will be payable at 80 percent.

Please also see "USA **treatment**" in "What is not covered?"

What is not covered?

There are certain conditions and **treatments** that **we** do not cover. If **you** are unsure about anything in this section, please contact **us** for confirmation before **you** go for **your treatment**.

Important-please read

Personal exclusions

- please check **your** Membership Certificate to see if **you** have any personal exclusions or restrictions on **your** plan. The exclusions in this section apply in addition to and alongside any such personal exclusions and restrictions.

General note for all exclusions

For all exclusions in this section, and for any personal exclusions or restrictions shown on **your** Membership Certificate, please note that:

1. **we** do not pay for conditions which are directly related to excluded conditions or **treatments**
2. **we** do not pay for any additional or increased costs arising from excluded conditions or **treatments**
3. **we** do not pay for complications arising from excluded conditions or **treatments**

Example:

You have a personal exclusion for diabetes.

1. If **your** diabetes were to cause glaucoma, **we** would not pay for **treatment** for the glaucoma.
2. If while receiving **treatment** for another condition, **you** need to stay extra days in **hospital** because of **your** diabetes, **we** would not pay for these extra days.
3. If complications arise from excluded **treatment** such as cosmetic or refractive eye procedures, **we** will not pay to treat these complications.

Exceptions

This section describes some circumstances where exceptions can be made to exclusions or restrictions. Where this is the case, benefit is payable up to the limits set out in **your** Table of Benefits in Section 3.

The following conditions and **treatments** are excluded from **your** plan.

1. Addictive conditions and disorders

Treatment for, or arising from, addictive conditions and disorders, or from any kind of substance or alcohol use or misuse.

Example: we do not pay to help **you** to stop smoking.

2. Ageing and puberty

Treatment to relieve symptoms caused by ageing, puberty, or other natural physiological cause.

3. Allergies and allergic disorders

Treatment to de-sensitise or neutralise any allergic condition or disorder.

4. Artificial life maintenance

Including mechanical ventilation, where such **treatment** will not result in **your** recovery or restore **you** to **your** previous state of health.

5. Birth control

Any type of contraception, sterilisation, termination of pregnancy or family planning.

6. Conflict and disaster

Treatment for any disease, illness or injury resulting from nuclear or chemical contamination, war, riot, revolution, acts of terrorism or any similar event, if one or more of the following apply:

- **you** have put **yourself** in danger by entering a known area of conflict where active fighting or insurrections are taking place
- **you** were an active participant

- **you** have displayed a blatant disregard for personal safety

7. Congenital conditions

Treatment received after the first 90 days following birth (or after the maximum benefit limit for Newborn care has been reached) for any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not, except cancer.

Please see the Table of Benefits for details of **your** Newborn care limit.

8. Convalescence and admission for general care

Hospital accommodation when it is used solely or primarily for any of the following purposes:

- convalescence, supervision, pain management or any other purpose other than for receiving eligible **treatment**, of a type which normally requires **you** to stay in **hospital**
- receiving general nursing care or any other services which do not require **you** to be in **hospital**, and could be provided in a nursing home or other establishment that is not a **hospital**
- receiving services from a **therapist** or **complementary medicine practitioner**
- receiving services which would not normally require trained medical professionals such as help in walking, bathing or preparing meals

9. Cosmetic treatment

Treatment undergone for cosmetic or psychological reasons to improve **your** appearance, such as a re-modelled nose, facelift or cosmetic dentistry. This includes:

- dental implants to replace a **sound natural tooth**
- hair transplants for any reason
- **treatment** related to or arising from the removal of non-diseased, or surplus or fat tissue, whether or not it is needed for medical or psychological reasons
- any **treatment** for a procedure to change the shape or appearance of **your** breast(s) whether or not it is needed for medical or psychological reasons: unless for reconstruction carried out as part of the original **treatment** for the cancer, when **you** have obtained **our** written consent before receiving the **treatment** (see "Reconstructive or remedial surgery" in this section)

Examples: **we** do not pay for breast reduction for backache or gynaecomastia (the enlargement of breasts in men).

10. Deafness

Treatment for or arising from deafness or partial hearing loss caused by a congenital abnormality, maturing or ageing.

11. Dental treatment/gum disease

This includes **surgical operations** for the **treatment** of bone disease when related to gum disease or damage, or **treatment** for, or arising from disorders of the temporomandibular joint.

Examples: **we** do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth, etc.

Please see note 3c in the "What is covered?" section for details of **your dental treatment** benefit.

Exception: **We** pay for a **surgical operation** carried out by a **consultant** to:

- put a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident
- treat irreversible bone disease involving the jaw(s) which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage
- surgically remove a complicated, buried or impacted tooth root, for example in the case of an impacted wisdom tooth

Please see Note 1k in the "What is covered?" section for details of **your** accident-related dental benefit.

12. Developmental problems

Treatment for, or related to developmental problems, including:

- learning difficulties, such as dyslexia
- behavioural problems, including attention deficit hyperactivity disorder (ADHD), or
- problems related to physical development, including (but not restricted to) short height

13. Donor organs

Treatment costs for, or as a result of the following:

- transplants involving mechanical or animal organs
- the removal of a donor organ from a donor

- the removal of an organ from **you** for purposes of transplantation into another person
- the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible diseases or illness
- the purchase of a donor organ

14. 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**.

Prescribed medicines used for purposes other than those defined under their licence, which may vary from country to country.

Note: if **you** are unsure whether **your treatment** may be experimental, please contact **us**. **We** reserve the right to ask for full clinical details from **your consultant** before approving any **treatment**, in which case **you** must receive **our** written **agreement** before the **treatment** takes place.

15. Eyesight

Treatment to correct eyesight, unless required as the result of an injury or acute condition.

Examples: **we** will not pay refractive eye procedures. **We** will pay for **treatment** of a detached retina, glaucoma or cataracts.

Please see Note 3d in the "What is covered?" section for details of **your optical** benefit.

16. Footcare

Treatment for corns, calluses, or thickened or misshapen nails.

17. Genetic testing

Genetic tests, when such tests are solely performed to determine whether or not **you** may be genetically likely to develop a medical condition.

Example: **we** do not pay for tests used to determine whether **you** may develop Alzheimer's disease, when that disease is not present.

18. Health hydros, nature cure clinics etc.

Treatment or services received in health hydros, nature cure clinics or any establishment that is not a **hospital**.

19. Hereditary conditions

Treatment of abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of **your** family, except cancer.

20. HIV and AIDS

Treatment for, or arising from, HIV or AIDS, including any condition that is related to HIV or AIDS, if **your** current period of membership is less than five years.

Please see Note 3f in the "What is covered?" section for details of **your** HIV / AIDS drug therapy benefit.

21. Infertility treatment

Treatment to assist reproduction, including but not limited to IVF **treatment**.

Note: we pay for reasonable investigations into the causes of infertility if:

- neither **you** nor **your** partner had been aware of any problems before joining, and
- **you** have both been members of this plan (or any Bupa administered plan which included cover for this type of investigation) for a continuous period of two years before the investigations start

Once the cause is confirmed, **we** will not pay for any additional investigations in the future.

22. Obesity

Treatment for, or required as a result of obesity.

23. Persistent vegetative state (PVS) and neurological damage

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

24. Personality disorders

Treatment of personality disorders, including but not limited to:

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

25. Physical aids and devices

Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an **appliance**.

Examples: **we** will not pay for hearing aids, crutches or walking sticks.

Please see Note 3d in the "What is covered?" section for details of **your optical benefit**.

26. 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, and
- **you** did not know about the **pre-existing condition** before the "effective from" date on the first Membership Certificate for **your** current continuous period of membership

Note: please contact **us** before **your renewal date** if **you** would like **us** to review a personal exclusion. **We** may remove **your** exclusion if, in **our** opinion, no further **treatment** will be either directly or indirectly required for the condition, or for any related condition. There are some personal exclusions that, due to their nature, **we** will not review.

To carry out a review, **we** must receive full current clinical details from **your family doctor** or **consultant**. Any costs incurred in obtaining these details are not covered under **your** plan and are **your** responsibility.

Please note: this exclusion does not apply if **your sponsor** has purchased cover with medical history disregarded. If **you** are unsure whether **you** have this cover, please contact the customer services helpline.

For **pre-existing conditions** for newborns, please see the exclusions for congenital and hereditary conditions in this section.

27. Preventive and wellness treatment

Health screening, including routine health checks, or any preventive **treatment**.

Note: 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)

Please contact **us** for pre-authorisation before proceeding with **treatment**. It may be necessary for **us** to seek a second opinion as part of **our** pre-authorisation process.

Please see Note 1b and 1c in the "What is covered?" section for details of **your** wellness and full health screening benefits.

28. Reconstructive or remedial surgery

Treatment required to restore **your** appearance after an illness, injury or previous surgery, unless:

- the **treatment** is a **surgical operation** to restore **your** appearance after an accident, or as the result of surgery for cancer, if either of these takes place during **your** current continuous membership of the plan
- the **treatment** is carried out as part of the original **treatment** for the accident or cancer
- **you** have obtained **our** written consent before the **treatment** takes place

29. Self-inflicted injuries

Treatment for, or arising from, an injury that **you** have intentionally inflicted on yourself, for example during a suicide attempt.

30. Sexual problems and gender issues

Treatment of any sexual problem including impotence (whatever the cause) and sex changes or gender reassignments.

31. Sleep disorders

Treatment for insomnia, sleep apnoea, snoring, or any other sleep-related breathing problem.

32. Speech disorders

Treatment for speech disorders, including stammering, unless the following all apply:

- the **treatment** is short term therapy which is medically necessary as part of **active treatment** for an acute condition such as a stroke
- the speech therapy takes place during and/or immediately following the **treatment** for the acute condition
- the speech therapy is recommended by the **consultant** in charge of **your treatment**, and is provided by a **therapist**

in which case **we** may pay at **our** discretion.

33. Surrogate parenting

Treatment directly related to surrogacy.

This applies:

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

Please also see Note 31 Maternity cover in Section 3.4 "Notes to the Table of Benefits".

34. Travel costs for treatment

Any travel costs related to receiving **treatment**, unless otherwise covered by:

- local air ambulance benefit (note 3j),
- local road ambulance benefit (see note 3k), or
- Assistance cover (see Section 5)

Examples:

- **we** do not pay for taxis or other travel expenses for **you** to visit a **medical practitioner**
- **we** do not pay for travel time or the cost of any transport expenses charged by a **medical practitioner** to visit **you**

35. Unrecognised physician or facility

- **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** in any **hospital**, or by any **medical practitioner** or any other provider of services, to whom **we** have sent a written notice that **we** no longer

recognise them for the purposes of **our** plans.

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

36. USA treatment

If USA cover has not been purchased, then any **treatment** received in the USA is ineligible:

- after the 28th day of **your** visit to the USA
- for any condition of which **you** were aware before **your** visit to the USA
- when arrangements were not authorised by **our** agents in the USA, and
- when **Bupa International** knows or suspects that **you** travelled to the USA for the purpose of receiving **treatment** for a condition, when the symptoms of the condition were apparent to **you** before travelling. This applies whether or not **your treatment** was the main or sole purpose of **your** visit

Note: **you** can claim for unforeseen **treatment** received within 28 days of **your** arrival in the USA, **you** must send evidence of **your** arrival date with **your** claim. Examples include a certified photocopy of **your** airline ticket or **your** visa stamp.

Bupa International's Service Partner in the US operates a national **network** of **hospitals**, clinics and **medical practitioners**. This is the US provider **network**. **You** must contact **our** US **Service Partner** before **you** have **treatment**, and they can help to find a suitable **network** provider for **you**.

For eligible **treatment** that takes place in the US using the US provider **network**, benefit is paid at 100 percent. When eligible **treatment** takes place in the US but outside the provider **network**, benefit is paid at 80 percent.

If USA cover has been purchased, then **treatment** received in the USA is ineligible when:

- arrangements for the **treatment** were not authorised by **our** agents in the USA, 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 the symptoms of the condition were apparent to **you** before buying the cover. This applies whether or not **your treatment** was the main or sole purpose of **your** visit

Assistance Cover

(optional if purchased)

This section contains the rules and information for Assistance Cover, an optional benefit which helps **you** if **you** need to travel to get the **treatment** that **you** need.

Note: there are two levels of Assistance Cover: Evacuation and Repatriation. **Your** Membership Certificate will show if **you** have Evacuation or Repatriation but **you** can visit the MembersWorld website or contact the customer services helpline if **you** are unsure.

What is Assistance Cover?

The Evacuation and Repatriation options both cover **you** for reasonable transport costs to the nearest medical facility where the **treatment** that **you** need is available, if it is not available locally. Repatriation also gives **you** the option of returning to **your specified country of nationality** or **your specified country of residence**.

We may 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.

- Assistance Cover is applicable for **in-patient** and **day-case treatment** only. The **treatment** must be recommended by **your consultant** or **family doctor** and, for medical reasons, not available locally.
- The **treatment** must be eligible under **your** plan.
- **You** must have cover for the country **you** are being treated in, for example the USA.
- **You** must have the appropriate level of Assistance Cover in place before **you** need the **treatment**.

Evacuation or Repatriation will not be eligible if **you** were aware of the symptoms of **your** condition before applying for Assistance Cover.

5.1 Assistance Cover - general rules

The following rules apply to both the Evacuation and Repatriation levels of cover:

- **You** must contact **our** appointed representatives for confirmation before **you** travel, on +44 (0) 1273 333 911.
- **Our** appointed representatives must agree the arrangements with **you**.

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 this would be against medical advice.

5.2 How to arrange your Evacuation or Repatriation

Arrangements for Evacuation will be made by **our** appointed representatives and must be confirmed in advance by calling + 44 (0) 1273 333 911. **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 in advance by **Bupa International's** appointed representatives.

5.3 Evacuation cover: what we will pay for

If **you** have Evacuation cover it will be shown on **your** Membership Certificate. If **you** are still unsure **you** can visit **our** MembersWorld website or contact the customer services helpline.

- **We** will pay in full for **your** reasonable transport costs for **day-case** or **in-patient treatment**. It may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy.
- **We** will only pay for Evacuation to the nearest place where the required **treatment** is available. This could be to another part of the country that **you** are in, and may not be **your** home country.
- **We** will pay for the reasonable travel costs for another **Bupa International** member to accompany **you**, but only if it is medically necessary.
- **We** will also pay for the reasonable costs of **your**, and the accompanying member's, return journey to the place **you** were evacuated from. All arrangements for **your** return should be approved in advance by **Bupa International** or **our** appointed representatives and the journey must be

made within fourteen days of the end of the **treatment**.

We will pay for either:

- the reasonable cost of the return journey by the most direct route available by land or sea, or
- the cost of an economy class air ticket by the most direct route available, whichever is the lesser amount
- **we** will pay reasonable costs for the transportation only of **your** body, subject to airline requirements and restrictions, to **your** home country, in the event of **your** death while **you** are away from home. **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** remains

Note: **we** do not pay for any other costs related to the evacuation such as hotel accommodation or taxis. Costs of any **treatment** **you** receive are not payable under Evacuation cover, but are payable from **your** medical cover as described in **your** Table of Benefits and the "What is covered?" section of this booklet.

Please also note that for medical reasons the member receiving **treatment** may travel in a different class from their companion.

5.4 Repatriation cover: what we will pay for

If **you** have Repatriation cover it will be shown on **your** Membership Certificate. If **you** are still unsure **you** can visit **our** MembersWorld website or contact the customer services helpline. Repatriation cover also includes Evacuation cover — see 5.3 above.

- **We** will pay in full for **your** reasonable transport costs for **day-case** or **in-patient treatment**.
- **We** will pay for repatriation to **your specified country of nationality** or **your specified country of residence**.
- **We** will pay for one repatriation for each illness or injury per lifetime.
- **We** will pay the reasonable costs for a relative or **your** partner to accompany **you** to **your specified country of nationality** or **your specified country of residence** if **we** have authorised this in advance of the repatriation.
- **We** will also pay an allowance of up to £Sterling25, US\$50 or €Euro37 per day for up to 10 days to cover the living expenses of the person accompanying **you**.
- **We** will pay for **you** and the person accompanying **you** to return to where **you** were repatriated from. All arrangements for **your** return must be approved in advance by **Bupa International** or **our** appointed representatives and **you** must make the return journey within fourteen days of the end of the **treatment you** were repatriated for. **We** will pay either:

- the reasonable cost of the return journey by the most direct route available by land or sea, or
- the cost of a scheduled return economy class air ticket by the most direct route available, whichever is the lesser amount
- **we** will pay reasonable costs for the transportation only of **your** body, subject to airline requirements and restrictions, to **your** home country, in the event of **your** death while **you** are away from home. **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** remains

Note: **we** do not pay for any other costs related to the repatriation such as hotel accommodation or taxis. Costs of any **treatment you** receive are not payable under Repatriation cover, but are payable from **your** medical cover as described in **your** Table of Benefits and the "What is covered?" section of this booklet.

Please also note that for medical reasons the member receiving **treatment** may travel in a different class from their companion.

Making a complaint

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

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 services helpline on +44 (0) 1273 323 563, 24 hours a day, 365 days a year. Alternatively, **you** can email or write to the Head of Customer Relations via www.bupa-intl.com/membersworld or

Bupa International
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) 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.

Taking it further

It's very rare that **we** can't settle a complaint, but if this does happen, **you** may be able to 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.

Glossary

This explains what **we** mean by various words and phrases in this Table of Benefits booklet. 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.
Agreement:	The agreement between Bupa International and the sponsor under which we have accepted you into membership of the plan.
Appliance:	A knee brace which is an essential part of a repair to a cruciate (knee) ligament or a spinal support which is an essential part of surgery to the spine.
Birthing centre:	A medical facility often associated with a hospital that is designed to provide a homelike setting during childbirth.
Bupa International:	Bupa Insurance Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.
Complementary medicine practitioner:	An acupuncturist, chiropractor, homeopath, osteopath or Chinese medicine practitioner who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which the treatment is received.
Consultant:	<p>A surgeon, anaesthetist or physician who:</p> <ul style="list-style-type: none"> • is legally qualified to practice medicine or surgery following attendance at a recognised medical school, and • is recognised by the relevant authorities in the country in which the treatment takes place as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated <p>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.</p>
Day-case treatment:	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 .

Dental practitioner:

A person who:

- is legally qualified to practice dentistry, and
- is permitted to practice dentistry by the relevant authorities in the country where the dental **treatment** takes place

Dependants:

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

Diagnostic tests:

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

Emergency:

A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgement of a reasonable person requires immediate **treatment**, generally within 24 hours of onset, and which would otherwise put **your** health at risk.

Family doctor:

A person who:

- is legally qualified in medical practice following attendance at a recognised medical school to provide medical **treatment** which does not need a **consultant's** training, and
- is licensed to practice 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.

Hospital:

A centre of **treatment** which is registered, or recognised under the local country's laws, as existing primarily for:

- carrying out major **surgical operations**, or
- providing **treatment** which only **consultants** can provide

In-patient treatment:

Treatment which for medical reasons normally means that **you** have to stay in a **hospital** bed overnight or longer.

Intensive care:

Intensive care includes:

- High Dependency Unit (HDU): a unit that provides a higher level of medical care and monitoring, for example in single organ system failure.
- Intensive Therapy Unit / Intensive Care Unit (ITU/ICU): a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation.
- Coronary Care Unit (CCU): a unit that provides a higher level of cardiac monitoring.

Medical practitioner: A **complementary medicine practitioner, consultant, dental practitioner, family 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 "effective from" date on **your** first Membership Certificate for **your** current continuous period of membership.

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

Out-patient treatment: **Treatment** given at a **hospital**, consulting room, doctors' office or out-patient clinic where **you** do not go in for **day-case** or **in-patient 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.

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

- **you** have received medication, advice or **treatment**; or
- **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.

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

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 practice as such in the country where the **treatment** is received.

Qualified nurse:	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country in which the treatment takes place.
Rehabilitation:	Treatment in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.
Renewal date:	Each anniversary of the date you , the principal member joined the plan. (If however you are a member of a Bupa International Company group plan with a common renewal date for all members, your renewal date will be the common renewal date for the group. We tell you the group renewal date when you join.)
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 natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns or veneers, that is not a dental implant and that functions normally in chewing and speech.
Specified country of nationality:	The country you , the principal member gave on your application form.
Specified country of residence:	Any country where you are considered by the relevant authorities to be resident. As shown on your Membership Certificate or as advised to us in writing, whichever is later.
Sponsor:	The company, firm or individual with whom we have entered into an agreement to provide you with cover under the plan.
Subrogated:	The assumption of the member's right by Bupa International to recover from an at fault 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 practice 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 an acute condition, disease, illness or injury.
United Kingdom/ UK:	Great Britain and Northern Ireland.
We/us/our:	Bupa International .
You/your:	This means you , the principal member and your dependants unless we have expressly stated otherwise that the provisions only refer to the principal member .



The world of Bupa

[bupa.co.uk](https://www.bupa.co.uk)

Bupa International offers you

Global medical plans for individuals and groups

Assistance, repatriation and evacuation cover

24-hour multi-lingual helpline

Call us:

General services: +44 (0) 1273 323 563

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

Your calls will be recorded and may be monitored

[bupa-intl.com](https://www.bupa-intl.com)

Bupa International

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

