

LIFELINE



Membership Guide

This booklet explains the terms and conditions of the Lifeline Plan. Detailed information such as pre-authorising **treatment**, making a claim and moving country can be found in this booklet.

From 1 April 2021

bupaglobal.com



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Remember we can offer a second medical opinion service

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

Welcome

Within this membership guide, **you'll** find easy to understand information about **your** plan.

This includes:

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

This membership guide must be read alongside **your** membership certificate and **your** application for cover, as together they set out the terms and conditions of **your** membership and form **your** plan documentation. To make the most of **your** plan, please read the 'Table of Benefits', 'Exclusions' and '**Your** Membership' sections carefully to get a full understanding of **your** cover.

Please keep **your** membership guide in a safe place. If **you** need another copy, **you** can call **us**, or view and download it any time on bupaglobal.com/membersworld. Alternatively you can call us.

Bold words

Words in bold have particular meanings in this membership guide. Please check their definition in the Glossary before **you** read on. **You** will find the Glossary in the back of this membership guide.

Contact us

Open 24 hours a day, 365 days a year

You can access details about **your** plan any time of the day or night through MembersWorld. Alternatively **you** can call **us** anytime for advice, support & assistance by people who understand **your** situation.

Healthline* +44 (0) 1273 333 911

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

- general medical information
- finding local medical facilities
- arranging and booking appointments
- access to a second medical opinion
- travel information
- security information
- information on inoculation and visa requirements
- **emergency** message transmission
- interpreter and embassy referral

You can ask **us** to arrange medical evacuations and repatriations, if covered under **your** plan, including:

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

We believe that every person and situation is different and focus on finding answers and solutions that work specifically for **you**.

Our assistance team will handle **your** case from start to finish, so **you** always talk to someone who knows what is happening.

General enquiries

MembersWorld is the first place to go for information about:

- Cover details
- Pre-authorisation
- Claims
- Membership & payment queries

It's often the quickest way to contact us too, by using the web chat function.

Web: membersworld.bupaglobal.com

Alternatively:

Phone: +44 (0) 1273 323 563

Fax: +44 (0) 1273 820517

Email: info@bupaglobal.com

Post: Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom

Please note that we cannot guarantee the security of email as a method of communication. Some companies, employers and/or countries do monitor email traffic, so please bear this in mind when sending us confidential information.

Your calls may be recorded or monitored.

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

Contact details changed?

It's very important that **you** let **us** know when **you** change **your** contact details (correspondence address, email or telephone). **We** need to keep in touch with **you** so **we** can provide **you** with important information regarding **your** plan or **your** claims. Simply log onto MembersWorld or call, email or write to **us**.

Easier to read information

Braille, large print or audio

We want to make sure that members with special needs are not excluded in any way. **We** also offer a choice of Braille, large print or audio for **our** letters and literature. Please let **us** know which **you** would prefer.

Making a complaint

We're always pleased to hear about aspects of **your** plan that **you** have particularly appreciated, or that **you** have had problems with.

If something does go wrong, this membership guide outlines a simple procedure to ensure **your** concerns are dealt with as quickly and effectively as possible. Please see the 'Making a Complaint' section for more details.

If **you** have any comments or complaints, the quickest way to contact **us** is using web chat. Log into **your** MembersWorld account and click the web chat option in the menu.

Alternatively **you** can contact **us** via one of the following methods:

Phone: +44 (0) 1273 323 563

Fax: +44 (0) 1273 820 517

Email: info@bupaglobal.com

Post: Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom

Welcome to MembersWorld

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

You can also contact **us** through webchat in MembersWorld, which is often the quickest way to get in touch.



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

MembersWorld is for everyone over the age of 16 on the policy.

All **dependants** over 16 can access these services, so it's important they register too.

If **you** are the **principal member** and would like to access information about **your dependants** in MembersWorld, they will need to register for an account and give permission. They can do this by simply going to their account settings and updating their consent options.

If **you** are not the **principal member**, **you** will not be able to access information about other **dependants** in MembersWorld.



How to access MembersWorld

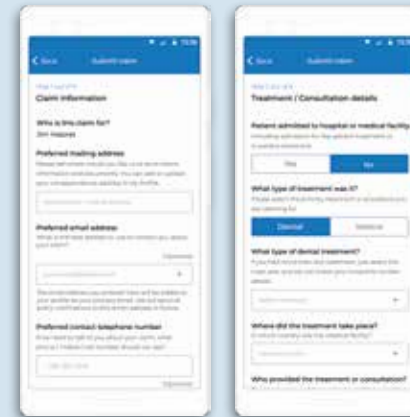
You can access and register online at membersworld.bupaglobal.com with **your** favourite web browser or via **our** app.

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



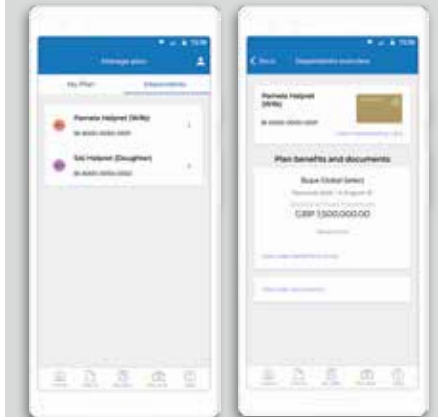
Claims and pre-authorisations

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



Dependants

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



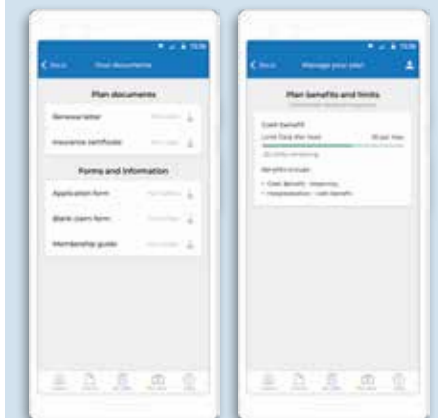
Membership cards

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



Policy documents

- View and download documents for your plan



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

Wellbeing Services

At **Bupa Global**, we understand wellbeing means more than simply **your** physical health. **Our** wellbeing programmes support **you** and **your** family in all the moments that matter including **your** physical and mental health. **You** can start using these wellbeing programmes right away!

Wellbeing Quiz

We do not always have time to take care of **ourselves** properly. So, take a moment to understand **your** current state of wellbeing.

Our short Wellbeing Quiz will help **you** to understand and measure **your** overall wellbeing and create a personalised report with a range of suggestions to help **you** live a longer, healthier, happier life. Perhaps there is a change or two **you** could make today.

Try the wellbeing quiz today:
bupaglobal.com/en/wellbeing-quiz

Your Wellbeing

Explore **Bupa Global's** ever-growing health and lifestyle webpages at bupaglobal.com/en/your-wellbeing

Find a wealth of inspiring articles, practical information and easy to follow tips to help **you** and **your** family live longer, healthier, happier lives.

Second Medical Opinion*

As a **Bupa Global** customer, **you** can access a second medical opinion from leading international **specialists**.

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

To request a second medical opinion, complete an online referral form via the MembersWorld website, or contact the **Bupa Global** Customer Service team on **+44 (0) 1273 323 563** info@bupaglobal.com

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

Bupa Family Plus*

Bupa Global provides **you** and **your** partner with an engaging and accessible maternity and family health programme in the form of an easy to use phone app.

Bupa Family Plus supports **you** during pregnancy, the early years of parenting and right through to those tricky teen years. Receive daily pregnancy tips for every trimester, seamlessly track **your** baby's feedings, learn about **your** toddler's developmental milestones and stay on top of **your** teen's immunisations, all in one place.

To discover all the app has to offer, download **Bupa Family Plus** from either App Store or Google Play.



Global Virtual Care*

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

Features include (subject to local regulations):

- Video and telephonic consults
- **Doctors** notes
- Selfcare
- Referrals
- Prescriptions

Logging into the app is easy, **you** can sign in using your MembersWorld email address and password. If **you** have yet to register for MembersWorld, follow **our** easy guide on page 5 to get started.

Download Global Virtual Care from either App Store or Google Play.



Bupa Global retains the right to change the scope of these services.

Select services* noted on this page of the membership guide are provided by independent third party service provider(s); access to these services is procured by **Bupa Global** for **your** use. These services are subject to third party availability. **Bupa Global** assumes no liability and accepts no responsibility for information provided by the services detailed above

Pre-authorisation

Please remember to pre-authorise your treatment

What is pre-authorisation?

- An agreement between **us** and **you** that the **treatment you** are requesting is **medically necessary** and eligible under the terms of **your** policy.
- It isn't generally mandatory and doesn't guarantee payment but can speed up the claims process

Why it's important:

- Pre-authorisation helps to facilitate more efficient claims processing as **we** are aware of the **treatment** in advance
- Pre-authorisation helps to ensure **you** are covered for the **treatment you** are requesting before **treatment** takes place and avoids surprises at the claims stage

How do I request pre-authorisation?

Pre-authorisation can be requested up to 30 days prior to the **treatment** start date, by contacting Customer Services via:

- Completing the form in MembersWorld or the mobile app
- By using webchat or messaging in MembersWorld or the mobile app
- By calling **us** on +44 (0) 1273 333 911

How long does it take?

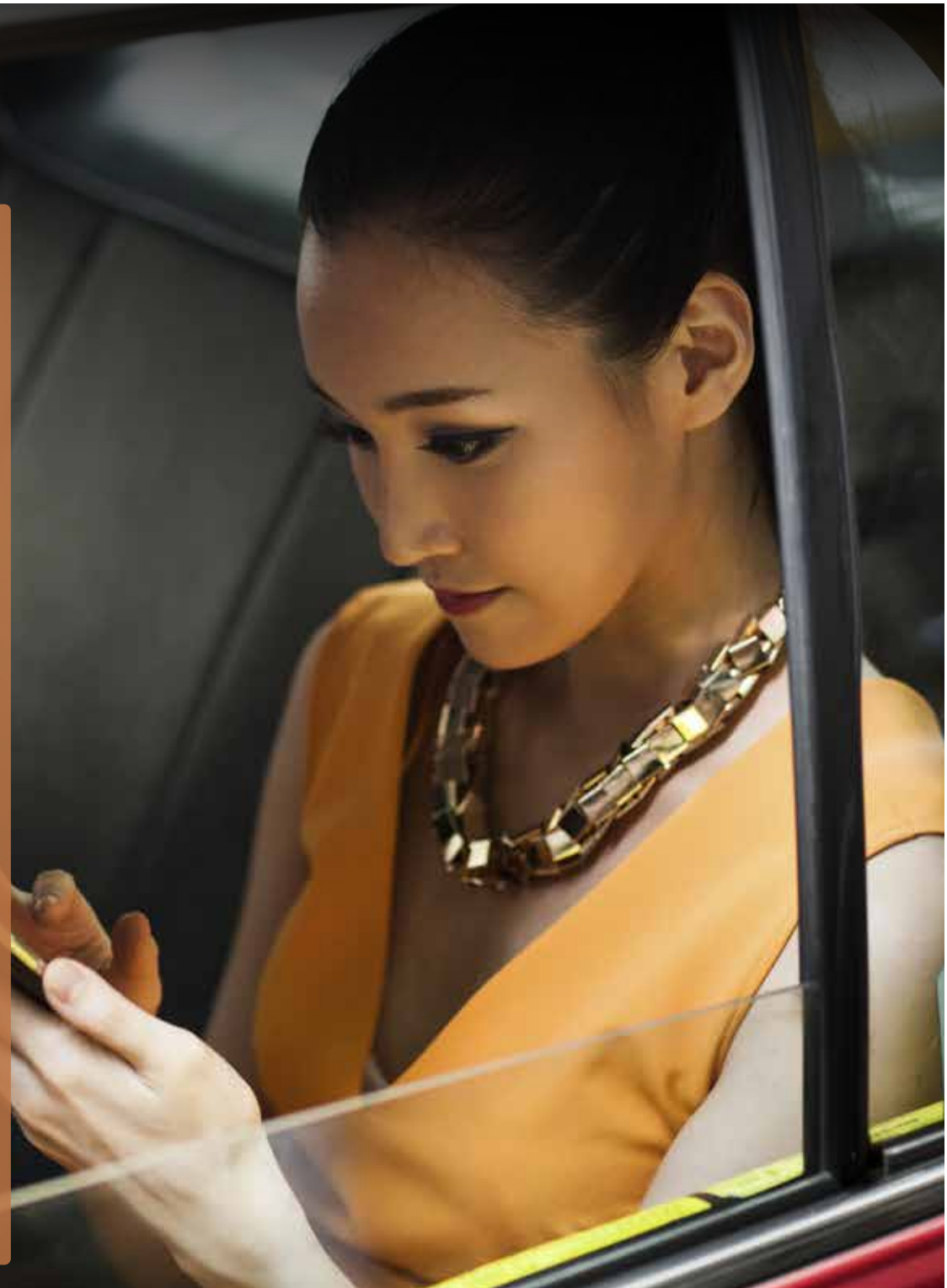
Often, when requested by telephone or webchat, pre-authorisation approval can be given right away. Email and MembersWorld requests will usually receive a response within 24 hours.

Pre-authorisation can take longer if referral for specialist review is required.

If **we** pre-authorise **your treatment**, this means that **we** will pay up to the limits of **your** plan, provided that all the following requirements are met:

- the **treatment** is eligible **treatment** that is covered by **your** plan,
- **you** have an active membership at the time that **treatment** takes place,
- **your** subscriptions are paid up to date,
- the **treatment** carried out matches the **treatment** authorised,
- **you** have provided a full disclosure of the condition and **treatment** required,
- **you** have enough benefit entitlement to cover the cost of the **treatment**,
- **your** condition is not a **pre-existing condition**,
- the **treatment** is medically necessary, and
- the **treatment** takes place within 31 days after pre-authorisation is given.

This is a summary, please refer to the 'Pre-authorisation' section of this **membership guide**, and insurance certificate for full details on how to claim.



The claiming process

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

- Go online at membersworld.bupaglobal.com and web chat with **us**
- Call **us** on **+44 (0) 1273 323 563**
- Email info@bupaglobal.com

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

How to make a claim

The quickest way to submit **your** claim is to log on to **your** MembersWorld account and submit **your** claim electronically. **You** have the choice of submitting an on-line claim or uploading any completed claims form

Make sure **we've** got all the information as the biggest delay to paying a claim is normally incomplete, missing or ineligible information.

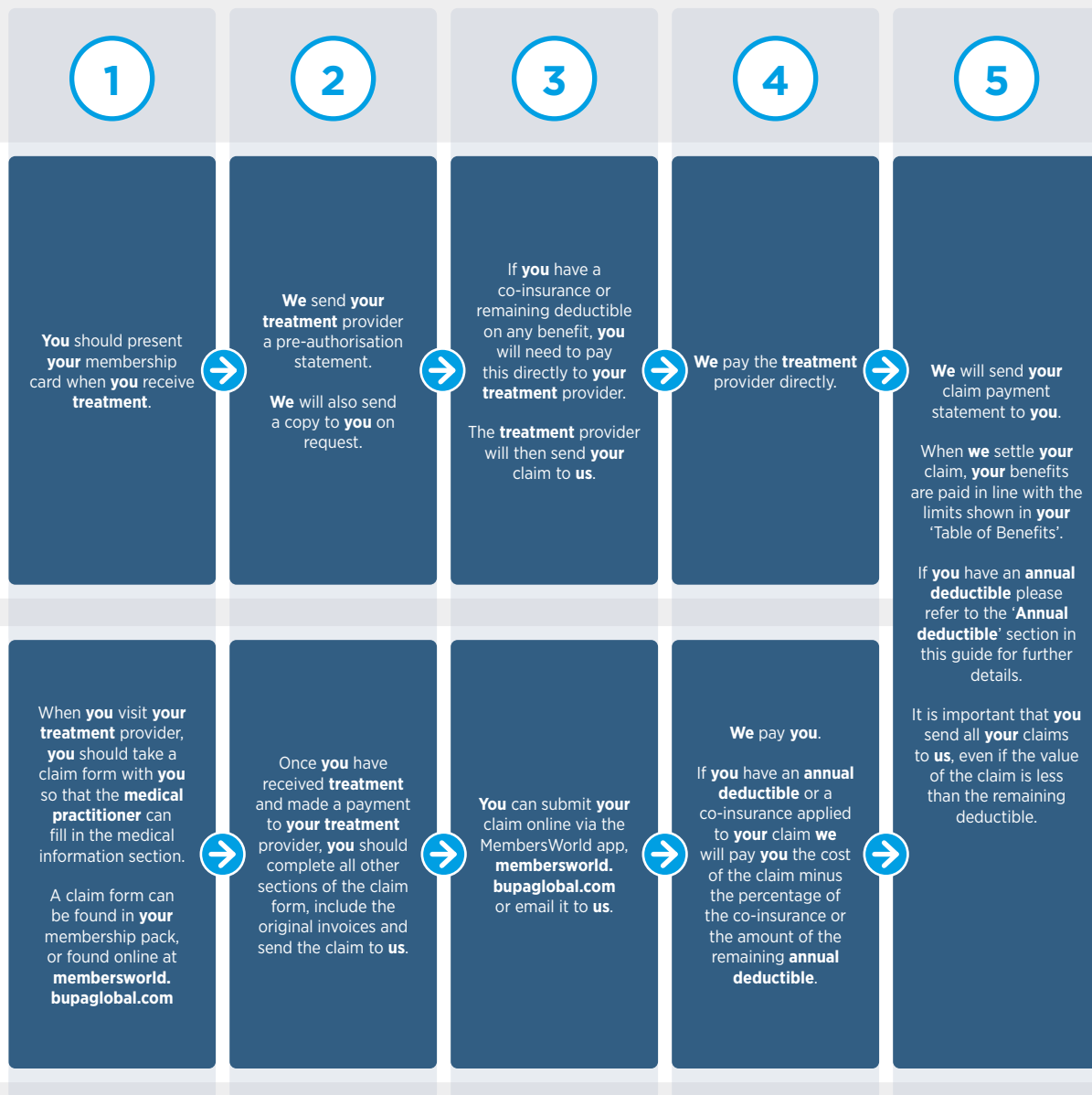
Make sure **you** have given **your** correct bank details. Reimbursement by bank transfer is by far the quickest way to receive **your** payment.

Direct Settlement

Direct settlement is where the provider of **your treatment** claims directly from **us**, making things easier for **you**.

Pay and Claim

The alternative is for **you** to pay and then claim back the costs from **us**.



Things you need to know about your Lifeline plan

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How to use your 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 quickly and easy, visit bupaglobal.com/en/facilities/finder. **We** can normally arrange direct settlement with these facilities too.

Getting treatment in the U.S.

You must call **our** dedicated team on 844 369 3797 (from inside the U.S.), or +1 844 369 3797 (from outside the U.S.) to arrange any **treatment** in the U.S.

Step 2: Contact us

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 treatment** 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.

The 'Pre-authorisation' section contains all of the rules and information about this.

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

Please read the 'Making a claim' section for full details of how to claim. Here are some guidelines and useful things to remember.

What to send

We must receive a fully completed claim form and the invoices for **your treatment**, within 2 years 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

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 your 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.

Confirmation of your claim

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. If **you** subscribe to **our** secure MembersWorld website, **you** can view **your** documents online, upload **your** claims and view **your** claims statement.

About your Membership

This booklet forms part of **you**, the **principal member's** contract with **us**, along with **your** application form and **your** membership certificate. This is an annual contract.

The agreement between you and us

As a member of the Lifeline plan, **you**, the **principal member** have formed an agreement with **Bupa Global** about **your** cover. Only **you**, the **principal member** and **Bupa Global** have legal rights under this agreement.

This means that only **you**, the **principal member** and no other party may enforce the terms of this agreement, whether under the Contracts (Rights of Third Parties) Act 1999 or otherwise. **We** will of course allow anyone who is covered under **you**, the **principal member's** membership complete access to **our** complaints and dispute resolution process.

The following 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 this 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 or change your specified country of nationality

You, the **principal member**, must tell **us** straight away if **your specified country of residence** or **your specified country of nationality** changes. **Your** new country may have different regulations about health insurance. **You**, the **principal member**, need to tell **us** of any change so that **we** can make sure that **you** have the right cover.

Summary of Benefits

| | Essential | Classic | Gold |
|--|-----------|---------|------|
| Overall annual maximum | | | |
| Overall annual maximum | ● | ● | ● |
| Out-patient treatment | | | |
| Accident-related dental treatment | | ● | ● |
| Consultants' fees for consultations | | ● | ● |
| Consultants' fees, psychologists' and psychotherapists' fees for Mental Health treatment | | ● | ● |
| Costs for treatment by a family doctor | | | ● |
| Costs for treatment by therapists, complementary medicine practitioners and qualified nurses | | ● | ● |
| Health screening and wellness checks (after one years' membership) | | ● | ● |
| Out-patient surgical operations | ● | ● | ● |
| Pathology, X-rays and diagnostic tests | | ● | ● |
| Physiotherapy, osteopathy and chiropractor treatment | | ● | ● |
| Prescribed drugs and dressings | | | ● |
| In-patient and day-case treatment | | | |
| Hospital accommodation | ● | ● | ● |
| Intensive Care | ● | ● | ● |
| Mental Health treatment | ● | ● | ● |
| Nursing care, drugs and surgical dressings | ● | ● | ● |
| Parent accommodation | ● | ● | ● |
| Pathology, X-rays, diagnostic tests and therapies | ● | ● | ● |
| Physicians' fees | ● | ● | ● |
| Prosthetic implants and appliances | ● | ● | ● |
| Surgical operations , including pre- and post-operative care | ● | ● | ● |
| Theatre charges | ● | ● | ● |
| Further Benefits | | | |
| Advanced imaging | ● | ● | ● |
| Cancer treatment | ● | ● | ● |
| Healthline services | ● | ● | ● |
| HIV/AIDS drug therapy including ART (after five years' membership) | | ● | ● |
| Home nursing after in-patient treatment | ● | ● | ● |
| Hospice and palliative care | ● | ● | ● |
| In-patient cash benefit | ● | ● | ● |
| Kidney dialysis | ● | ● | ● |
| Local air ambulance | ● | ● | ● |
| Local road ambulance | ● | ● | ● |
| Maternity cover (after 10 months' membership) | | ● | ● |
| Newborn care | ● | ● | ● |
| Prosthetic devices | ● | ● | ● |
| Rehabilitation | ● | ● | ● |
| Transplant services | ● | ● | ● |
| Treatment for or related to gender dysphoria | | ● | ● |

Summary of Benefits (continued)

| | Essential | Classic | Gold |
|--|-----------|---------|------|
| Optional benefits, if purchased | | | |
| Assistance cover (Evacuation and Repatriation) | • | • | • |
| U.S. cover | • | • | • |

This is a summary of **your** plan. Please read the table of benefits and exclusions on the following pages for detailed rules and benefit limits.

Summary of Exclusions

| | Essential | Classic | Gold |
|---|-----------|---------|------|
| Artificial life maintenance | ● | ● | ● |
| Birth control | ● | ● | ● |
| Conflict and disaster | ● | ● | ● |
| Congenital conditions | ● | ● | ● |
| Convalescence and admission for general care | ● | ● | ● |
| Cosmetic treatment | ● | ● | ● |
| Deafness | ● | ● | ● |
| Dental treatment /gum disease | ● | ● | ● |
| Desensitisation and neutralisation | ● | ● | ● |
| Developmental problems | ● | ● | ● |
| Donor organs | ● | ● | ● |
| Drugs and dressings for out-patient or take-home use | ● | ● | |
| Experimental or unproven treatment | ● | ● | ● |
| Eyesight | ● | ● | ● |
| Family doctor treatment | ● | ● | |
| Footcare | ● | ● | ● |
| Genetic testing | ● | ● | ● |
| Harmful or hazardous use of alcohol, drugs and/or medicines | ● | ● | ● |
| Health hydros, nature cure clinics etc. | ● | ● | ● |
| Hereditary conditions | ● | ● | ● |
| HIV/AIDS | ● | ● | ● |
| Illegal activity | | | |
| Infertility treatment | ● | ● | ● |
| Maternity | ● | | |
| Obesity | ● | ● | ● |
| Persistent vegetative state (PVS) and neurological damage | ● | ● | ● |
| Physical aids and devices | ● | ● | ● |
| Pre-existing conditions | ● | ● | ● |
| Preventive treatment | ● | ● | ● |
| Reconstructive or remedial surgery | ● | ● | ● |
| Sexual problems | ● | ● | ● |
| Sleep disorders | ● | ● | ● |
| Speech disorders | ● | ● | ● |
| Stem cells | ● | ● | ● |
| Surrogate parenting | ● | ● | ● |
| Travel costs for treatment | ● | ● | ● |
| Treatment for or related to gender dysphoria | ● | | |
| U.S. treatment | ● | ● | ● |
| Unrecognised medical practitioner, hospital or healthcare facility | ● | ● | ● |

This is a summary of **your** plan. Please read the table of benefits and exclusions on the following pages for detailed rules and benefit limits.

What is covered?

Please read this important information about the kind of costs that **we** cover.

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 'Health screening and wellness checks' in the 'Table of benefits' and 'Preventive **treatment**' in the 'What is not covered?' section for information on preventive **treatment**.

Our approach to costs

When **you** are in need of a **treatment** provider, **our** dedicated team can help **you** find a **recognised medical practitioner, hospital or healthcare facility** within **network**. Alternatively, **you** can view a summary of **treatment** providers on Facilities Finder at bupaglobal.com/en/facilities/finder. Where **you** choose to have **your treatment** and services with a **treatment** provider in **network**, **we** will cover all eligible costs of any covered benefits, once any applicable co-insurance or deductible amount which **you** are responsible to pay has been deducted from the total claimed amount.

Should **you** choose to have covered benefits with a **treatment** provider who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. This means that the costs charged by the **treatment** provider must be no more than they would normally charge, and be similar to other **treatment** providers providing comparable health outcomes in the same geographical region. These may be determined by **our** experience of usual, and most common, charges in that region. Government or official medical bodies will sometimes publish guidelines for fees and medical practice (including established **treatment** plans, which outline the most appropriate course of care for a specific condition, operation or procedure). In such cases, or where published insurance industry standards exist, **we** may refer to these global guidelines when assessing and paying claims. Charges in excess of published guidelines or **Reasonable and Customary** made by an 'out-of-network' **treatment** provider will not be paid.

This means that, should **you** choose to receive covered benefits from an 'out-of-network' **treatment** provider:

- **you** will be responsible for paying any amount over and above the amount which **we** reasonably determine to be **Reasonable and Customary** - this will be payable by **you** directly to **your** chosen 'out-of-network' **treatment** provider;
- **we** cannot control what amount **your** chosen 'out-of-network' **treatment** provider will seek to charge **you** directly.

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

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

to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a **treatment** provider in **network** only the **Reasonable and Customary** costs of any covered benefits received following the date of the transfer being offered will be paid (after any applicable co-insurance or deductible has been deducted).

Additional rules may apply in respect of covered benefits received from an 'out-of-network' benefits provider in certain countries.

Table of benefits

The table of benefits shows the benefits, limits and the detailed rules that apply to **your** plan. **You** also need to read the 'What is not covered?' section so that **you** understand the exclusions on **your** plan.

How to read the Table of benefits

There are three levels of cover: Essential, Classic and Gold. **You** need to read the column in the 'Table of benefits' that applies to **your** level of cover, as shown on **your** membership certificate.

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.

Currencies

All the benefit limits in the 'Table of benefits' and notes are set out in three currencies: GBP, USD and EUR. The currency in which **you**, the **principal member** pay **us** **your** subscription is the currency that applies to **your** membership for the purpose of the benefit limits.

For example, if **you**, the **principal member** pay **your** subscriptions in GBP then the benefit limits given in GBP apply to **your** membership and USD and EUR limits do not apply to **you**.

If **you** are unsure which level of cover **you** have, the currency that applies to **your** membership, or whether **you**, the **principal member** have an **annual deductible**, **you** can either check on **your** membership certificate, through **our** MembersWorld website or contact the customer services helpline.

Table of Benefits

The table of benefits shows the benefits, limits and the detailed rules that apply to **your** plan. **You** also need to read the 'What is not covered?' section so that **you** understand the exclusions on **your** plan which these benefits are subject to.

Overall annual maximum

| Benefits | Essential | Classic | Gold | Explanation of benefits |
|------------------------|---|---|-----------|---|
| Overall annual maximum | GBP 2,000,000 USD 3,200,000 EUR 2,500,000 | GBP 3,000,000 USD 4,800,000 EUR 3,750,000 | Unlimited | All benefits are subject to this overall annual maximum unless specified in the table of benefits |

Out-patient treatment

Important

This is **treatment** which does not normally require a patient to occupy a **hospital** bed. The list below 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.

| Benefits | Essential | Classic | Gold | Explanation of benefits |
|--|--------------|--|--|--|
| Accident-related dental treatment | Not covered | Paid in full | Paid in full | We pay for accident-related dental treatment that you receive from a dental practitioner for treatment during an emergency visit following accidental damage to any tooth. We only pay any accident-related dental treatment which takes place up to 30 days after the accident. |
| Consultants' fees for consultations | Not covered | | We pay in full for up to 35 visits each membership year | This normally means a meeting with a consultant to assess your condition. Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet. |
| Consultants' fees, psychologists' and psychotherapists' fees for Mental Health treatment | Not covered | We pay up to GBP 6,400, USD 10,900 or EUR 8,000 each membership year | We pay in full for up to 30 visits each membership year | We will pay for consultants' fees, psychologists' and psychotherapists' fees for Mental Health treatment |
| Costs for treatment by a family doctor | Not covered | Not covered | Paid in full | We pay for family doctor treatment . Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet. |
| Costs for treatment by therapists, complementary medicine practitioners and qualified nurses | Not covered | We pay in full for up to 10 visits each membership year | We pay in full for up to 15 visits each membership year | |
| Health screening and wellness checks (after one years' membership) | Not covered | We pay up to GBP 600 USD 1,000 or EUR 750 each membership year | We pay up to GBP 600 USD 1,000 or EUR 750 each membership year | We pay for a full health screening after you have been a member of this plan for one membership year . A health screen generally includes various routine tests performed to assess your state of health and could include tests to check cholesterol and blood sugar (glucose) levels, liver and kidney function tests, a blood pressure check, and a cardiac risk assessment. We also pay for wellness checks after you have been a member of this plan for one membership year . The wellness checks you may also have are specific screening tests for breast, cervical, prostate or colorectal cancer. The actual tests you have will depend on those supplied by the benefits provider where you have your screening. |
| Out-patient surgical operations | Paid in full | Paid in full | Paid in full | We pay for out-patient surgical operations when carried out by a consultant or a family doctor . |

Out-patient treatment (continued)

| Benefits | Essential | Classic | Gold | Explanation of benefits |
|--|-------------|--|--------------|--|
| Pathology, X-rays and diagnostic tests | Not covered | We pay up to GBP 6,400, USD 10,900 or EUR 8,000 each membership year | Paid in full | <p>We pay for:</p> <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples for specific abnormalities, ○ radiology, such as X-rays, and ○ diagnostic tests, such as electro-cardiograms (ECGs) <p>when recommended by your consultant or family doctor to help determine or assess your condition.</p> |
| Physiotherapy, osteopathy and chiropractor treatment | Not covered | We pay in full for up to 30 visits each membership year | Paid in full | <p>We pay for nursing charges for general nursing care, for example injections or wound dressings by a qualified nurse and consultations and treatment with therapists and complementary medicine practitioners when they are appropriately qualified and registered to practice in the country where treatment is received.</p> <p>This includes the cost of both the consultation and treatment, including any complementary medicine prescribed or administered as part of your treatment.</p> <p>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.</p> <p>Note: we do not pay any other complementary therapies such as ayurvedic treatment or aromatherapy which may be available.</p> <p>Note: for dieticians, we pay the initial consultation plus two follow-up visits when needed as a result of an eligible condition.</p> <p>Please note that obesity is not covered.</p> |
| Prescribed drugs and dressings | Not covered | Not covered | Paid in full | <p>We pay for the cost of drugs and dressings prescribed for you by your medical practitioner required to treat a disease, illness or injury, for eligible treatment.</p> <p>Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit described in the costs for treatment by therapists and complementary medicine practitioners benefit.</p> |

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 nights or longer

In order for **us** to cover an in-patient stay lasting 10 nights 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

| Benefits | Essential | Classic | Gold | Explanation of benefits |
|--------------------------------|--------------|--------------|--------------|--|
| Hospital accommodation | Paid in full | Paid in full | Paid in full | <p>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.</p> <p>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.</p> <p>We pay for the length of stay that is medically appropriate for the procedure that you are admitted for. For example, unless medically essential, we do not pay for day-case accommodation for out-patient treatment, and we do not pay for in-patient accommodation for day-case treatment.</p> <p>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).</p> <p>Please also read convalescence and admission for general care in the 'What is not covered?' section.</p> |
| Intensive Care | Paid in full | Paid in full | Paid in full | <p>We pay for intensive care in an intensive care unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when:</p> <ul style="list-style-type: none"> ○ 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 |
| Mental Health treatment | Paid in full | Paid in full | Paid in full | <p>We pay for mental health treatment you receive in hospital during each policy year, in full. This benefit applies to all treatment related to the mental health condition.</p> |

In-patient and day-case treatment (continued)

| Benefits | Essential | Classic | Gold | Explanation of benefits |
|--|--------------|--------------|--------------|--|
| Nursing care, drugs and surgical dressings | Paid in full | Paid in full | Paid in full | <p>We pay for nursing services, drugs and surgical dressings you need as part of your treatment in hospital.</p> <p>Note:</p> <ul style="list-style-type: none"> ○ we do not pay for drugs and surgical dressings you receive for out-patient treatment or use at home, and ○ 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 |
| Parent accommodation | Paid in full | Paid in full | Paid in full | <p>We pay room and board costs for the parent staying in hospital with their child when:</p> <ul style="list-style-type: none"> ○ the costs are for one parent or legal guardian only ○ the parent or guardian is staying in the same hospital as the child, ○ the child is under the age of 18 years old, and ○ the child is receiving treatment that is covered |
| Pathology, X-rays, diagnostic tests and therapies | Paid in full | Paid in full | Paid in full | <p>We pay for:</p> <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples ○ radiology (such as X-rays) and ○ diagnostic tests such as electro cardiograms (ECGs) <p>when recommended by your consultant to help determine or assess your condition when carried out in a hospital.</p> <p>We also pay for treatment provided by therapists, physiotherapists, osteopaths, chiropractors and complementary medicine practitioners (such as acupuncturists) if it is needed as part of your treatment in hospital.</p> |
| Physicians' fees | Paid in full | Paid in full | Paid in full | <p>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.</p> <p>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.</p> |
| Prosthetic implants and appliances | Paid in full | Paid in full | Paid in full | <p>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:</p> <ul style="list-style-type: none"> ○ 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 <p>We also pay for the following appliances:</p> <ul style="list-style-type: none"> ○ 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 |

In-patient and day-case treatment (continued)

| Benefits | Essential | Classic | Gold | Explanation of benefits |
|---|--------------|--------------|--------------|---|
| Surgical operations , including pre- and post-operative care | Paid in full | Paid in full | Paid in full | <p>We pay surgeons' and anaesthetists' fees for a surgical operation, including all pre- and post-operative care.</p> <p>Note: this benefit does not include follow-up consultations with your consultant, as these are paid under the consultants' fees for consultations benefit.</p> |
| Theatre charges | Paid in full | Paid in full | Paid in full | We pay for use of an operating theatre |

Further Benefits

Important

These are the additional benefits provided by **your** membership of the Lifeline plan. These benefits may be in-patient, out-patient or day-case.

| Benefits | Essential | Classic | Gold | Explanation of benefits |
|--|--|--|--|---|
| Advanced imaging | Paid in full | Paid in full | Paid in full | We pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by your consultant or family doctor . |
| Cancer treatment | Paid in full | Paid in full | Paid in full | 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). |
| Healthline services | Included | Included | Included | 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: <ul style="list-style-type: none"> ○ 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 <p>Note: treatment arranged through this service may not be covered under your plan. Please check your cover before proceeding.</p> |
| HIV/AIDS drug therapy including ART (after five years' membership) | Not covered | We pay up to GBP 12,000, USD 20,000 or EUR 15,000 each membership year | We pay up to GBP 12,000, USD 20,000 or EUR 15,000 each membership year | 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. |
| Home nursing after in-patient treatment | We pay up to GBP 120, USD 200 or EUR 150 each day up to a maximum of 10 days each membership year | We pay up to GBP 200, USD 320 or EUR 250 each day up to a maximum of 20 days each membership year | Paid in full up to a maximum of 30 days each membership year | We pay for home nursing after eligible in-patient treatment . We pay if the home nursing: <ul style="list-style-type: none"> ○ 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 |
| Hospice and palliative care | We pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of your membership | We pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of your membership | We pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of your membership | 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 here is the total amount we shall pay for these expenses during the whole of your membership, whether continuous or not. |

Further Benefits (continued)

| Benefits | Essential | Classic | Gold | Explanation of benefits |
|-------------------------|--|--|--|--|
| In-patient cash benefit | We pay GBP 100, USD 160 or EUR 125 each night up to 20 nights each membership year | We pay GBP 100, USD 160 or EUR 125 each night up to 20 nights each membership year | We pay GBP 150, USD 240 or EUR 190 each night up to 20 nights each membership year | <p>This benefit is paid instead of any other benefit for each night you receive eligible in-patient treatment without charge.</p> <p>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.</p> |
| Kidney dialysis | Paid in full | Paid in full | Paid in full | We pay for kidney dialysis - provided as In-patient, day-case or as on out-patient. |
| Local air ambulance | Paid in full | Paid in full | Paid in full | <p>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 treatment or day-case treatment, either:</p> <ul style="list-style-type: none"> ○ from the location of an accident to hospital, or ○ for a transfer from one hospital to another <p>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.</p> <p>Note: this benefit does not include evacuation if the treatment you need is not available locally.</p> <p>Please also see 'Assistance cover' section.</p> |
| Local road ambulance | Paid in full | Paid in full | Paid in full | We pay for medically necessary travel by local road ambulance when related to eligible in-patient treatment or day-case treatment . |

Further Benefits (continued)

| Benefits | Essential | Classic | Gold | Explanation of benefits |
|---|-------------|--|---|---|
| Maternity cover (after 10 months' membership) | Not covered | <p>Maternity and childbirth:</p> <p>We pay up to GBP 3,600, USD 6,000 or EUR 4,500 each membership year</p> <p>Childbirth at home:</p> <p>We pay up to GBP 780, USD 1,300 or EUR 975 each membership year</p> <p>Medically essential Caesarean section:</p> <p>We pay up to GBP 11,400, USD 19,000 or EUR 14,250 each membership year</p> <p>Complications of maternity and childbirth</p> <p>- Paid in full</p> | <p>Maternity and childbirth:</p> <p>We pay up to GBP 6,000, USD 10,000 or EUR 7,500 each membership year</p> <p>Childbirth at home:</p> <p>We pay up to GBP 780, USD 1,300 or EUR 975 each membership year</p> <p>Medically essential Caesarean section:</p> <p>We pay up to GBP 13,800, USD 23,500 or EUR 17,250 each membership year</p> <p>Complications of maternity and childbirth</p> <p>- Paid in full</p> | <p>We pay maternity benefits only after you have been covered under the plan for 10 months.</p> <p>Maternity and childbirth (after 10 months' membership)</p> <p>These benefits include for example:</p> <ul style="list-style-type: none"> ○ 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 <p>Treatment for</p> <ul style="list-style-type: none"> ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside the womb (ectopic pregnancy) <p>are not covered from this benefit but may be covered by your other benefits.</p> <p>(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).</p> <p>Note: routine care for your baby</p> <p>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.</p> <p>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 plan for 10 months when the baby is born.</p> <p>Childbirth at home or birthing centre (after 10 months' membership)</p> <p>This benefit includes obstetricians' and midwives' fees for delivering your baby at home or a birthing centre.</p> <p>Medically Essential Caesarean Section (after 10 months' membership)</p> <p>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.</p> <p>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.</p> <p>Complications of maternity and childbirth (after 10 months' membership)</p> <p>Treatment which is medically necessary as a direct result of pregnancy and childbirth complications.</p> <p>By complications we mean those conditions which only ever arise as a direct result of pregnancy or childbirth for example pre-eclampsia, threatened miscarriage, gestational diabetes, still birth.</p> <p>Please contact us for pre-authorization where possible. If you require an emergency admission as a direct result of pregnancy and childbirth complications, please contact us within 48 hours of your admission.</p> <p>Please also see the section 'Adding dependants'.</p> <p>Please see surrogate parenting, congenital and hereditary conditions in the 'What is not covered?' section</p> |

Further Benefits (continued)

| Benefits | Essential | Classic | Gold | Explanation of benefits |
|--------------------|---|---|---|---|
| Newborn care | We pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all treatment received during the first 90 days following birth | We pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all treatment received during the first 90 days following birth | We pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all treatment received during the first 90 days following birth | <p>All treatment (including routine preventive care, check-ups and immunisations) required for a newborn during the first 90 days' following birth shall be covered by this newborn care benefit.</p> <p>The newborn care benefit is paid instead of any other benefit.</p> <p>Newborn children must have their own membership and must be registered on a Bupa Global plan before this benefit can be claimed.</p> <p>Please see the 'Adding dependants' section.</p> |
| Prosthetic devices | We pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device | We pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device | We pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device | We pay for the initial prosthetic device needed as part of your treatment . By this we mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is 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. |
| Rehabilitation | We pay in full for up to 42 days of treatment (which may be inpatient treatment or day-case treatment) each membership year | We pay in full for up to 42 days of treatment (which may be inpatient treatment , day-case treatment or outpatient treatment) each membership year | We pay in full for up to 42 days of treatment (which may be inpatient treatment , day-case treatment or outpatient treatment) each membership year | <p>We pay for rehabilitation, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. We do not pay for room and board for rehabilitation when the treatment being given is solely physiotherapy.</p> <p>We pay for rehabilitation, only when you have received our pre-authorization before the treatment starts, for up to 42 days treatment in each membership year. For in-patient treatment one day is each overnight stay and for day-case treatment, one day is counted as any day on which you have one or more appointments for rehabilitation treatment.</p> <p>We only pay for rehabilitation where it:</p> <ul style="list-style-type: none"> ○ starts within 6 weeks 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 <p>Note: in order to give pre-authorization, we must receive full clinical details from your consultant; including your diagnosis, treatment given and planned, and proposed discharge date if you receive rehabilitation.</p> <p>Note (for Essential members only): We do not pay for any out-patient rehabilitation.</p> |

Further Benefits (continued)

| Benefits | Essential | Classic | Gold | Explanation of benefits |
|---|--------------|---|---|--|
| Transplant services | Paid in full | Paid in full | Paid in full | <p>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.</p> <p>We do not pay for costs associated with the donor or the donor organ.</p> <p>Note (for Essential members only): We do not pay for any out-patient treatment associated with a transplant, either before or after that transplant takes place, including consultations, diagnostic tests etc, or drugs prescribed for use as an out-patient, including anti-rejection drugs.</p> <p>Note (for Classic members only): We do not pay for any drugs prescribed for use as an out-patient, including anti-rejection drugs.</p> <p>Note (for Gold members only): Any drugs prescribed for use as an out-patient, including anti-rejection drugs are paid from your prescribed drugs and dressings benefit.</p> <p>Please see donor organs in the 'What is not covered?' section.</p> |
| Treatment for or related to gender dysphoria | Not covered | <p>Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people</p> <p>GBP 56,000 USD 96,000 EUR 70,000 per membership year</p> <p>Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people</p> <p>GBP 56,000 USD 96,000 EUR 70,000 per membership year</p> | <p>Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people</p> <p>Paid in full</p> <p>Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people</p> <p>Paid in full</p> | <p>This benefit is paid instead of any other benefit for all hormonal and surgical treatment for or related to gender dysphoria.</p> <p>Any mental health treatment for or related to gender dysphoria is paid from the mental health benefit and is subject to the limits that apply to the mental health benefit.</p> <p>All treatment under this benefit must be pre-authorised.</p> <p>Please refer to the 'What is not covered?' section.</p> |

Optional benefits, if purchased

| Benefits | Essential | Classic | Gold | Explanation of benefits |
|--|---|---|---|--|
| Assistance cover (Evacuation and Repatriation) | | | | <p>Your membership certificate will show if you have purchased this cover.</p> <p>Please see 'Assistance cover' section.</p> <p>The overall annual maximum benefit limit does not apply.</p> |
| U.S. cover | <p>100 percent of eligible costs in network</p> <p>Reasonable and Customary costs out of network.</p> <p>In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans must be pre-authorized or only 50% of eligible costs may be payable.</p> | <p>100 percent of eligible costs in network</p> <p>Reasonable and Customary costs out of network.</p> <p>In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans must be pre-authorized or only 50% of eligible costs may be payable.</p> | <p>100 percent of eligible costs in network</p> <p>Reasonable and Customary costs out of network.</p> <p>In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans must be pre-authorized or only 50% of eligible costs may be payable.</p> | <p>Pre-authorization and the U.S. provider network</p> <p>If you have U.S. cover, then before any in-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans in the U.S., you must contact our dedicated team for pre-authorization.</p> <p>Please contact them by calling 844 369 3797 (from inside the U.S.), or +1 844 369 3797 (from outside the U.S.)</p> <p>In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans received in the U.S. without pre-authorization may not be paid beyond 50%. Any pre-authorized treatment costs are covered according to this table of benefits.</p> <p>Our U.S. Service Partner uses a national network of hospitals, clinics and medical practitioners. This is the U.S. provider network. Our dedicated team can help you to find a hospital or clinic in the U.S. provider network, when you contact them for pre-authorization. When eligible treatment takes place in the U.S. using the U.S. provider network, benefit is paid at 100 percent. When eligible treatment takes place in the U.S. but outside the U.S. provider network, benefit is paid at 100 percent, once any co-insurance or deductible amount which may apply, and which you are responsible to pay, has been deducted from the claimed amount.</p> <p>Where eligible treatment takes place in the U.S. but outside the U.S. provider network, benefit is paid at Reasonable and Customary costs. Please see the "Our approach to costs" section of this membership guide.</p> <p>Please also see U.S. treatment in the 'What is not covered?' section.</p> |

What is not covered?

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

Do you have cover for pre-existing conditions?

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

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

If **we** have not applied a personal exclusion or restriction to **your** membership certificate, this means that any **pre-existing conditions** that **you** told **us** about in **your** application are covered under **your** plan. If **you** are unsure about anything in this section, please contact **us** for confirmation before **you** go for **your treatment**.

General Exclusions

The exclusions in this section apply in addition to and alongside any personal exclusions and restrictions explained above.

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

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

Important note:

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

Please note that, should **you** choose to have **treatment** or services with a **treatment** provider who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. Additional rules may apply in respect of covered benefits received from an 'out-of-**network**' **treatment** provider in certain specific countries.

| Exclusion | Notes | Rules |
|-----------------------------|-------|---|
| 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. Example: We will not pay for artificial life maintenance when you are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days. |
| Birth control | | Any type of contraception, sterilisation, termination of pregnancy or family planning. |

| Exclusion | Notes | Rules |
|--|---|---|
| Conflict and disaster | | <p>We shall not be liable for any claims which concern, are due to or are incurred as a result of treatment for sickness or injuries directly or indirectly caused by you putting yourself in danger by entering a known area of conflict (as listed below) and/or if you were an active participant or you have displayed a blatant disregard for your personal safety in a known area of conflict:</p> <ul style="list-style-type: none"> ○ nuclear or chemical contamination ○ war, invasion, acts of a foreign enemy ○ civil war, rebellion, revolution, insurrection ○ terrorist acts ○ military or usurped power ○ martial law ○ civil commotion, riots, or the acts of any lawfully constituted authority ○ hostilities, army, naval or air services operations whether war has been declared or not |
| Congenital conditions | Please see the table of benefits for details of your Newborn care limit. | 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. |
| Convalescence and admission for general care | | <p>Hospital accommodation when it is used solely or primarily for any of the following purposes:</p> <ul style="list-style-type: none"> ○ 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 |
| Cosmetic treatment | | <p>Treatment undergone for cosmetic or psychological reasons to improve your appearance, such as a re-modelled nose, facelift, abdominoplasty or cosmetic dentistry. This includes:</p> <ul style="list-style-type: none"> ○ 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) <p>Examples:</p> <ul style="list-style-type: none"> ○ we do not pay for breast reduction for backache or gynaecomastia (the enlargement of breasts in men) ○ we do not pay for treatment of keloid scars. We also do not pay for scar revision. |
| Deafness | | Treatment for or arising from deafness or partial hearing loss caused by a congenital abnormality or ageing. |
| Dental treatment /gum disease | Please see accident related dental in the table of benefits. | <p>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.</p> <p>Examples: we do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth, etc.</p> |

| Exclusion | Notes | Rules |
|--|--|--|
| Desensitisation and neutralisation | | Treatment to de-sensitise or neutralise any allergic condition or disorder. |
| Developmental problems | | Treatment for, or related to developmental problems, including: <ul style="list-style-type: none"> ○ learning difficulties, such as dyslexia ○ developmental problems treated in an educational environment or to support educational development |
| Donor organs | | Treatment costs for, or as a result of the following: <ul style="list-style-type: none"> ○ 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 |
| Drugs and dressings for out-patient or take-home use | Exclusion applies to Essential and Classic cover only. | Any drugs or surgical dressings that are provided or prescribed for out-patient treatment , or for you to take home with you on leaving hospital , for any condition. |
| Experimental or unproven treatment | | <p>Clinical tests, treatments, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy.</p> <ul style="list-style-type: none"> ○ We do not pay for any test, treatment, equipment, medicine, device or procedure that is not considered to be in standard clinical use but is (or should, in Bupa's reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy. ○ We do not pay for any tests, treatment, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by Bupa Global in line with its criteria for standard clinical use. <p>Standard clinical use includes:</p> <ul style="list-style-type: none"> ○ treatment agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved through the UK Cancer Drugs Fund), Royal Colleges or equivalent national specialist bodies in the country of treatment; ○ the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or Bupa's in-house Clinical Effectiveness team) indicate that the treatment is safe and effective; ○ where the treatment has received full regulatory approval by the licensing authority (e.g. US Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency, etc.) in the location where the member has requested treatment, and is duly licensed for the condition and patient population being requested (please note - full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or ○ tests, treatments, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which treatment is requested. <p>Notes:</p> <ul style="list-style-type: none"> ○ Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not considered appropriate evidence to demonstrate a test, treatment, equipment, medicine, device or procedure should be used in standard clinical use. ○ Where licensing authority approval to market tests, treatment, equipment, medicines, devices or procedures does not, in Bupa's reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail. |

| Exclusion | Notes | Rules |
|---|--|---|
| Eyesight | | <p>Treatment, equipment or surgery to correct eyesight, such as laser treatment, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Examples: we will not pay for routine eye examinations, contact lenses, spectacles. We will pay for eligible treatment or surgery of a detached retina, glaucoma, cataracts or keratoconus.</p> |
| Family doctor treatment | Exclusion applies to Essential and Classic cover only. | Treatment or services carried out by a family doctor . |
| Footcare | | Treatment for corns, calluses, or thickened or misshapen nails. |
| Genetic testing | | <p>Genetic tests, when such tests are solely performed to determine whether or not you may be genetically likely to develop a medical condition.</p> <p>Example: we do not pay for tests used to determine whether you may develop Alzheimer's disease, when that disease is not present.</p> |
| Harmful or hazardous use of alcohol, drugs and/or medicines | | <p>Treatment for or arising:</p> <ul style="list-style-type: none"> ○ directly or indirectly, from the deliberate, reckless (including where you have displayed a blatant disregard for your personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and ○ in any event, from the illegal use of any such substance |
| Health hydros, nature cure clinics etc. | | Treatment or services received in health hydros, nature cure clinics or any establishment that is not a hospital . |
| 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. |
| HIV/AIDS | Please see HIV/AIDS drug therapy in the table of benefits. | 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. |
| Illegal activity | | We will not pay for treatment which arises, directly or indirectly, as result of your deliberate or reckless participation (whether actual or attempted) in any illegal act, including road traffic offenses. |
| Infertility treatment | | <p>Treatment to assist reproduction, including but not limited to IVF treatment.</p> <p>Note: we pay for reasonable investigations into the causes of infertility if:</p> <ul style="list-style-type: none"> ○ you had not been aware of any problems before joining, and ○ you have been a member 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 <p>Once the cause is confirmed, we will not pay for any additional investigations in the future.</p> |
| Maternity | Exclusion applies to Essential cover only. | <p>Treatment for maternity or for any condition arising from maternity except the following conditions and treatments:</p> <ul style="list-style-type: none"> ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside of the womb (ectopic pregnancy) ○ other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant |

| Exclusion | Notes | Rules |
|--|--|---|
| Obesity | | Treatment for, or required as a result of obesity. |
| 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 . |
| 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, spectacles, contact lenses, crutches or walking sticks. |
| Pre-existing conditions | For pre-existing conditions for newborns, please see the exclusions for congenital and hereditary conditions in this section. | Please contact us before your renewal date if you or your dependants have personal exclusion(s) and 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 may ask for an up to date medical report from your family doctor or consultant . Any costs incurred in obtaining these details are not covered under your plan and are your responsibility |
| Preventive treatment | Please see health screening and wellness checks in the table of benefits. | Note: we may pay for prophylactic surgery when: <ul style="list-style-type: none">○ 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. |
| Reconstructive or remedial surgery | | Treatment required to restore your appearance after an illness, injury or previous surgery, unless: <ul style="list-style-type: none">○ 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 |
| Sexual problems | | Treatment of any sexual problem including impotence '(whatever the cause). |
| Sleep disorders | | Treatment , including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem. |
| Speech disorders | | Treatment for speech disorders, including stammering or speech developmental delays, unless all of the following apply: <ul style="list-style-type: none">○ 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, and○ 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. |
| Stem cells | | We do not pay for the harvesting or storage of stem cells. For example ovum, cord blood or sperm storage. |
| Surrogate parenting | Please also see maternity cover in the table of benefits. | Treatment directly related to surrogacy. This applies: <ul style="list-style-type: none">○ to you if you act as a surrogate, and○ to anyone else acting as a surrogate for you |

| Exclusion | Notes | Rules |
|---|---|---|
| Travel costs for treatment | | <p>Any travel costs related to receiving treatment, unless otherwise covered by:</p> <ul style="list-style-type: none"> ○ local air ambulance benefit, ○ local road ambulance benefit, or ○ Assistance cover <p>Examples:</p> <ul style="list-style-type: none"> ○ 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 |
| Treatment for or related to gender dysphoria | Treatment for or related to gender dysphoria excluded in full for Essential cover. | <p>We do not pay for:</p> <ul style="list-style-type: none"> ○ any surgical treatment (including cosmetic treatment) for or related to gender dysphoria unless: <ul style="list-style-type: none"> ○ you have lived continuously for at least 12 months in the gender role that is congruent with your gender identity; and ○ we have received referral letters from two independent psychologists and/or psychiatrists detailing your personal and treatment history, progress and eligibility and confirming that such treatment is medically necessary for treating gender dysphoria; and, in any event ○ any treatment (surgical or non-surgical) for or related to gender dysphoria where such treatment is unlawful and/or gender dysphoria is not a clinically recognised condition in the country of treatment. |
| U.S. treatment | | <p><u>If U.S. cover has not been purchased</u>, then any treatment or services received in the U.S. are ineligible.</p> <p><u>If U.S. cover has been purchased</u>, then treatment or services received in the U.S. are ineligible:</p> <ul style="list-style-type: none"> ○ when arrangements were not pre-authorized by our agents in the U.S. where required (see 'Pre-authorization – Treatment in the U.S.' section of this membership guide); or ○ we know or suspect that you purchased cover for and travelled to the U.S. for the purpose of receiving treatment for a condition, including pregnancy 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 even if the treatment was pre-authorized. |
| Unrecognised medical practitioner, hospital or healthcare facility | | <ul style="list-style-type: none"> ○ Treatment provided by a medical practitioner hospital or healthcare facility which are not recognised by the relevant authorities in the country where the treatment takes place as having specialised knowledge, or expertise in, the treatment of the disease, illness or injury being treated. ○ Self treatment or treatment provided by anyone with the same residence, Family Members (persons of a family, related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ○ Treatment provided by a medical practitioner, hospital or healthcare facility which are to whom we have sent a written notice that we no longer recognise them for the purposes of our health plans. You can contact us by telephone for details of treatment providers we have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder |

Pre-authorisation

This section contains rules and information about what pre-authorisation means and how it works.

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

What pre-authorisation means

If **we** pre-authorise **your treatment**, this means that **we** will pay up to the limits of **your** plan provided that all of the following requirements are met:

- the **treatment** is eligible **treatment** that
- is covered by **your** plan
- **you** have an active membership at the time that **treatment** takes place
- **your** subscriptions are paid up to date
- the **treatment** carried out matches the **treatment** authorised
- **you** have provided a full disclosure of the condition and **treatment** required
- **you** have enough benefit entitlement to cover the cost of the **treatment**
- **your** condition is not a **pre-existing condition** (see the 'What is not covered?' section)
- the **treatment** is **medically necessary**
- the **treatment** takes place within 31 days after pre-authorisation is given

From time to time **we** may ask **you** for more detailed medical information, for example, to rule out any relation to a **pre-existing condition**. **We** may require that **you** have a medical examination by an independent **medical practitioner** appointed by **us** (at **our** cost) who will then provide **us** with a medical report. If this information is not provided in a timely manner once requested this may result in a delay in pre-authorisation and to **your** claims being paid. If this information is not provided to **us** at all this may result in **your** claims not being paid.

Treatment we can pre-authorise

We can pre-authorise **in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans.

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

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

Length of stay (in-patient treatment)

Your pre-authorisation will specify an approved length of stay for **in-patient treatment**. This is the number of nights in **hospital** that **we** will cover **you** for. If **your treatment** will take longer than this approved length of stay, then **you** or **your consultant** must contact **us** for an extension to the pre-authorisation.

Treatment in the U.S.

All **in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans in the U.S. must be pre-authorised. If **you** are going to receive any of these **treatments**, ask **your** medical provider to contact **our** dedicated team for pre-authorisation. All the information they need is on **your** membership card.

We have made special arrangements if **you** need to have **treatment** or be hospitalised or visit a doctor in the U.S.. These include access to a select **network** of quality medical providers and direct settlement of all covered expenses when **you** receive **treatment** in a **network hospital**.

Treatment which has not been pre-authorised

If **you** choose not to get **your in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans in the U.S. pre-authorised, **we** will only pay 50 percent towards the cost of covered **treatment**.

Of course **we** understand that there are times when **you** cannot get **your treatment** pre-authorised, 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, or as soon as reasonably possible in the circumstances. **We** can then make sure **you** are getting the right care, and 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** may arrange for **you** to be moved to a **network hospital** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a provider in **network** (should this be offered to be arranged, where medically appropriate) only the **Reasonable and Customary** costs of any covered **treatment** or services received following the date of the transfer being offered will be paid (after any applicable co-insurance or deductible has been deducted).

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**.

Out of network treatment

Even if **your treatment** in the U.S. has been pre-authorised, but **you** choose to use a **hospital**, clinic or **medical practitioner** out of **network**, **we** will only pay **Reasonable and Customary** costs towards the cost of covered **treatment**. Please see the "**Our** approach to costs" section of this membership guide.

There may be times when it is not possible for **you** to be treated at a **network hospital**. These include:

- where there is no **network hospital** within 30 miles of **your** address, and
- when the **treatment you** need is not available in the **network hospital**

In these cases, **we** will not ask **you** to share the cost of **your treatment**.

Important rules

Please note that pre-authorisation is only valid if all the details of the authorised **treatment**, including dates and locations, match those of the **treatment** received. If there is a change in the **treatment** required, if **you** need to have further **treatment**, or if any other details change, then **you** or **your consultant** must contact **us** to pre-authorise this separately. **We** make **our** decision to approve **your treatment** based on the information given to **us**. **We** reserve the right to withdraw **our** decision if additional information is withheld or not given to **us** at the time the decision is being made.

We reserve the right to withdraw or amend **our** decision if information is subsequently received that may be contradictory to the information initially given to **us** at the time the decision is being made. Failure to comply with any request for additional information may be deemed to be indicative of fraudulent activities. Should such a failure occur, information may be disclosed to third parties (including other insurers) with the intention of preventing and detecting fraud.

Making a Claim

At times of ill health, **you** want to concentrate on getting well. **We** will do everything **we** can to make **your** claim as simple and straightforward as possible.

How to make a claim

Claim forms

Your claim form is important as it gives **us** the information that **we** need to process **your** claim. If it is not fully completed **we** may have to ask for more information. This can delay payment of **your** claim.

You must complete a new claim form:

- for each member
- for each condition
- for each in-patient or day-case stay, and

- for each currency of claim

If a condition continues over six months, **we** will ask for a further claim form to be completed.

What to send us

You need to return the completed form to **us** by post, with the invoices, as soon as possible. This must be within 2 years of receiving the **treatment** for which **you** are claiming. Invoices sent to **us** after 2 years will not normally be paid unless there is a good reason why it was not possible for **you** to make the claim earlier. **We** cannot return any original documents but **we** can send **you** copies if **you** request.

Requests for further information

We may need to ask **you** for further information to support **your** claim. If **we** do, **you** must provide this. Examples of things **we** might ask for include:

- medical reports and other information about the **treatment** for which **you** are claiming
- the results of any medical examination performed at **our** expense by an independent **medical practitioner** appointed by **us**
- written confirmation from **you** as to whether **you** think **you** can recover the costs **you** are claiming from another person or insurance company

If **you** do not provide the information that **we** ask for, **we** may not pay **your** claim in full.

Please also read about correspondence in the '**Your** membership' section.

Important

When making a claim please note:

- **you** must have received the **treatment** while covered under **your** membership
- payment of **your** claim will be under the terms of **your** membership and up to the benefit levels shown, that apply to **you** at the time **you** receive the **treatment**
- **we** will only pay for **treatment** costs actually incurred by **you**, not deposits or advance invoices or registration/administration fees charged by the provider of **treatment**

- **we** will only pay for **treatment** costs that are **Reasonable and Customary**
- **we** do not return original documents such as invoices or letters. However, **we** will be pleased to return copies if **you** ask **us** when **you** submit **your** claim.

Fraud prevention and detection

We have the right, where appropriate, to check **your** details with fraud prevention agencies, other insurers and other relevant third parties for the purpose of preventing and detecting false information or fraudulent activity. If **you** give **us** false or inaccurate information and **we** suspect fraud, **we** may record this with a fraud prevention agency. **We** and other organisations may also use and search these records to:

- help make decisions about benefit and benefit related services for **you** and members of **your** plan
- help make decisions on other insurance proposals and claims for **you** and members of **your** plan/group
- trace debtors, recover debt, prevent fraud and to manage **your** insurance plans
- establish **your** identity
- undertake credit searches and additional fraud searches.

Fraudulent Claims

You and any **dependant** (or anyone acting on behalf of **you** or any **dependant**) must not:

- make a fraudulent or exaggerated claim under this plan;
- send **us** fake or forged documents or other false evidence, or make a false statement in support of a claim;
- provide **us** with information which **you** or any **dependant** knows would otherwise enable **us** to refuse to pay a claim under this plan; and/or
- refuse to cooperate or fail to provide information / documentation reasonably requested by **us** to validate **your** claim(s), whether pending or paid (including but not limited to proof of payment, medical reports and original invoices).

Failure to comply with the above will give **us** the right to:

- refuse to pay the whole of the claim and any other claim(s) submitted since the date of that claim;
- recover any payments **we** have already made in respect of the claim and/or other claims submitted since that claim(s); and/or
- notify **you** that this plan (or if the fraudulent claim is made by or on behalf of a particular **dependant**, the cover under this plan for that particular **dependant**) has terminated from the date the claim(s) was submitted, and **we** will not refund the premium.

Confirmation of your claim

We will always send confirmation of how **we** have dealt with a claim. If applicable, for child **dependants** (those aged under 18 years), **we** will write to the **principal member**. If the claim is for **treatment** received by the **principal member**, or an adult **dependant** (those aged over 18 years), **we** will write directly to the individual concerned.

How your claim will be paid

Wherever possible, **we** will follow the instructions given to **us** in the 'Payment details' section of the claim form.

Who we will pay

We will only make payments to the member who received the **treatment**, the provider of the **treatment**, the **principal member** of the membership or the executor or administrator of the member's estate. **We** may pay a **dependant** only where the **dependant** received the covered benefits, they are over 18 and **we** have their current bank details. **We** will not make payments to anyone else.

Payment method and bank charges

We will make payment where possible by electronic transfer or by cheque. Payments made by electronic transfer are quick, secure and convenient. To receive payment by electronic transfer, **we** need the full bank account, SWIFT code, bank address details and (in Europe only) IBAN number to be provided on the claim form.

We will instruct **our** bank to recharge the administration fee relating to the cost of making the electronic transfer to **us** but **we** cannot guarantee that these charges will always be passed back for **us** to pay. In the event that **your** local bank makes a charge for a wire transfer **we** will aim to refund this as well. Any other bank charges or fees, such as for currency exchange, are **your** responsibility, unless they are charged as a result of **our** error.

Cheques are no longer valid if they are not cashed within 6 months. If **you** have an out-of-date cheque, please contact customer services, who will be happy to arrange a replacement.

Payment currency and conversions

We can pay in the currency in which **you** pay **your** subscriptions, the currency of the invoices **you** send **us**, or the currency of **your** bank account.

Sometimes, the international banking regulations do not allow **us** to make a payment in the currency **you** have asked for. If so, **we** will send a payment in the currency of **your** sponsor's subscriptions. Where payment to **you** in the usual currency may expose **us** (or **our** Bupa group of companies and administrators) to the risk of any sanction, prohibition or restriction under the laws of any relevant jurisdiction and/or United Nations resolution, **we** reserve discretion to pay **you** in such other currency as **we** are permitted and able to make payment in, if any such payment is permitted to be made.

If **we** have to make a conversion from one currency to another, the exchange rate **we** use will be Reuters closing spot rate set at 16.00 **UK** time on the **UK** working day preceding the invoice date. If there is no invoice date, **we** will use the date of **your treatment**.

Other claim information

Discretionary payments

We may, in certain situations, make discretionary or 'ex gratia' payments towards **your treatment**. If **we** make any payment on this basis, this will still count towards the overall maximum amount **we** will pay under **your** membership. Making these payments does not oblige **us** to pay them in the future.

We do not have to pay for **treatment** that is not covered by **your** plan, even if **we** have paid an earlier claim for a similar or identical **treatment**.

Incorrect payment of claims

If **we** incorrectly make any payment of **your** claim, **we** reserve the right to deduct the incorrectly paid amount from future claims or seek repayment from **you**.

Claiming for treatment when others are responsible

You must complete the appropriate section of the claim form if **you** are claiming for **treatment** that is needed when someone else is at fault, for example in a road accident in which **you** are a victim. If so, **you** will need to take any reasonable steps **we** ask of **you** to assist **us** to:

- recover from the person at fault (such as through their insurance company) the cost of the **treatment** paid for by **Bupa Global**, and
- claim interest if **you** are entitled to do so

If any person is to blame for any injury, disease, illness, condition or other event in relation to which **you** receive any covered benefits, **we** may make a claim in **your** name.

You must provide **us** with any assistance **we** reasonably require to help make such a claim, for example:

- providing **us** with any documents or witness statements;
- signing court documents; and
- submitting to a medical examination.

We may exercise **our** rights to bring a claim in **your** name before or after **we** have made any payment under the membership. **You** must not take any action, settle any claim or otherwise do anything which adversely affects **our** rights to bring a claim in **your** name.

Claiming with joint or double insurance

You must complete the appropriate section on the claim form, if **you** have any other insurance cover for the cost of the **treatment** or benefits **you** have claimed from **us**. If **you** do have other insurance cover, this must be disclosed to **us** when claiming, and **we** will only pay **our** share of the cost of the **treatment** or benefits claimed.

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?

When the **treatment** **you** need is not available locally, the Evacuation and Repatriation options both cover **you** for reasonable transport costs to the nearest appropriate place of **treatment** 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** when the **treatment** is not available locally.

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-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**
- Assistance cover is applicable for **in-patient treatment** 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 U.S.
- **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.

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.

How to arrange your Evacuation or Repatriation

Arrangements for Evacuation or Repatriation 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 Global's** appointed representatives.

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 **in-patient treatment** or **day-case 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 when the required **treatment** is not available locally. 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 a relative or **your** partner to accompany **you**, but only if it is **medically necessary**.
- **We** will also pay for the reasonable costs of **yours** and **your** relative or partner's return journey to the place **you** were evacuated from. All arrangements for **your** return should be approved in advance by **Bupa Global** or **our** appointed representatives.

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 the 'What is covered?' section.

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

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 above.

- **We** will pay in full for **your** reasonable transport costs for **in-patient treatment** or **day-case treatment**.
- **We** will pay for repatriation to **your specified country of nationality** or **your specified country of residence**, when the required **treatment** is not available locally.
- **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 GBP 25, USD 50 or EUR 37 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 Global** or **our** appointed representatives.

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 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 the 'What is covered?' section.

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

Annual Deductibles

Please read this section if **you** have an **annual deductible** on **your** plan.

Important – please remember that:

- the **annual deductible** applies separately to each person included on **your** membership
- as **we** may need to collect amounts from **you** by credit card, **you** must have a valid credit card authority with **us** at all times. (**We** may suspend or terminate **your** cover if **you** do not have such an agreement or authority in place while **you** have an **annual deductible** on **your** plan)
- even if the amount **you** are claiming is less than the amount of the **annual deductible**, **you** should still submit a claim to **us**
- this is an **annual deductible**. Therefore, if **your** first claim is towards the end of **your membership year**, and **treatment** continues over **your renewal date**, the **annual deductible** is payable separately for **treatment** received in each **membership year**

What is an annual deductible?

The **annual deductible** is the total value that **your** eligible claims must reach each **membership year** before **we** will start to pay any benefit.

For example, if **you** have an **annual deductible** of GBP 500, the total value of **your** eligible claims must reach GBP 500 before **we** will pay any benefit.

The **annual deductible** applies separately to each person on **your**, the **principal member's** membership.

The amount of **your annual deductible** will be shown on **your** membership certificate, which **you** can view online at **our** MembersWorld website. If **you** are unsure whether **your** cover includes an **annual deductible**, please contact **our** customer services helpline.

At any point **you** can check the amount of **your** remaining **annual deductible** by contacting **our** customer services helpline.

How an annual deductible works

If a claim is smaller than **your** remaining **annual deductible**, **you** must still submit it to **us** as normal. **We** will not pay any benefit, but the claim will count towards reaching **your annual deductible**. **We** will send **you** a statement informing **you** how much is left.

If an eligible claim exceeds **your** remaining **annual deductible**, **we** will pay the amount of the claim less the remaining **annual deductible**.

Once **your annual deductible** is reached, **we** will pay all eligible claims in full, up to the benefit limits of **your** plan.

How claims are paid to you

If **you** submit a claim and have asked **us** to pay **you**:

- **your** benefit will be paid less the amount of the **annual deductible**
- **we** will send **you** a statement showing how **your** claim has been settled, including any amounts set against the **annual deductible**

How claims are paid direct to your medical provider

If **you** have asked **us** to make a payment direct to **your** medical provider:

- **we** will send payment to the provider for the full amount of the eligible claim, without deducting any **annual deductible**

- **we** will then collect any **annual deductible** from **you** using the credit card authority
- **we** will also send **you** a statement showing the amount of the **annual deductible** that **Bupa Global** will be collecting from **your** account

You are responsible for paying the **annual deductible** in all circumstances.

Paying subscriptions and other charges

All references to '**you**' and '**your**' in this section refer to **you**, the **principal member** only, unless stated otherwise.

Paying subscriptions

You have to pay subscriptions to **us** in advance for **you** and **your dependants** throughout **your** membership. The amount **you** have agreed to pay, and the method of payment **you** have chosen are shown on **your** invoice.

Your subscriptions must be paid in the currency of **your** contract, as shown on **your** invoice.

Your subscriptions should only be paid directly to **Bupa Global**. 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. **Bupa Global** will not be responsible for any subscriptions paid to a third party.

Subscription payments may be collected by Bupa Insurance Services Limited. In the event that Bupa Insurance Services Limited receives or holds any subscription payment, it does so as agent for and on behalf of **your** insurer. Bupa Insurance Services Limited may also pay certain claims or refunds as agent for and on behalf of **your** insurer. The amount and method of payment is shown in **your** membership certificate. **We** retain bank, credit/debit card and direct debit authorisation details to ensure that the policy does not lapse.

If **you** are unable to pay **your** subscriptions for any reason please contact the customer services helpline.

Paying other charges

Countries of residence are grouped into various zones for pricing. The total amount **you** have to pay on **your** invoice is inclusive of any taxes (such as Insurance Premium Tax), charges or levies, applicable within **your** pricing zone.

If subscriptions and other charges are not paid

If **you** do not pay subscriptions and other charges in full by the date they are due, **you** and **your dependant's** membership may be suspended and claims submitted whilst there are subscriptions and charges due will not be paid.

You and **your dependant's** membership may also be suspended if **you** do not settle in full any **annual deductible** payable by **you** for a claim which has been paid direct to **you** and **your dependant's** medical provider. Claims submitted whilst repayment of an **annual deductible** is due will not be paid.

Changes to subscriptions and other charges

Each year on **your renewal date**, **we** may change how **we** calculate **your** subscriptions, how **we** determine the subscriptions, what **you** have to pay or the method of payment. Please note that subscriptions generally rise when **you** renew **your** cover. There are many factors which directly affect subscriptions, such as age or the country in which **you** are resident, and inflation in the worldwide cost of healthcare.

Any changes that **we** make will only apply from **your renewal date**.

Prices charged may change in response to changes in taxes, charges or levies applicable within the pricing zone based on the country where **you** live. Similarly, prices may change if any new tax, charge or levy is introduced. These changes may occur at any time in response to these events.

If **we** do make any changes to **your** subscriptions or to other charges, **we** will write to tell **you** about the changes. If **you** do not want to accept them, **you** can end **your** membership without the changes being introduced, provided that **you** do so:

- within 28 days of the date on which the changes take effect, or
- within 28 days of **us** telling **you** about the changes, whichever is later

Please remember that any bank administration charges or fees are **your** responsibility.

Your Membership

This section contains the rules about **your** membership, including when it will start and end, renewing **your** plan, how **you**, the **principal member** can change **your** cover and general information.

Starting and renewing your membership

When your cover starts

Your membership starts on the 'effective date' shown on the first membership certificate that **we** sent **you**, the **principal member** for **your** current continuous period of **Bupa Global** Lifeline membership.

When cover starts for others on your membership

If any other person is included as a **dependant** under **you**, the **principal member's** membership, their membership will start on the 'effective date' on the first membership certificate **we** sent **you**, the **principal member** for **you**, the **principal member's** current continuous period of **Bupa Global** Lifeline membership which lists them as a **dependant**. Their membership can continue for as long as **you**, the **principal member** remain a member of the plan.

If **you**, the **principal member's** membership ceases, **your dependants** can then, of course, apply for membership in their own right.

Renewing your membership

Your membership can be renewed automatically every year on **your renewal date**, subject to acceptance of **our** renewal terms and 'If **we** make changes' in this section, by continuing to pay **your** subscriptions and any other payments due under **your** agreement with **us**.

If **you**, the **principal member** do not wish to renew **your** membership, **you** must inform **us** in writing as soon as **you** receive **your** renewal documents and prior to **your renewal date**.

If **we** decide to discontinue **your** plan, **you**, the **principal member** may be offered membership of another **Bupa Global** plan as an alternative. If **you**, the **principal member** transfer within one month, without a break in **your** cover, **we** will not add any special restrictions or exclusions to **your** cover under **your** new plan that are personal to **you**, other than those which apply to **you** under this plan.

Please read 'If **we** make changes' in this section.

Ending your membership

When your membership will end

Your membership will automatically end:

- if **you**, the **principal member** do not pay any of **your** subscriptions on, or before, the date they are due. However, **we** may allow **your** membership to continue without **you** having to complete a new medical history, if **you**, the **principal member** pay the outstanding subscriptions in full within 30 days. If **you**, the **principal member** are unable to pay **your** subscriptions for any reason, please contact the customer service helpline
- if **you**, the **principal member** do not pay the amount of any IPT, taxes, levies or charges that **you** have to pay under **your** agreement with **us** on or before the date they are due
- upon the death of the **principal member**. If the **principal member** dies the next named **dependant** on the membership certificate may apply to **Bupa Global** to become a **principal member** of the plan in his or her own right and include the other **dependants** under their membership. If they apply to do this within 28 days, **Bupa Global** will, at its

discretion, not add any further special restrictions or exclusions to the **dependant's** cover that are personal to them in addition to those which applied to the **dependant** under the plan when the **principal member** died

If you move to a new country or change your specified country of nationality

You, the **principal member** must tell **us** straight away if **your specified country of residence** or **your specified country of nationality** 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 Global**. This means that customers experience the same quality **Bupa Global** service.

If **you** change **your specified country of residence** 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 Global** 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.

Without limitation to the foregoing, **we** will not be able to renew **your** membership at the next **renewal date** if **you** become a permanent resident of the U.S., and, if any other **dependants** covered under **your** membership become a resident of the U.S., **we** will not be able to renew their cover under the membership at the next **renewal date**. 'Permanent resident' shall mean a person residing in the U.S. who is a citizen of or

who is permitted under applicable laws to live and work, on a permanent basis, in the U.S., and 'U.S.' shall include the Commonwealth of Puerto Rico for this purpose.

If **you** change **your specified country of residence** or **your specified country of nationality**, please call the **Bupa Global** customer services helpline so **we** can confirm if **your Bupa Global** membership is affected, and, if so, whether **we** can offer **you** a transfer service.

How to end your membership or remove a dependant from cover

You, the **principal member**, can choose to cancel **your** membership (which would also end the cover for all of **your dependants**), or remove any of **your dependants** from **your** cover, at any time, by telephoning or emailing **us**.

Cancellation of **your** membership, or the removal of any additional people from cover, will take effect 14 days after **you**, the main member, notifies **us** of the request by telephone, email or post. **We** will not back-date any requests for termination, or the removal of **dependants** from cover. Claims relating to **treatment** or benefits taking place following the date of cancellation will not be payable.

Refunding subscriptions

Cancellation of your membership or removal of a dependant from cover within the first 28 days

If **you**, the **principal member**, choose to cancel **your** membership within 28 days of receiving **your** first membership certificate for that **membership year**, and **you** have not made any claims for that initial 28 day period, **we** will make a full refund to **you**, the **principal member**, of all subscriptions paid for that **membership year**. Where a claim has been made in respect of the initial 28 day period, **you**, the **principal member**, will be deemed to have affirmed **your** membership and the cancellation will be treated as a cancellation made during the **membership year** (see below).

If **you**, the **principal member**, choose to cancel the membership of a **dependant** within 28 days of receiving the first membership certificate for that **membership year** which names that **dependant** on the plan, and no claims have been made in respect that **dependant** for the initial 28 day period, **we** will make a full refund **you**, the **principal member**, of all subscriptions paid in respect of that **dependant** for that **membership year**. Where a claim has been made in respect of the initial 28 day period, **you**, the **principal member**, will be deemed to have affirmed the **dependant's** cover under the plan and the cancellation will be treated as a cancellation during the **membership year** (see below).

Cancellation of your membership or removal of a dependant from cover during the membership year

If **you**, the **principal member**, choose to cancel **your** membership following the initial 28 day period of such **membership year** (or where cancellation is requested within the initial 28 day period and a claim has been made under the membership for that period), **we** will refund the amount of any subscriptions paid to **us** for the period following the date on which the cancellation of membership takes effect (i.e. from the 14th day of **us** being notified of the request).

If **you**, the **principal member**, choose to remove a **dependant** from cover following the initial 28 day period of such cover for that **membership year** (or where cancellation is requested within the initial 28 day period and a claim has been made under the **dependant's** cover for that period), **we** will refund the amount of any subscriptions paid to **us** for the period following the date on which the removal of the **dependant** takes effect (i.e. from the 14th day of **us** being notified of the request).

Such pro-rata return of any advance paid subscriptions will be made to the original payment source and method as the subscriptions were paid. **We** reserve the right to deduct any payment **you** may owe **us** from any refund.

If **you**, the **principal member**, do not wish to renew **your** membership, **you** must inform **us** in writing as soon as **you** receive **your** renewal documents and prior to **your renewal date**. If no contact is made, **your** membership will automatically renew and any subscription fees will be collected automatically.

Death

Upon death of a **principal member** or a **dependant we** should be notified in writing within 28 days. Their membership will be ended and **we** will refund any subscriptions paid which relate to a period after it ends if no claims have been filed on their behalf.

Making changes to your cover

You, the **principal member's** contract is an annual one, and **you** can therefore only change **your** level of cover from **your renewal date** (with the exception of U.S. upgrades which can be requested at any time).

Changing your level of cover

If **you**, the **principal member** want to change **your** level of cover, please contact the customer service helpline before renewal to discuss **your** options.

If **you**, the **principal member** want to increase **your** level of cover **we** will ask **you** to complete a medical history questionnaire form, and/or to agree to certain exclusions or restrictions to **your** cover before **we** accept **your** application.

If **you**, the **principal member** have any concerns about **your** subscriptions, or if **your** circumstances have changed, please contact **us** so that **we** can try to help.

Adding dependants

You can apply to include additional people under **your** membership by filling in a Lifeline application form. **You** can download this easily from MembersWorld at membersworld.bupaglobal.com or **you** can contact **us**, and **we** will send one to **you**.

The medical history for all **your dependants 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 them and which will be shown on **your** membership certificate, or **we** may decline to offer cover.

Adding your newborn

If **you** are adding **your** newborn please complete a newborn application form. Newborn children are eligible for newborn care from their date of birth up to their 90th day when:

- at least one parent has been covered on this membership or another **Bupa Global** plan for 10 months or more prior to the child's birth
- the application form is received within 30 days of birth.

If the application form is not received within 30 days of birth, the newborn care benefit will be eligible from the date of receipt up until the 90th day.

Any exclusions or restrictions will be applied from their 91st day of birth, or **we** may decline to offer cover.

If **you** have not been covered by this membership for 10 months prior to the child's birth any exclusions or restrictions will be applied from the date **we** receive **your** application to join.

Please read 'Newborn care' benefits in **your** 'Table of benefits'.

Please read 'Making changes to **your** cover' in this section.

Adding U.S. cover to your plan

You can apply to include coverage in U.S. at any time following **your** original date of joining. To apply **you** will need to complete a Lifeline form which can be downloaded easily from MembersWorld at membersworld.bupaglobal.com. **Your** application will be reviewed by **our** medical underwriters and may result in exclusions or restrictions specific to coverage in the U.S.

relation to specific products or services. For example, if **you** use **our** apps, **we** may give **you** privacy notices which apply just to a particular type of information which **we** collect through that app.

3. How we collect personal information

Summary: **We** collect personal information from **you** and from third parties (anyone acting on **your** behalf, for example, brokers, health-care providers and so on).

Where you provide us with information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

More information: **We** collect personal information from **you**:

- through **your** contact with **us**, including by phone (**we** may record or monitor phone calls to make sure **we** are keeping to legal rules, codes of practice and internal policies, and for quality assurance purposes), by email, through **our** websites, through **our** apps, by post, by filling in application or other forms, by entering competitions, through social media or face-to-face (for example, in medical consultations, diagnosis and **treatment**).

We also collect information from other people and organisations.

For all our customers, we may collect information from:

- **your** parent or guardian, if **you** are under 18 years old;
- a **family member**, or someone else acting on **your** behalf;
- doctors, other clinicians and health-care professionals, **hospitals**, clinics and other health-care providers;
- any service providers who work with **us** in relation to **your** product or service, if **we** don't provide it to **you** direct, such as providing **you** with apps, medical **treatment**, dental **treatment** or health assessments;

- organisations who carry out customer-satisfaction surveys or market research on **our** behalf, or who provide **us** with statistics and other information (for example, about **your** interests, purchases and type of household) to help **us** to improve **our** products and services;
- fraud-detection and credit-reference agencies; and
- sources which are available to the public, such as the edited electoral register or social media.

If we provide you with insurance products and services, we may collect information from:

- the main member, if **you** are a **dependant** under a family insurance policy;
- **your** policyholder, if **you** are covered by an insurance policy they have taken out on **your** behalf;
- brokers and other agents (this may be **your** broker if **you** have one, or **your** employer's broker if they have one); and
- other third parties **we** work with, such as agents working on **our** behalf, other insurers and reinsurers, actuaries, auditors, solicitors, translators and interpreters, tax advisers, debt-collection agencies, credit-reference agencies, fraud-detection agencies (including insurance counter-fraud groups), regulators, data-protection supervisory authorities, health-care professionals, other health-care providers and medical-assistance providers.

4. Categories of personal information

Summary: **We** process two categories of personal information about **you** and (where this applies) **your dependants**:

- standard personal information (for example, information **we** use to contact **you**, identify **you** or manage **our** relationship with **you**); and
- special categories of information for example, health information; and
- information about criminal convictions and offences (**we** may get this information when carrying out fraud or money laundering checks, or other background screening to

prevent crime).

More information:

Standard personal information includes:

- contact information, such as **your** name, username, address, email address and phone numbers;
- the country **you** live in, **your** age, **your** date of birth and national identifiers (such as **your** National Insurance number or passport number);
- information about **your** employment;
- details of any contact **we** have had with **you**, such as any complaints or incidents;
- financial details, such as details about **your** payments and **your** bank details;
- the results of any credit or any anti-fraud checks **we** have made on **you**;
- information about how **you** use **our** products and services, such as insurance claims; and
- information about how **you** use **our** website, apps or other technology, including IP addresses or other device information (please see **our** Cookies Policy available at <https://www.bupaglobal.com/en/legal/cookies> for more details).

Special category information includes:

- information about **your** physical or mental health, including genetic information or biometric information (**we** may get this information from application forms **you** have filled in, from notes and reports about **your** health and any **treatment** and care **you** have received or need, or it may be recorded in details of contact **we** have had with **you** such as information about complaints or incidents, and referrals from **your** existing insurance provider, quotes and records of medical services **you** have received);

Criminal offences and convictions information includes:

- information collected as a result of fraud and money-laundering checks.

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

Summary: **We** process **your** personal information for the purposes set out in this privacy notice. **We** have also set out some legal reasons why **we** may process **your** personal information (these depend on what category of personal information **we** are processing). **We** normally process standard personal information if this is necessary to provide the services set out in a contract, it is in **our** or a third party's legitimate interests or it is required or allowed by any law that applies. Please see below for more information about this and the reasons why **we** may need to process special category information and criminal offence and conviction information.

More information: By law, **we** must have a lawful reason for processing **your** personal information. **We** process standard personal information about **you** if this is:

- **necessary to provide the services set out in a contract** – if **we** have a contract with **you**, **we** will process **your** personal information in order to fulfil that contract (that is, to provide **you** and **your dependants** with **our** products and services);
- **in our or a third party's legitimate interests** – details of those legitimate interests are set out in more detail in section 6 'legitimate interests' below.
- **required or allowed by law.**

We process special category information about **you** because:

- **it is necessary for the purposes of preventive or occupational medicine**, to assess whether **you** are able to work, medical diagnosis, to provide health or social care or **treatment**, or to manage health-care or social-care systems (including to monitor whether **we** are meeting expectations relating to **our** clinical and non-clinical performance);
- **it is necessary for an insurance purpose** (for example, advising on, arranging, providing or managing an insurance contract, dealing with a claim made under an insurance contract,

or relating to rights and responsibilities arising in connection with an insurance contract or law);

- **it is necessary to establish, make or defend legal claims** (for example, claims against **us** for insurance);
- **it is necessary for the purposes of preventing or detecting an unlawful act** in circumstances where **we** must carry out checks without **your** permission so as not to affect the outcome of those checks (for example, anti-fraud and anti-money-laundering checks or to check other unlawful behaviour, or carry out investigations with other insurers and third parties for the purpose of detecting fraud);
- **it is necessary for a purpose designed to protect the public against dishonesty, malpractice or other seriously improper behaviour** (for example, investigations in response to a safeguarding concern, a member's complaint or a regulator (such as the Care Quality Commission or the General Medical Council) telling **us** about an issue);
- **it is in the public interest, in line with any laws that apply;**
- **it is information that you have made public; or**
- **we have your permission.** As is best practice, **we** will only ask **you** for permission to process **your** personal information if there is no other legal reason to process it. If **we** need to ask for **your** permission, **we** will make it clear that this is what **we** are asking for, and ask **you** to confirm **your** choice to give **us** that permission. If **we** cannot provide a product or service without **your** permission (for example, **we** can't manage and run a health trust without health information), **we** will make this clear when **we** ask for **your** permission. If **you** later withdraw **your** permission, **we** will no longer be able to provide **you** with a product or service that relies on having **your** permission.

We process criminal offence and conviction information as part of money laundering checks to comply with financial crime requirements.

6. Legitimate interests

Summary: **We** process **your** personal information for a number of legitimate interests, including managing all aspects of **our** relationship with **you**, for marketing, to help **us** improve **our** services and products, and in order to exercise **our** rights or handle claims. More detailed information about **our** legitimate interests is set out below.

More information: Legitimate interest is one of the legal reasons why **we** may process **your** personal information. Taking into account **your** interests, rights and freedoms, legitimate interests which allow **us** to process **your** personal information include:

- to manage **our** relationship with **you**, **our** business and third parties who provide products or services for **us** (for example, to check that **you** have received a service that **you're** covered for, to validate invoices and so on);
- to provide health-care services on behalf of a third party (for example, **your** employer);
- to make sure that claims are handled efficiently and to investigate complaints (for example, **we** may ask **your treatment** provider for information to make sure **we** receive accurate information and to monitor the quality of **your treatment** and care);
- to keep **our** records up to date and to provide **you** with marketing as allowed by law;
- to develop and carry out marketing activities and to show **you** information that is of interest to **you**, based on **our** understanding of **your** preferences (**we** combine information **you** give **us** with information **we** receive about **you** from third parties to help **us** understand **you** better);
- for statistical research and analysis so that **we** can monitor and improve products, services, websites and apps, or develop new ones;
- to contact **you** about market research **we** are carrying out;

- to monitor how well **we** are meeting **our** clinical and non-clinical performance expectations in the case of health-care providers;
- to enforce or apply **our** website terms of use, **our** policy terms and conditions or other contracts, or to protect **our** (or **our** customers' or other people's) rights, property or safety;
- to exercise **our** rights, to defend ourselves from claims and to keep to laws and regulations that apply to **us** and the third parties **we** work with; and
- to take part in, or be the subject of, any sale, purchase, merger or takeover of all or part of the Bupa business.

7. Marketing and preferences

We may use **your** personal information to send **you** marketing by post, by phone, through social media, by email and by text.

We can only use **your** personal information to send **you** marketing material if **we** have **your** permission or a legitimate interest as described above.

If **you** don't want to receive emails from **us**, **you** can click on the 'unsubscribe' link that appears in all emails **we** send. If **you** don't want to receive texts from **us** **you** can tell **us** by contacting **us** at any time. Otherwise, **you** can always contact **us** to update **your** contact preferences. See section 14 'data protection contacts' for details of how to contact **us**.

You have the right to object to direct marketing and profiling (the automated processing of **your** information to help **us** evaluate certain things about **you**, for example, **your** personal preferences and **your** interests) relating to direct marketing. Please see section 13 '**your** rights' below for more details.

8. Processing for profiling and automated decision-making

Summary: Like many businesses, **we** sometimes use automation to provide **you** with a quicker, better, more consistent and fair service, and marketing information **we** think will be of interest to **you** (including discounts on **our** products and services). This will involve evaluating information about **you** and, in some cases, using technology to provide **you** with automatic responses or decisions (automated decisions). Please see 'more information' below for further details.

You have the right to object to direct marketing and profiling relating to direct marketing (see section 13 '**your** rights' for more information). **You** may also have the right to object to other types of profiling and automated decision-making set out below. In these cases, **you** have the right to ask **us** to make sure that one of **our** advisers reviews an automated decision, to let **us** know how **you** feel about it and to ask **us** to reconsider the decision.

You can contact **us** to exercise these rights. See section 14 'data protection contacts' for full contact details.

More information:

By law, **we** must tell **you** about:

- automated decision-making (making a decision using technology, without any person being involved); and
- profiling (automated processing of **your** information to help **us** evaluate certain things about **you**, for example, **your** personal preferences and **your** interests).

This is because **you** have certain rights relating to both automated decision-making and profiling. **You** have the right to object to profiling relating to direct marketing. If **you** do this, **we** will no longer carry out profiling for direct marketing purposes. **You** also have the right to object to profiling in other circumstances set out below.

When **we** make decisions using only automated processing which produce legal effects which concern **you** or which have a significant effect on **you**, **we** will let **you** know. **You** then have 21 days to ask **us** to reconsider **our** decision or to make a new decision that is not based only on automated processing. If **we** receive a request from **you**, within 21 days of receiving **your** request, **we** will:

- consider the request, including any information **you** have provided that is relevant to it;
- meet **your** request; and
- let **you** know in writing what **we** have done to meet **your** request, and the outcome.

You can contact **us** (see section 14 'data protection contacts' for details) to ask about these rights (see section 13 '**your** rights' for more details).

Profiling and automated decision-making

The processes set out below involve both profiling and automated decision-making.

- Depending on the type of insurance product that **you** want to benefit from, to help **us** decide what level of cover **we** can offer **you**, **we** will ask **you** to provide information about **your** medical history. **We** may use software to review this information to find out whether **you** have any previous or existing health conditions which **we** cannot cover **you** for and which will be excluded from **your** policy.
- **We** may use software to help **us** calculate the price of products and services based on what **we** know about **you** and other customers. For example, **our** technology may analyse information about **your** claims history and compare it with the information **we** hold about previous claims to evaluate how likely **you** are to need to make a claim. **We** may also evaluate **your** age, where **you** live and other details relating to **your** health (such as existing health conditions and whether **you** smoke) to calculate prices for community-rated products which are based on predefined groups with similar risk profiles.

Profiling

The processes set out below involve profiling.

- In order to improve outcomes and be more efficient, and allow **us** to offer advice about different **treatment** paths (for example, alternatives to surgery or other invasive **treatments**), **we** may use software to evaluate medical history and information about the general population in an area to identify customers who are likely to need that advice most.
- When **your** policy is due for renewal, **our** software tells **us** this and may also evaluate **your** payment and claims history, information about the general information in a particular area, other information **you** have given **us** about yourself, and other information from third parties to automatically provide **you** with information about what incentives **we** can offer **you** and the marketing messages **you** will receive.
- **We** ask other organisations to carry out some of **our** consumer and market analysis to improve **our** marketing processes. This involves sharing personal information relating to **our** customers with third parties who specialise in profiling and segmenting people (putting people into groups of different types of customer, based on different kinds of information collected about them, to help **us** to better target **our** products to them). These companies match the information **we** give them with information they get from other sources to improve the accuracy of their analysis. **We** use the results of this analysis to help **us** target marketing and offers.
- **We** may use information about the products **you** have bought, and information about what other customers who have bought the same products **you** have bought, to make sure **we** send **you** information about the products **you** are most likely to be interested in.
- **We** may share **your** personal information (including **your** name, date of birth, sex and the country **you** live in) with third-party companies who carry out fraud checks. **We** will review any matches from this process. (**We** will not use automated decision-making for this.)

9. Sharing your information

Summary: We share **your** information within the Bupa Group, with relevant policyholders (including **your** employer if **you** are covered under a group scheme), with funders arranging services on **your** behalf, with people acting on **your** behalf (for example, brokers and other agents) and with others who help **us** provide services to **you** (for example, health-care providers and medical-assistance providers) or who **we** need information from to allow **us** to handle or confirm claims or entitlements (for example, professional associations). **We** also share **your** information in line with the law. For more information about who **we** share **your** information with and why, please see below.

More information: We sometimes need to share **your** information with other people or organisations for the purposes set out in this privacy notice. The exact information **we** share depends on the reason **we** are sharing it. For example, if **we** need to share information in order to provide health care, **we** will share special categories of information, such as medical details, with the **treatment** provider.

For all our customers, we share your information with:

- other members of the Bupa Group of companies in order to provide **our** products and services;
- other organisations **you** belong to, or are professionally associated with, in order to confirm **your** entitlement to claim discounts on **our** products and services;
- doctors, clinicians and other health-care professionals, **hospitals**, clinics and other health-care providers;
- suppliers who help deliver products or services on **our** behalf;
- people or organisations **we** have to, or are allowed to, share **your** personal information with by law (for example, for fraud-prevention or safeguarding purposes, including with the Care Quality Commission);
- the police and other law-enforcement agencies to help them perform their duties, or with others if **we** have to do this by law or under a court order;

- organisations that carry out surveys on **our** behalf;
- if **we** (or any member of the Bupa group) sell or buy any business or assets, the potential buyer or seller of that business or those assets; and
- a third party who takes over any or all of the Bupa Group's assets (in which case personal information **we** hold about **our** customers or visitors to the website may be one of the assets the third party takes over).

If we provide insurance or manage a health-care trust, we share your information with:

- the policyholder or their agent if **you** are not the main member under an individual policy (**we** will send them all membership documents and confirmation of how **we** have dealt with a claim, and all people who are insured on the policy may have access to correspondence and other information **we** provide through **our** online portal);
- **your** employer (or their broker or agent) for product or service administration purposes if **you** are a member or beneficiary under **your** employer's group scheme;
- **your** broker or agent (or both);
- other third parties **we** work with to provide **our** products and services, such as agents working on **our** behalf, other insurers and reinsurers, actuaries, auditors, solicitors, translators and interpreters, tax advisers, debt-collection agencies, credit-reference agencies, fraud-detection agencies (including insurance counter-fraud groups), regulators, data-protection supervisory authorities, health-care professionals, health-care providers and medical-assistance providers; and
- organisations who provide **your treatment** and other benefits, including travel-assistance services.

If **we** share **your** personal information, **we** will make sure appropriate protection is in place to protect **your** personal information in line with data-protection laws.

10. Anonymised and combined information

We support ethically approved clinical research. **We** may use anonymised information (with all names and other identifying information removed) or information that is combined with other people's information, or reveal it to others, for research or statistical purposes. **You** cannot be identified from this information and **we** will only share the information in line with legal agreements which set out an agreed, limited purpose and prevent the information being used for commercial gain.

11. Transferring information outside the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, **we** transfer **your** personal information to countries outside the EEA (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy notice.

We take steps to make sure that, when **we** transfer **your** personal information to another country, appropriate protection is in place, in line with data-protection laws. Often, this protection is set out under a contract with the organisation who receives that information. For more information about this protection, please contact **us** at info@bupaglobal.com.

12. How long we keep your personal information

We keep **your** personal information in line with set periods calculated using the following criteria.

- How long **you** have been a customer with **us**, the types of products or services **you** have with **us**, and when **you** will stop being **our** customer.
- How long it is reasonable to keep records to show **we** have met the obligations **we** have to **you** and by law.
- Any time limits for making a claim.
- Any periods for keeping information which are set by law or recommended by regulators, professional bodies or associations.

- Any relevant proceedings that apply.

If **you** would like more information about how long **we** will keep **your** information for, please contact **us** at info@bupaglobal.com.

13. Your rights

Summary: **You** have the right to access **your** information and to ask **us** to correct any mistakes and delete and restrict the use of **your** information. **You** also have the right to object to **us** using **your** information, to ask **us** to transfer of information **you** have provided, to withdraw permission **you** have given **us** to use **your** information and to ask **us** not to use automated decision-making which will affect **you**.

More information: **You** have the following rights (certain exceptions apply).

- **Right of access:** **You** have the right to make a written request for details of **your** personal information and a copy of that personal information.
- **Right to rectification:** **You** have the right to have inaccurate information about **you** corrected or removed.
- **Right to erasure ('right to be forgotten'):** **You** have the right to have certain personal information about **you** deleted from **our** records.
- **Right to restriction of processing:** **You** have the right to ask **us** to use **your** personal information for restricted purposes only.
- **Right to object:** **You** have the right to object to **us** processing (including profiling) **your** personal information in cases where **our** processing is based on a task carried out in the public interest or where **we** have let **you** know it is necessary to process **your** information for **our** or a third party's legitimate interests. **You** can object to **us** using **your** information for direct marketing and profiling purposes in relation to direct marketing.
- **Right to data portability:** **You** have the right to ask **us** to transfer the personal information **you** have given **us** to **you** or to someone else in a format that can be read by computer.

- **Right to withdraw consent:** **You** have the right to withdraw any permission **you** have given **us** to handle **your** personal information. If **you** withdraw **your** permission, this will not affect the lawfulness of how **we** used **your** personal information before **you** withdrew permission, and **we** will let **you** know if **we** will no longer be able to provide **you** with **your** chosen product or service.
- **Right in relation to automated decisions:** **You** have the right not to have a decision which produces legal effects which concern **you** or which have a significant effect on **you** based only on automated processing, unless this is necessary for entering into a contract with **you**, it is authorised by law or **you** have given **your** permission for this. **We** will let **you** know if **we** make automated decisions, **our** legal reasons for doing this and the rights **you** have.

Please note: Other than **your** right to object to **us** using **your** information for direct marketing (and profiling for the purposes of direct marketing), **your** rights are not absolute. This means they do not always apply in all cases, and **we** will let **you** know in **our** correspondence with **you** how **we** will be able to meet **your** request relating to **your** rights.

If **you** make a request, **we** will ask **you** to confirm **your** identity if **we** need to, and to provide information that helps **us** to understand **your** request better.

We have 21 days to respond to requests relating to automated decisions. For all other requests **we** have one month from receiving **your** request to tell **you** what action **we** have taken.

If **we** do not meet **your** request, **we** will explain why.

In order to exercise **your** rights, please contact **us** at info@bupaglobal.com.

14. Data-protection contacts

If **you** have any questions, comments, complaints or suggestions in relation to this notice, or any other concerns about the way in which **we** process information about **you**, please contact **our** service team on +44 (0)1273 323 563. Alternatively **you** can email or write to **our** Data Protection Officer or Privacy Team at info@bupaglobal.com or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, **United Kingdom**..

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

Glossary

This explains what **we** mean by various words and phrases in **your** membership pack. Words written in bold are particularly important as they have specific meanings.

| Defined term | Description |
|---|---|
| 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. |
| Annual deductible: | The amount you , the principal member have to pay towards the cost of the treatment that you receive each membership year that would otherwise be covered under your membership. The amount of your annual deductible is shown on your membership certificate. The annual deductible applies separately to each person covered under your membership. |
| 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. |
| Assisted Reproduction Technologies: | Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction. |
| Birthing centre: | A medical facility often associated with a hospital that is designed to provide a homelike setting during childbirth. |
| Bupa Global: | Bupa Global Designated Activity Company or any other insurance subsidiary or insurance partner of the British United Provident Association Limited. |
| Complementary medicine practitioner: | An acupuncturist, homeopath or traditional 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. |

| Defined term | Description |
|-----------------------------|--|
| Consultant: | A surgeon, anaesthetist or physician who: <ul style="list-style-type: none"> ○ is legally qualified to practise 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 |
| 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 mental health treatment . |
| Dental practitioner: | A person who: <ul style="list-style-type: none"> ○ is legally qualified to practice dentistry, ○ is recognised by the relevant authorities in the country in which the treatment takes place as having a specialised qualification following attendance at a recognised dental school, and ○ is permitted to practice dentistry by the relevant authorities in the country where the dental treatment takes place <p>Examples of a specialised qualification in the field of dentistry may include (but are not limited to) periodontics or paediatric dentistry.</p> |
| 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. |

| Defined term | Description |
|------------------------------|---|
| 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 judgment 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: <ul style="list-style-type: none"> ○ 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 <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> |
| Family Members: | Persons of a family relationship (related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request. |
| Hospital: | A centre of treatment which is registered, or recognised under the local country's laws, as existing primarily for: <ul style="list-style-type: none"> ○ 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. |

| Defined term | Description |
|---------------------------------|--|
| Intensive care: | Intensive care includes: <ul style="list-style-type: none"> ○ 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, psychotherapist, physiotherapists, osteopaths, chiropractors or therapist who provides active treatment of a known condition. |
| Medically necessary: | treatment , medical service or prescribed drugs/medication which is: <ul style="list-style-type: none"> (a) consistent with the diagnosis and medical treatment for the condition; (b) consistent with generally accepted standards of medical practice; (c) necessary for such a diagnosis or treatment; (d) not being undertaken primarily for the convenience of the member or the treating medical practitioner |
| Membership year: | The 12 month period for which this membership is effective, as first shown on your membership certificate and, if this health plan is renewed, each 12 month period which follows the renewal date . |
| Mental health treatment: | Treatment of mental conditions, including eating disorders. |
| Network: | A hospital, pharmacy , or similar facility, or medical practitioner which has an agreement in effect with Bupa Global or service partner to provide you with eligible treatment . |

| Defined term | Description |
|--|--|
| Out-patient treatment: | Treatment given at a hospital , consulting room, doctors' office or out-patient clinic where you do not go in for in-patient treatment or day-case treatment . |
| Ovulation Induction Treatment: | Treatment including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy. |
| Persistent vegetative state: | <ul style="list-style-type: none"> ○ 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 <p>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.</p> |
| Pharmacy | A facility where prescribed drugs are prepared or sold. |
| Physiotherapy, osteopathy and chiropractic treatment: | Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received. |
| Pre-existing condition: | <ul style="list-style-type: none"> ○ any medical condition declared in your application for cover which has been noted as a 'personal exclusion' under your membership certificate; or ○ any disease, illness or injury for which you received medication, advice or treatment, or you had experienced symptoms of <p>whether the condition was diagnosed or not, prior to becoming a member which was not disclosed under your application for cover.</p> <p>Where we have accepted your transfer to this plan from another insurance product on a continuous cover basis, the above reference to 'application for cover' shall be deemed to mean your original application for cover under that previous insurance product.</p> |

| Defined term | Description |
|---|--|
| 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. |
| Psychologist and psychotherapist: | 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 takes place. |
| Reasonable and Customary | The 'usual', or 'accepted standard' amount payable for a specific healthcare treatment , procedure or service in a particular geographical region, and provided by treatment providers of comparable quality and experience. These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by our experience of usual, and most common, charges in that region. |
| Recognised medical practitioner, hospital or healthcare facility | Any provider who is not an unrecognised medical practitioner, hospital or healthcare facility . |
| 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 Global 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.) |

| Defined term | Description |
|---|--|
| Service partner: | A company or organisation that provides services on behalf of Bupa Global . These services may include approval of cover and location of local medical facilities. |
| Sound natural tooth / Sound natural 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 of nationality specified by you in your application form or as advised to us in writing, which ever is the later. |
| Specified country of residence: | The country of residence specified by you in your application and shown in your membership certificate, or as advised to us in writing, which ever is the later. The country you specify must be the country in which the relevant authorities (such as tax authorities) consider you to be resident for the duration of the policy. |
| Surgical operation: | A medical procedure that involves the use of instruments or equipment. |
| Therapists: | An 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 a condition, disease, illness or injury. |
| UK: | Great Britain and Northern Ireland. |

| Defined term | Description |
|---|---|
| Unrecognised medical practitioner, hospital or healthcare facility | <ul style="list-style-type: none"> ○ Treatment provided by a medical practitioner, hospital or healthcare facility which are not recognised by the relevant authorities in the country where the treatment takes place as having specialist knowledge, or expertise in, the treatment of the disease, illness or injury being treated. ○ Self treatment or treatment provided by anyone with the same residence, Family Members (persons of a family, related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ○ Treatment provided by a medical practitioner, hospital or healthcare facility which are to whom we have sent a written notice that we no longer recognise them for the purposes of our health plans. You can contact us by telephone for details of treatment providers we have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder |
| We/us/our: | Bupa Global. |
| 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 . |

