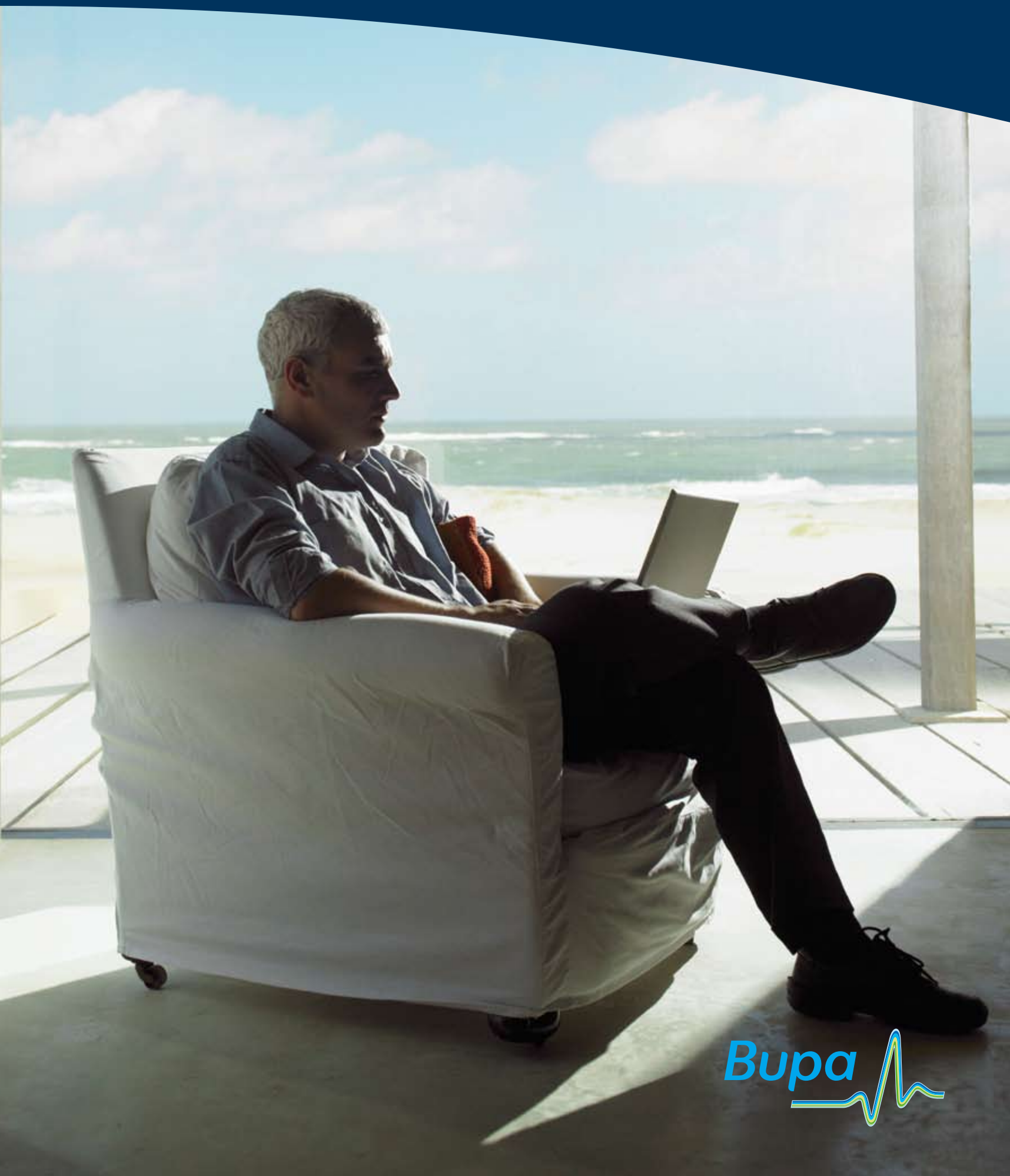


Worldwide Health Options

Your flexible international health plan



Welcome

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

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

To confirm which of the Worldwide Health Options you have chosen, we've included your membership certificate in the pocket opposite. (You can find full details on your chosen options from page 26.) And each year on the anniversary of your cover, we'll inform you of any updates or changes to your plan.

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



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Getting in touch

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

General enquiries

Telephone: +44 (0) 1273 323 563

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

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

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

Medical Centre

Telephone: +44 (0) 1273 333 911

Call **our** team of experts to:

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

* Email disclaimer

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

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

MembersWorld website

www.bupa-intl.com/membersworld

On **our** website you can:

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

Further help

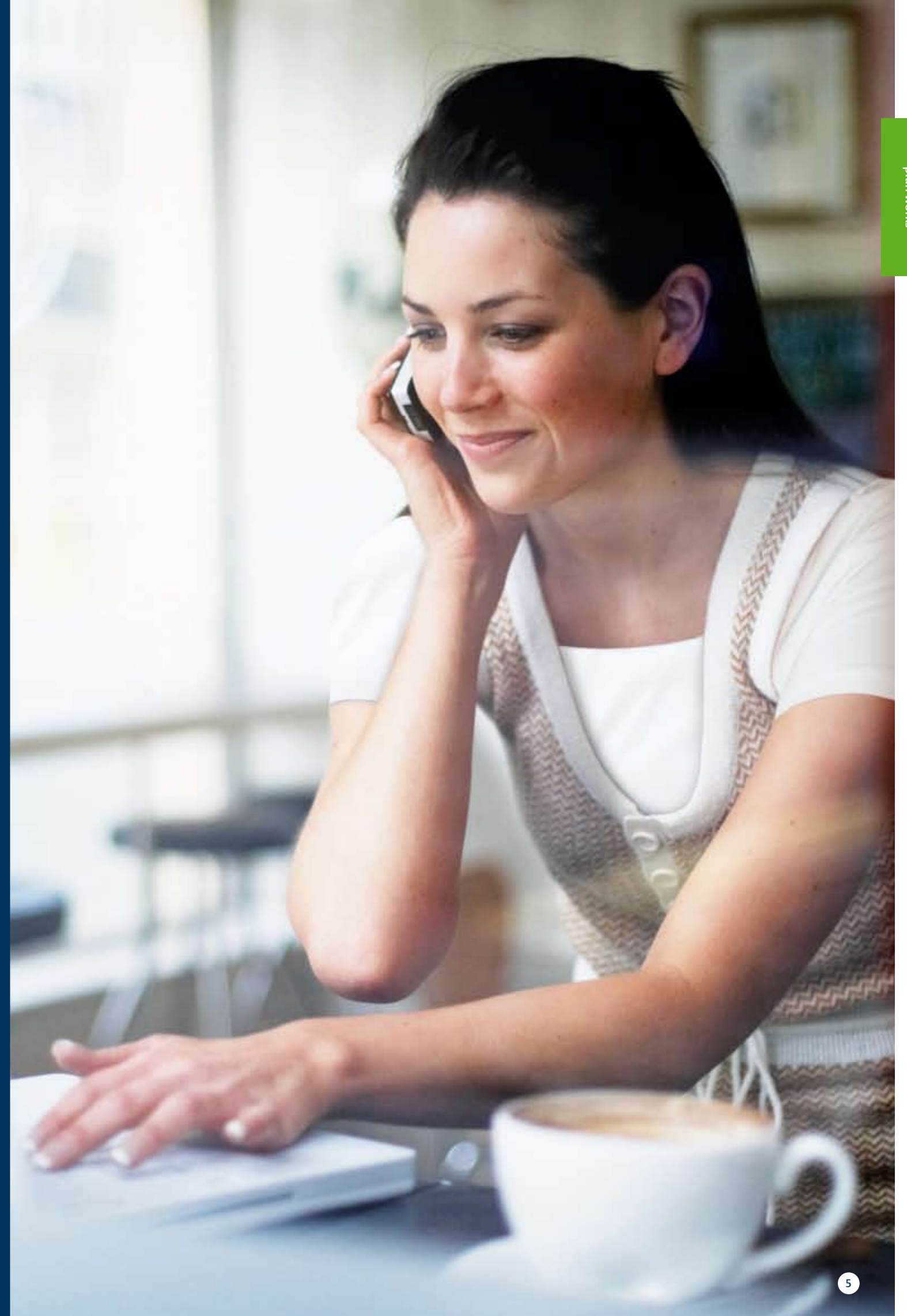
We want to make sure that members with special needs are not excluded in any way. For hearing or speech impaired members who have textphone, please call +44 (0) 1273 866 557. **We** also offer a choice of Braille, large print or audio for **our** letters and literature. Please let **us** know which you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

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

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

Glossary

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



How your plan works

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

A quick reminder of how you created your individual plan

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

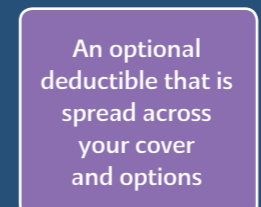


You started with our core cover

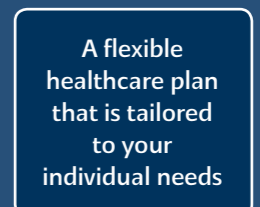
Then your options were added



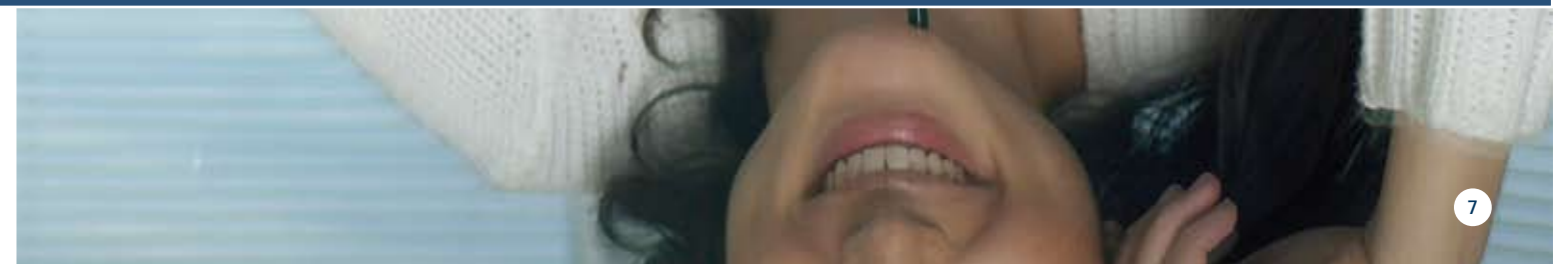
Plus USA Cover if you needed it



Finally, deductibles if any were added



A flexible healthcare plan that is tailored to your individual needs





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

Find out more about:

- [our service](#)
- [what happens if you need treatment](#)
- [treatment in the USA](#)
- [how to claim](#)
- [how you will be paid.](#)

Our service

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

Round the clock reassurance from our Medical Centre

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

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

What help can you expect?

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

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

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

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

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

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

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

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

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

Online support at MembersWorld

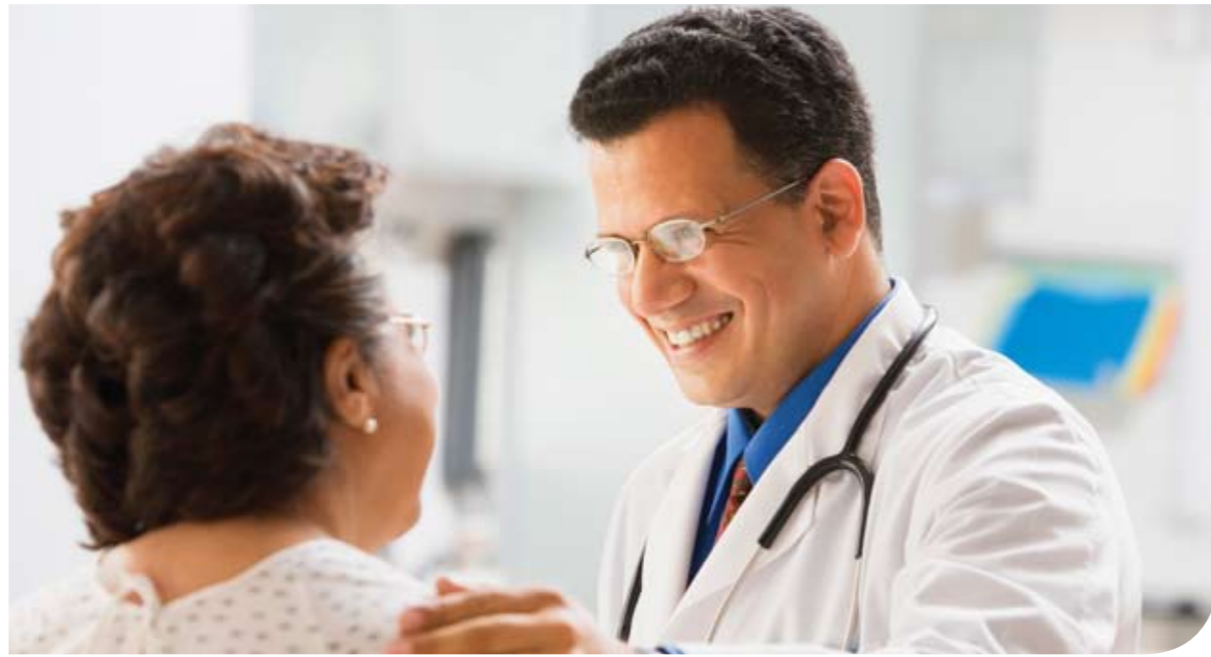
To make your life easier and save you time and hassle, **we** have created an exclusive, secure and password protected members website. You can log on to your MembersWorld website at www.bupa-intl.com/membersworld from anywhere in the world to manage your cover and access a comprehensive library of information and expert advice.

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

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

Get expert health advice from bupa.com

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



What happens if you need treatment

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

Prior approval

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

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

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

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

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

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

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

How does it work?

Please follow these simple steps:

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

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

Treatment in the USA

If you chose to include USA Cover, **we** have special arrangements in place if you need to be hospitalised while you are there. These include access to a select **network** of quality **hospitals** and other medical **treatment** providers with direct settlement of all covered expenses when **you** receive **treatment** in a **network hospital**. To access these benefits, and avoid penalties, all **treatment** in **hospital** must be pre-authorised using the same simple process as before.

By getting prior approval for your **treatment** you're also helping **us** to manage the ever increasing costs of medical care. This is good news for you, as it also helps **us** to manage your subscriptions and keep any increases to a minimum. But what is even better is that you get the benefit from both. When you get prior approval for your **treatment** and you go to a **network hospital**, all covered expenses are paid in full - direct to the providers of your **treatment**.

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

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

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

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

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

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

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

How to claim

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

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

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

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

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

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

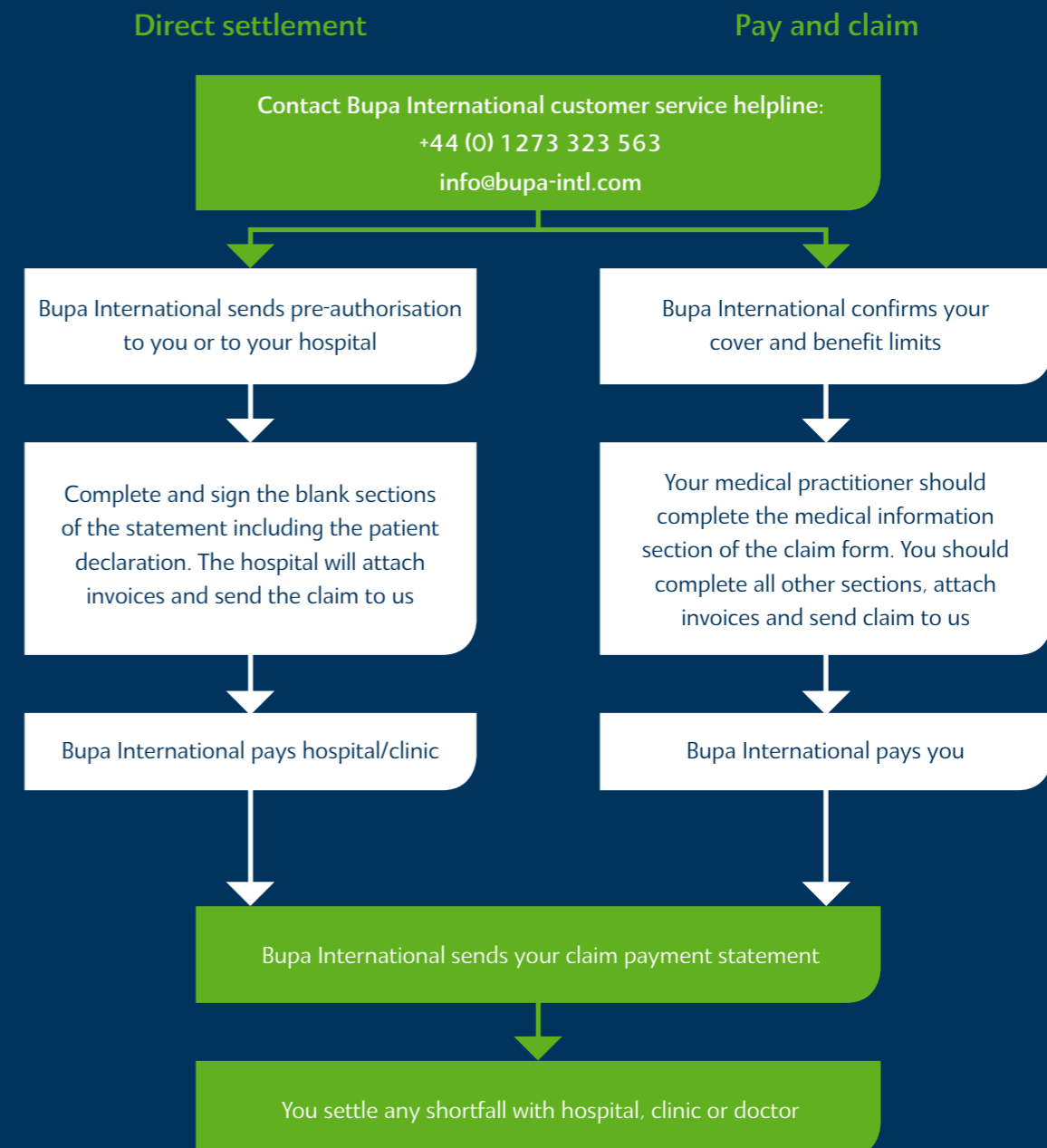
- medical reports or other information about your condition
- the results of any independent medical examination that **we** may ask and pay for
- written confirmation that you cannot claim against another person or insurer.

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

We will pay for:

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

How your claim is processed





How you will be paid

We will pay only one of the following:

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

We will pay by either:

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

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

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

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

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

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

Which currency will you be paid in?

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

If **we** need to make a conversion to calculate your claim, the exchange rate will be the average of the buying and selling rates across a wide range of rates quoted by the banks in London, either on the date when the invoice was issued or on the last date of your **treatment** - whichever is later.

How much will you be paid?

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

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

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

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

Discretionary payments

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

* Exception - the lifetime limit for **psychiatric treatment in hospital** applies to the whole of your membership with **your insurer**. Please read note O.10.

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

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

Treatment after an accident

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

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

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

Core cover Worldwide Medical Insurance

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

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



What is covered?

Worldwide Medical Insurance - annual overall limit £1,500,000/€1,875,000/\$2,550,000

Benefit	Level of cover	£ Sterling	€ Euros	\$ US	At a glance	Notes
Staying in hospital overnight or as a day-case	Paid in full				Room and board costs when staying in hospital overnight or as a day-case	0.0
Parent accommodation	Paid in full				Room and board costs when staying in hospital with your child	0.1
Nursing care	Paid in full				Nursing services provided in hospital	0.2
Operating room, medicines and surgical dressings	Paid in full				Operating room, recovery room, medicines and dressings when you have surgery	0.3
Intensive care , intensive therapy, coronary care and high dependency unit	Paid in full				Room and board costs when staying in hospital or intensive care , intensive therapy, coronary care or high dependency unit when required as part of your treatment	0.4
Surgery, including surgeons', anaesthetists' and assistants fees'	Paid in full				Includes operations performed whether staying in hospital overnight, as a day-case or as an out-patient	0.5
Specialists' consultation fees	Paid in full				Meetings with or treatment by a specialist in hospital	0.6
Pathology, X-rays, diagnostic tests and therapies	Paid in full				Investigations such as blood or urine tests and diagnostic X-rays, or therapies	0.7
Rehabilitation	Paid in full for 30 days each condition				A combination of therapies aimed at either restoring full function or the ability to live independently	0.8
Advanced imaging	Paid in full				Diagnostic imaging whether staying in hospital overnight, as a day-case or as an out-patient	0.9
Psychiatric treatment overnight in hospital , including room, board and treatment costs	90 days lifetime limit				Treatment of mental health problems, including eating disorders	0.10
Psychiatric treatment as a day-case , including room, board and treatment costs	Paid in full for 20 days each membership year					
Prosthetic implants and appliances	Paid in full				An artificial body part which is designed to form a permanent part of your body, or is a medically necessary temporary part of your body	0.11
Prosthetic devices	Each device	2,000	2,500	3,400	An external artificial body part, such as a prosthetic limb or prosthetic ear	0.11
Childbirth and treatment in hospital	Each membership year , up to	6,500	8,100	11,050	Available once the mother has been a member for 10 months or more. Hospital charges, obstetricians' and midwives' fees for normal and complicated delivery	0.12
Childbirth at home	Each membership year , up to	650	810	1,105		0.12
Newborn care		75,000	93,750	127,500	All treatment within first 90 days' following birth	0.13
Cancer treatment	Paid in full				All treatment you receive for or related to cancer whether staying in hospital overnight, as a day-case or as an out-patient	0.14
Transplant services	Each condition, up to	150,000	187,500	255,000	All costs for treatment in hospital , including donor expenses for organ harvesting if the recipient is a Bupa International member	0.15
Hospice and palliative care	Lifetime limit	20,000	25,000	34,000	Expenses following the diagnosis that your condition is terminal, when treatment can no longer be expected to cure your condition	0.16
Local road ambulance	Paid in full				Medically necessary travel by local road ambulance when related to covered hospitalisation	0.17
Local air ambulance	Each membership year , up to	5,000	6,250	8,500	Medically necessary travel by local air ambulance, such as a helicopter, when related to covered hospitalisation	0.18
Home nursing	Paid in full for 30 days each membership year				Payable for home nursing after a covered stay in hospital	0.19
Hospitalisation cash benefit	Each night for a maximum of up to 30 nights each membership year	100	125	170	Payable for each night you stay in hospital without charge	0.20
Emergency dental treatment	Paid in full				Dental treatment in hospital after a serious accident	0.21
Treatment of congenital and hereditary conditions	Each membership year , up to	20,000	25,000	34,000	Payable for treatment received after the first 90 days' following birth	0.22

Worldwide Medical Insurance notes

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

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

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

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

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

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

- convalescence
- general supervision
- pain management

- general nursing care without **specialist treatment**, except when in a hospice and receiving palliative care
- services from a **therapist** or **complementary therapist**
- domestic services such as help in walking, bathing or preparing meals, or
- receiving **treatment** that could have taken place as an **out-patient**.

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

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

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

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

0.3 **We** pay for the costs of the:

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

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

0.4 **We** pay room and board costs if you are treated in an **intensive care**, **intensive therapy**, **high dependence** or **coronary care unit** when it is an essential part of your **treatment** and is required routinely by patients undergoing the same type of **treatment** as yours, or is medically necessary in the unlikely event of unexpected circumstances, for example if you have an allergic reaction during surgery.

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

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

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

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

0.7 **We** pay for:

- pathology, such as checking blood and urine samples
- radiology, such as X-rays
- **diagnostic tests** such as electrocardiograms (ECGs), if recommended by your **specialist** to help diagnose or assess your condition when you are in **hospital**.

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

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

Rehabilitation must:

- be an integral part of covered **treatment**
- start within 30 days of going into **hospital** for **treatment** of a covered condition such as trauma or stroke
- take place either during your stay in **hospital** or other facility immediately following **treatment** of the condition or is provided as an **out-patient**.

You must get written agreement from **Bupa International** before your **rehabilitation**. **We** will need full clinical details from your **specialist** including:

- your diagnosis
- **treatment** you have already had
- **treatment** that you need to have
- how long you need to stay in **hospital** or other **rehabilitation** facility.

We may pay for more than 30 days' **rehabilitation** when it is needed following:

- orthopaedic
- spinal, or
- neurological events.

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

0.9 We pay for advanced imaging such as:

- magnetic resonance imaging (MRI)
- computed tomography (CT)
- positron emission tomography (PET), if recommended by your **specialist** to help diagnose or assess your condition, whether you need this during a **hospital** stay overnight, as a **day-case** or as an **out-patient**.

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

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

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

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

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

0.11 We pay for prosthetic implants, appliances and prosthetic devices shown in the following lists.

Prosthetic implants:

- to replace a joint or ligament
- to replace a heart valve

- to replace an aorta or an arterial blood vessel
- to replace a sphincter muscle
- to replace the lens or cornea of the eye
- to control urinary incontinence or bladder control
- to act as a heart pacemaker
- to remove excess fluid from the brain
- cochlear implant - provided the initial implant was provided to the member when under the age of five, **we** will pay ongoing maintenance and replacements
- breast reconstruction following surgery for cancer when the reconstruction was carried out as part of the original **treatment** for the cancer and you have obtained **our** written consent before receiving the **treatment**.

Appliances:

- a knee brace which is an essential part of a **surgical operation** for the repair to a cruciate (knee) ligament
- a spinal support which is an essential part of a **surgical operation** to the spine
- an external fixator such as for an open fracture or following surgery to the head or neck.

Prosthetic devices

We pay for a prosthetic device needed as part of your **treatment**. By this **we** mean an external artificial body part, such as a prosthetic limb or prosthetic ear. **We** will only pay for one prosthetic device per limb for an adult, and **we** will pay for the initial and up to two replacement prosthetic devices per limb for children under the age of 16. The maximum benefit **we** will pay towards each prosthetic device is £2,000/€2,500/\$3,400.

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

- **hospital** charges, obstetricians' and midwives' fees for normal or complicated childbirth
- midwife or other **specialists'** fees for childbirth at home
- post-natal care required by the mother immediately following normal childbirth, such as stitches
- secondary conditions brought about by pregnancy such as backache, high blood pressure, vaginal bleeding, nausea and vomiting
- up to seven days' routine care for the baby.

The following complications are covered the same as any other medical condition, so the rules and limits for the maternity benefits do not apply:

- delivering a baby by caesarean section when medically essential, provided the mother has been a member of this plan for at least 10 months before the delivery
- 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 the delivery
- miscarriage or when the foetus has died and remains with the placenta in the womb
- stillbirth
- abnormal cell growth in the womb (hydatidiform mole)
- foetus growing outside the womb (ectopic pregnancy)
- heavy bleeding in the hours and days immediately after childbirth (post-partum haemorrhage)

- afterbirth left in the womb after delivery of the baby (retained placental membrane)
- complications following any of the above conditions.

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

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

We do not pay for **treatment** received as an **out-patient** before or after the birth unless you have bought the Worldwide Medical Plus option. *Please read 'Adding members to your plan' section.*

0.13 We pay newborn care benefits:

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

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

Please read 'Adding members to your plan' section.

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

- fees that are related specifically to planning and carrying out **treatment** for cancer
- tests and medicines (such as cytotoxic medicines or chemotherapy), and
- bone marrow or stem cell transplant carried out as part of **treatment** for cancer.

This benefit will continue to be paid for:

- up to five years following your first **out-patient** consultation on completion of **active treatment**, by which **we** mean surgery, radiotherapy or chemotherapy, not including long-term maintenance therapies (such as herceptin or zoladex which **we** do not class as **active treatment**), for cancer, and
- all **treatment** specifically related to that condition.

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

0.15 **We pay medical expenses for the following transplants if the organ has come from a relative or a certified and verified source of donation:**

- cornea
- small bowel
- kidney
- kidney/pancreas
- liver
- heart
- lung, or
- heart/lung transplant.

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

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

- the harvesting of the organ, whether from live or deceased donor
- all tissue matching fees
- **hospital**/operation costs of the donor
- any donor complications, but to a maximum of 30 days post-operatively only.

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

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

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

Please read note 1.9 under Worldwide Medical Plus.

Please read note 5.7 under General exclusions.

0.16 **We pay for the following hospice and palliative care services if you have received a terminal diagnosis and can no longer have **treatment** which will lead to your recovery:**

- **hospital** or hospice accommodation
- nursing care
- prescribed medicines
- physical, psychological, social and spiritual care.

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

0.17 **We pay for a local road ambulance:**

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

When a local road ambulance is:

- medically necessary, and
- related to **treatment** you need to receive in **hospital**.

0.18 **We pay for a local air ambulance:**

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

When a local air ambulance is:

- medically necessary
- used for short distances of up to 100 miles/ 160 kilometres, and
- related to **treatment** you need to receive in **hospital**.

A local air ambulance may not always be available in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone.

We do not pay for mountain rescue.

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

0.19 **We pay for home nursing if you have had **treatment** in **hospital** which is covered under this plan, when it:**

- is prescribed by your **specialist**
- starts immediately after you leave **hospital**
- reduces the length of your stay in **hospital**

- is provided by a **qualified nurse** in your home, and
- is needed to provide medical care, not personal assistance.

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

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

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

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

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

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

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

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

Option Worldwide Medical Plus

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

Worldwide Medical Plus covers you for consultations with a **doctor** or **specialist** and medical **treatments** that do not require a **hospital** stay. These may include **osteopathy** or complementary therapies,

for example. Some of these **treatments** or consultations may take place before or after a **hospital** stay, but many will be totally independent.



What is covered?

Worldwide Medical Plus - annual overall limit £25,000/€31,250/\$42,500 (excluding transplant benefits)

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

Benefit	Level of cover	£ Sterling	€ Euros	\$ US	At a glance	Notes
Specialists' consultation and doctors' fees	Paid in full up to 35 visits each membership year				A meeting with your specialist or doctor	1.0
Physiotherapy, osteopathy and chiropractor treatment	Paid in full up to 30 visits each membership year				Physical therapies	1.1
Consultations and treatment with complementary therapists	Paid in full up to 15 visits each membership year				To include acupuncture, homeopathy and Chinese medicine	1.2
Psychiatrists' and psychologists' fees	Paid in full up to 30 visits each membership year				Treatment for mental health conditions	1.3
Speech therapy	Paid in full				Provided on a short-term basis following a condition such as a stroke	1.4
Pathology, X-rays and diagnostic tests	Paid in full				Investigations such as blood or urine tests, diagnostic X-rays and hearing tests	1.5
Young child care	Each membership year, up to	1,000	1,250	1,700	Routine preventive care for children covered under this option	1.6
Maternity	Each membership year, up to	2,000	2,500	3,400	Pre and post natal care	1.7
Accident-related dental treatment	Each membership year, 80% up to	500	625	850	An accident resulting in a need for dental treatment only, which is received as an out-patient	1.8
Transplant services	Each condition, up to	50,000	62,500	85,000	Costs for transplant related treatment , before and after the transplant	1.9



Worldwide Medical Plus notes

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

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

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

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

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

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

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

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

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

1.4 We pay for speech therapy only when it is:

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

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

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

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

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

- routine preventive care and check-ups
- immunisations.

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

- **treatment** before and after the birth, including up to seven days' routine care for your baby
- home nurse following delivery, and
- secondary conditions brought about by pregnancy such as backache, high blood pressure, vaginal bleeding, nausea and vomiting.

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

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

A medical report from your dentist is required confirming:

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

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

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

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

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

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

Please read note 0.15 under Worldwide Medical Insurance.



Option Worldwide Medicines and Equipment

For prescribed medicines and medical equipment

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

What is covered?

Worldwide Medicines and Equipment

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

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

Worldwide Medicines and Equipment notes

2.0 We pay for medicines and dressings:

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

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

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

- can be used more than once
- is not disposable
- is used to serve a medical purpose

- is not used in the absence of a disease, illness or injury, and
- is fit for use in the home.

2.2 We pay for long-term prescribed medicines

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

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

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

Option Worldwide Wellbeing

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



What is covered?

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

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

Benefit	Level of cover	£ Sterling	€ Euros	\$ US	At a glance	Notes
Screening and prevention:						
Full health screen	Each membership year , up to	500	625	850	A range of tests performed to review your general, overall state of health and fitness	3.0
Mammogram					Breast X-ray to detect signs of disease	3.1
Papanicolaou (PAP) test					Smear test to detect signs of cervical cancer	
Prostate cancer screen					A blood test and/or digital rectal examination to detect signs of prostate cancer	
Colon cancer screen					A test such as a colonoscopy or an X-ray such as a barium enema to examine the large bowel for signs of colon cancer	
Bone densitometry					A scan to determine the density of your bones	
Four dietetic consultations					Meetings with a dietician	3.2
Vaccinations	Vaccinations and immunisations	3.3				
Dental:						
Preventive	Each membership year , 100% up to	3,500	4,375	5,950	Routine check-ups and hygienist services	3.4
Routine and major restorative	Each membership year , 80% up to				Treatment of a dental problem	3.5
Orthodontic	Each membership year , 50% up to				Treatment of misaligned teeth, under-bite, over-bite	3.6
Optical:						
Eye test (including consultation)	One each membership year , 100%	150	185	255	Meeting and tests with an eye specialist to assess your sight and vision	3.7
Spectacle lenses	80%				Prescribed lenses only	3.8
Contact lenses	80%				Only available if you have prescribed lenses	3.9
Spectacle frames	Once every two membership years , 80% up to					3.10

Worldwide Wellbeing notes

3.0 **We** pay for a full health screening:

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

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

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

These tests and/or screenings:

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

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

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

3.3 **We** pay for vaccinations and immunisations such as:

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

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

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

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

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

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

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

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

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

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

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

- consultations and monthly check-ups
- removal of deciduous/baby teeth/milk teeth/primary teeth
- **treatment** planning
- models/gum impressions
- extractions

- anaesthesia
- X-rays including single/bitewing/periapical (root X-ray)/full-mouth X-rays/Orthopantomogram (OPG) and Cephalometric (CEPH)

- digital photography, and
- metal braces/retainers.

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

3.9 **We** pay for spectacle and contact lenses which are:

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

3.10 **We** pay for spectacle frames. This benefit is payable:

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

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

Option Worldwide Evacuation

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

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



What is covered?

Worldwide Evacuation

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

Benefit	Level of cover	£ Sterling	€ Euros	\$ US	At a glance	Notes
Medical evacuation	Paid in full				Transfer to a hospital either in the same country or another country if the treatment you need is not available locally	4.0
Medical repatriation	Paid in full				Option to transfer to a hospital in your home country	4.1
Travel cost for an accompanying person	Paid in full				A friend or relative can accompany you on your transfer, if there is a reasonable need for someone to go with you	4.2
Travel cost for the transfer of minor children	Paid in full				If minor children will be left without a parent or guardian in the event of an evacuation or repatriation of a parent	4.3
Living allowance	For a maximum of 10 days each membership year , each day up to	100	125	170	A daily allowance towards living expenses for an accompanying person	4.4
Repatriation of mortal remains	Lifetime limit, up to	6,500	8,125	11,050	Transfer of your mortal remains either to your home country or to your country of residence	4.5
Compassionate visit and return	Five trips lifetime limit. Each membership year , up to	800	1,000	1,360	Travel expenses for a relative's visit	4.6
Compassionate visit living allowance	For a maximum of 10 days each visit, each day up to	100	125	170	A daily allowance towards living expenses for a visiting relative	4.6

Worldwide Evacuation notes

For all medical transfers, either evacuation or repatriation:

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

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

Doctors from **Bupa International's service partners** will discuss all relevant factors with your own **specialist** or **doctor** before authorising travel. Evacuation or repatriation will not be authorised if this would be against medical advice.

The costs of any **treatment** you receive either before or after an evacuation or repatriation will

be paid from Worldwide Medical Insurance or any options you have bought as appropriate, provided this is covered under your plan.

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

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

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

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

- to the nearest place where the required **treatment** is available. (This could be to another part of the country that you are in or to another country), and
- for the return journey to the place you were transferred from

when:

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

The costs **we** pay for the return journey will be either:

- the reasonable cost of the return journey by land or sea, or
- the cost of an economy class air ticket

whichever is the lesser amount.

We do not pay any other costs related to the evacuation such as taxis or hotel accommodation.

In some cases, it may be more appropriate for you to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, **we** will pay for taxi fares.

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

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

when:

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

The costs **we** pay for the return journey will be either:

- the reasonable cost of the return journey by land or sea, or
- the cost of an economy class air ticket

whichever is the lesser amount.

We do not pay any other costs related to the repatriation such as taxis or hotel accommodation.

In some cases, it may be more appropriate for you to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, **we** will pay for taxi fares.

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

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

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

when:

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

The costs **we** pay for the return journey will be either:

- the reasonable cost of the return journey by land or sea, or
- the cost of an economy class air ticket

whichever is the lesser amount.

For medical reasons, the accompanying person may travel in a different class from the member receiving **treatment**.

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

- it is medically necessary for you as their parent or guardian to be evacuated or repatriated
- your spouse, partner, or other joint guardian is accompanying you, and
- they would otherwise be left without a parent or guardian.

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

- following an evacuation only, and
- for up to 10 days, or your date of discharge whichever is the earlier, whilst away from their usual **country of residence**.

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

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

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

4.6 **We pay reasonable travel costs for one close relative (spouse/partner, parent, child, brother or sister) who is in another country to visit when you have a sudden accident or illness and are going to be hospitalised for at least five days or you have received a short-term terminal prognosis. This includes the reasonable costs of your relative's return journey to their home country.**

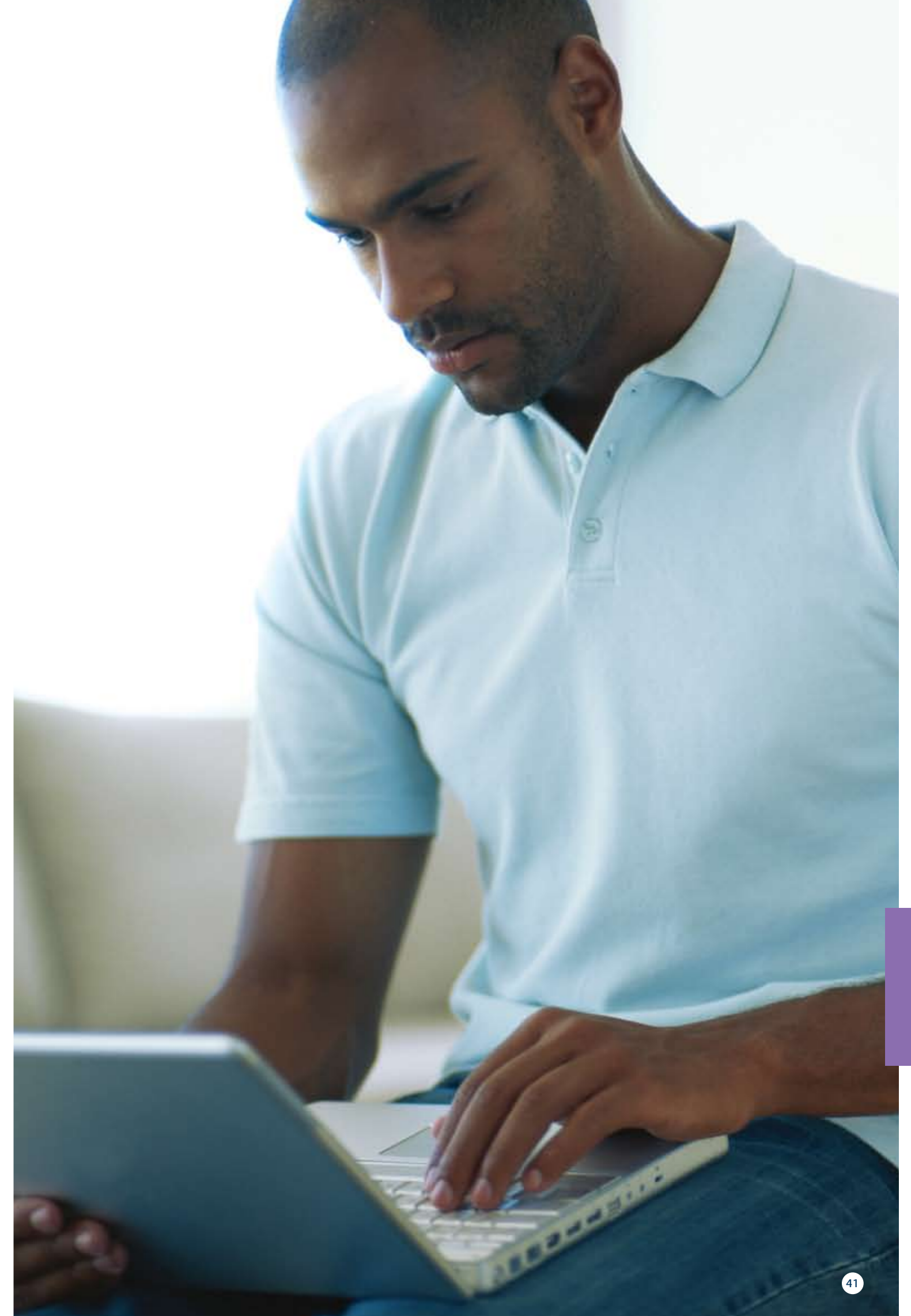
We pay:

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

We also pay towards living expenses for your relative:

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

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



Deductibles

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

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

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

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

How do deductibles work?

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

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

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

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

Deductible applied £500

from Worldwide Medical Insurance (as this covers hospital treatments)

Amount paid by us **£500**

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

Deductible applied £100

from Worldwide Medical Plus

Amount paid by us **£200**

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

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

Please remember:

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

How will claims be paid?

If **we** are paying you:

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

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

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

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

Changing your deductible

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

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

General exclusions

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

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

5.0 **We do not pay for addictive conditions and disorders:**

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

5.1 **Artificial life maintenance:**

- if this **treatment** is not intended or expected to bring about your recovery or restore you to your previous state of health.

5.2 **Birth control:**

- contraception
- sterilisation
- vasectomy
- termination of pregnancy unless there is a threat to the mother's health
- family planning, such as meeting your **doctor** to discuss becoming pregnant or contraception.

5.3 **Conflict and disaster:**

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

If:

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

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

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

5.5 **Cosmetic treatment**

Treatment to improve your appearance such as:

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

We may pay for **prophylactic surgery** (surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland) when:

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

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

5.6 **Developmental problems:**

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

5.7 **Donor organs:**

- mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant
- purchase of a donor organ from any source, or
- harvesting and storage of stem cells, when a preventive measure against possible future disease.

5.8 **Experimental treatment:**

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

5.9 Eyesight

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

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

5.10 Foetal surgery

Treatment or surgery undertaken in the womb before birth.

5.11 Footcare

Treatment for:

- corns
- calluses, or
- thickened or misshapen nails.

5.12 Health hydros, nature cure clinics, etc

Treatment or services received in a:

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

5.13 Infertility treatment

Treatment to assist reproduction such as:

- in-vitro fertilisation (IVF)
- gamete intrafallopian transfer (GIFT)
- zygote intrafallopian transfer (ZIFT)
- artificial insemination (AI)
- prescribed drug **treatment**

- embryo transport (from one physical location to another), or
- donor ovum and/or semen and related costs.

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

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

5.14 Obesity

Treatment for or as a result of obesity such as:

- slimming aids or drugs, or
- slimming classes.

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

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

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

5.15 Personality disorders

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

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

5.16 Pre-existing conditions

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

- **we** were given all the medical information that **we** asked for during your application for your current continuous period of membership
- **we** did not specifically exclude cover for the **pre-existing condition** on your membership certificate under special conditions, and
- you did not know about, or have any symptoms of, the **pre-existing condition** before the 'Period of cover from' date on the first membership certificate for your current continuous period of membership.

5.17 Preventive treatment

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

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

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

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

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

5.18 Reconstructive or remedial surgery

Treatment to restore your appearance after an illness, injury or surgery.

We may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during your current continuous membership.

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

5.19 Self-inflicted injuries

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

5.20 Sexual problems and gender issues:

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

5.21 Sleep disorders:

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

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

We will only pay for:

- an initial sleep study
- surgery, if medically appropriate, and
- equipment hire, such as a Continuous Positive Airway Pressure (CPAP) machine (only if **you** have bought the Worldwide Medicines and Equipment option).

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

5.22 Temporomandibular joint (TMJ) disorders

5.23 Travel costs for **treatment**:

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

5.24 Unrecognised physician, providers or facilities

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

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

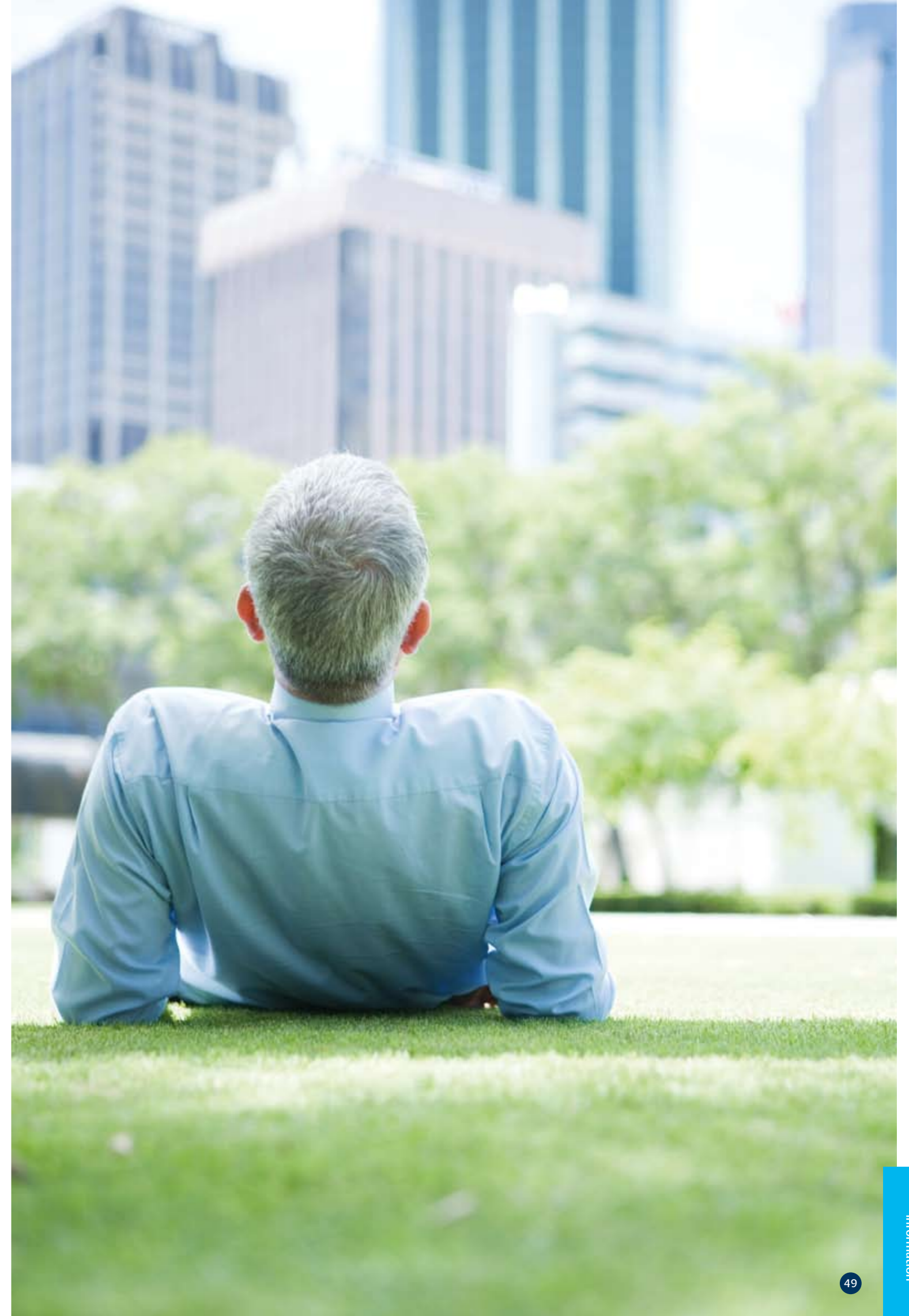
Treatment in any **hospital**, or by any **medical practitioner** or any other **treatment** provider, to whom **we** have sent a written notice that **we** no longer recognise them for the purposes of **our** plans. Details of **treatment** providers **we** have sent written notice to are available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

5.25 USA **treatment**

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

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

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



Important information

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

- [your membership](#)
- [making a complaint](#)
- [useful notes and legal information](#)
- [glossary](#).

Your membership

Your plan is an annual contract that will begin on the 'Period of cover from' date on **your** membership certificate. **Your anniversary** falls on this date in each following year of **your** membership. Your membership will continue automatically each year, regardless of your age or current state of health.

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

Our legal agreement

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

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

Please read 'Making a complaint' section.

What forms my membership?

Your membership with **us** consists of:

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

What happens if I move?

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

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

Country of residence/citizenship

You must let **us** know if **you** change **your country of residence** or citizenship. This helps **us** to make sure that **your** membership is within the regulations governing the provision of healthcare cover to local nationals, residents or citizens.

If the change results in the breach of these regulations, **we** may need to change **your insurer** or end **your** membership. The details of the regulations vary from country to country and may change at any time.

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

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

When does my membership begin?

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

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

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

What happens on my anniversary?

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

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

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

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

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

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

Can I cancel my membership?

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

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

Ending your membership

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

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

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

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

- if **you** do not pay subscriptions or other charges (such as IPT (Insurance Premium Tax) taxes or levies) before, or within 30 days of, the date they are due. If **you** are having trouble paying **your** subscriptions please get in touch - **we** may be able to help, or
- in the event of the death of the **main member**. In this case, any **additional people** in **your** plan can apply to become the **main member**. If the membership is transferred within one month of the date of death of the original **main member** and without a break in cover, **we** will not apply any new personal restrictions or exclusions.

Refunding your subscriptions

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

How can I change my plan?

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

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

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

Adding members to your plan

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

The medical history for all **additional people** **you** apply to include on **your** membership, including newborn children, will be reviewed by **our** medical underwriters. This may result in special restrictions or exclusions, which are personal to any **additional people** **you** add and which will be shown on **your** membership certificate, or **we** may decline to offer cover.

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

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

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

New membership certificates

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

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

How are my subscriptions calculated?

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

Countries are grouped into eight different zones according to the costs of **treatment** in those countries. For example, the cost of **treatments** in France and Finland are similar and these countries are both in Zone 6.

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

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

How do I pay subscriptions and other charges?

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

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

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

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

What happens if I don't pay?

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

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

Will the amount I pay change?

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

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

Bank charges

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

Making a complaint

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

If you have any comments or complaints, you can call the **Bupa International** customer helpline on +44 (0) 1273 323 563, 24 hours a day, 365 days a year. Alternatively you can email via www.bupa-intl.com/membersworld, or write to **us** at:

Bupa International
Russell House
Russell Mews
Brighton
BN1 2NR
UK

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

Taking it further

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

Bupa International
Russell House
Russell Mews
Brighton
BN1 2NR
UK

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

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

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

Confidentiality

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

Useful notes and legal information

Other parties

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

Correspondence

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

Applicable law

Your membership is governed by English law. Any dispute that cannot otherwise be resolved will be dealt with by courts in the **UK**. If any dispute arises as to the interpretation of this document, then the English version of this document shall be deemed to be conclusive and taking precedence over any other language version of this document. You can obtain a copy at any time by contacting **our** customer helpline on +44 (0) 1273 323 563.

False information

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

- giving false information
- keeping necessary information from **us**, or

- working with another party to give false information

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

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

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

We may alternatively:

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

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

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

Glossary

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

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

Active treatment: **Treatment** from a **medical practitioner** of a disease, illness or injury that leads to your recovery, conservation of your condition or to restore you to your previous state of health as quickly as possible.

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

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

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

Complementary therapist: An acupuncturist, homeopathist or Chinese medicine practitioner who is fully trained and legally qualified and permitted to practise by the relevant authorities in the country in which the **treatment** is received.

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

Day-case: **Treatment** which for medical reasons requires you to stay in a bed in **hospital** during the day only. **We** do not require you to occupy a bed for **day-case psychiatric treatment**.

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

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

Doctor: A person who:

- is legally qualified in medical practice following attendance at a recognised medical school to provide medical **treatment**
- does not need a **specialist's** training, and
- is licensed to practise medicine in the country where the **treatment** is received.

By recognised medical school **we** mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.

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

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

- carrying out major **surgical operations**, and
- providing **treatment** which only **specialists** can provide.

Intensive care: **Treatment** in an intensive care unit (ICU), intensive therapy unit (ITU), high dependency unit (HDU) or coronary care unit (CCU), which gives constant monitoring after an operation or illness.

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

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

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

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

Out-patient: **Treatment** given at a **hospital**, consulting room, **doctor's** office or **out-patient clinic** where you do not stay overnight or as a day-case to receive **treatment**.

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

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

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

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

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

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

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

Rehabilitation: **Treatment** in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.

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

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

Specialist: A surgeon, anaesthetist or physician who:

- is legally qualified to practise medicine or surgery following attendance at a recognised medical school
- is recognised by the relevant authorities in the country in which the **treatment** is received as having specialised qualification in the field of, or expertise in, the **treatment** of the disease, illness or injury being treated.

By 'recognised medical school' **we** mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.

Specified country of nationality: The country you gave on your application form. This is the country to which you will be returned if you have purchased repatriation cover.

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

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

Therapists: A physiotherapist, occupational therapist, orthoptist, dietician or speech therapist who is legally qualified and is permitted to practise as such in the country where the **treatment** is received.

Treatment: Surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure disease, illness or injury.

UK: Great Britain and Northern Ireland.

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

You/your: This means you, the **main member**, only. When printed in plain type - ie you/your **we** mean you, the **main member** and any **additional people**.

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

European branch addresses

ihi Bupa
8 Palaegade
DK-1 261 Copenhagen K
Denmark

Bupa Malta
1 20 The Strand
Gzira
Malta

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

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

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



The world of Bupa

Call +44 (0) 1 273 208 181

www.bupa-intl.com

Bupa International

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