Explorer Health Plan

Explorer Health Plan Membership Guide

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bupaglobal.com

Welcome

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

What's included

You should read this guide with **your** insurance certificate and application for cover. These set out the terms and conditions of **your** cover. To make the most of the plan, please read these sections:

- 'What is covered' and 'What is not covered', along with 'Explaining **your** benefits' to understand **your** cover and any benefit limits that might apply
- 'Pre-authorisation' and 'Making a claim' for advice on what to do when **you** need **treatment**
- 'Managing **your** plan' to understand the rules about **your** cover including when it will start, renew and end, and how **you** can change it
- The 'Glossary' to help understand the meaning of some of the terms used

Please keep this guide in a safe place. If **you** need another copy, **you** can call **us**, or view and download a copy any time in MembersWorld.

Bold words

Some words in this guide appear in bold type. These are words that have special meanings in this guide.

You can find these meanings in the 'Glossary'.

Sight or hearing difficulties?

Please let **us** know if **you** would like a copy of **your** documents in either braille, large print or audio format.

Contents

Where you are covered

As long as it is covered by **your** health plan, **you** can have **your treatment** from any **recognised medical practitioner, provider or healthcare facility**. To confirm **your** level of cover please see **your** insurance certificate.

You can find a summary of **hospitals** at www.bupaglobal.com/facilitiesfinder

Your insurer

Your plan is administered by **Bupa Global** on behalf of **Bupa Global** Insurance Limited, the Insurer.

Contact us

Available at any time of the day or night

You can access details about **your** plan any time of the day or night through MembersWorld.
You can also call **us** at any time for advice and support from people who can help **you**.

Healthline: +254 (0) 207 651 131* / +44 (0) 1273 323 563**

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

- finding places and people to treat **you**. **We** try to do this within 48 hours
- access to a second medical opinion

We get information from a number of sources. **You** should check this information as **we** do not verify it. **We** can't be held responsible for any errors or omissions, or any loss, damage, illness or injury that may occur as a result of this information.

You can ask **us** to arrange a medical evacuation if **you** have cover for this.
This **can** include:

- air ambulance
- commercial flights, with or without medical escorts
- stretcher transport
- transport for **your** body or ashes
- travel for relatives and escorts.

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

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

Contact details changed?

It's very important that **you** let **us** know when **you** change **your** contact details (postal or email address or phone number). **We** need to keep in touch with **you** so **we** can give **you** important information about **your** plan or **your** claims. To update **your** details, simply log into MembersWorld or call, email or write to **us**.

Question about your plan?

MembersWorld is the first place to go for information about:

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

You can join at https://membersworld.bupaglobal.com or by downloading the MembersWorld mobile app. It's often the quickest way to contact **us**.

Other ways to contact **us**:

- Email: info@bupaglobal.com
- Phone: +254 (0) 207 651 131 (inside Kenya) or
  +44 (0) 1273 323 563 (from outside Kenya)
- Post: **Bupa Global**, Victory House, Trafalgar Place, Brighton,
  BN1 4FY, United Kingdom

We may record or monitor **your** calls.

* Inside Kenya
** From outside Kenya

Welcome to MembersWorld

MembersWorld connects **you** to **Bupa Global** when **you** need **us**.

Overview

MembersWorld is for anyone on the plan aged 16 or over. If **you** are the **main member** and want to see details of **your dependants**, they will need to join MembersWorld and give their permission for **you** to do this.

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

How to access MembersWorld

You can join at https://membersworld.bupaglobal.com or by downloading the MembersWorld mobile app.

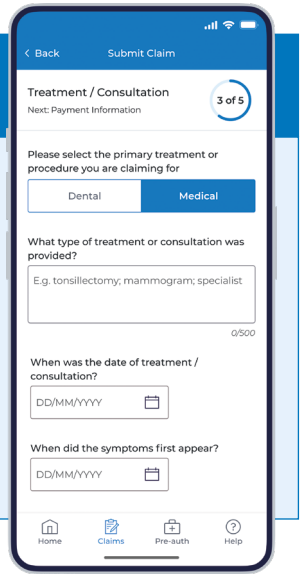
Just search '**Bupa Global** MembersWorld' on the App Store or Google Play Store.

Download on the App Store

GET IT ON Google Play

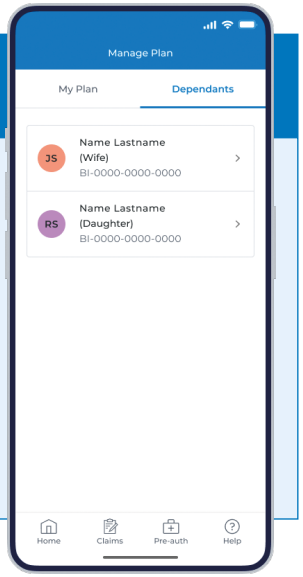
Claims and pre-authorisations

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



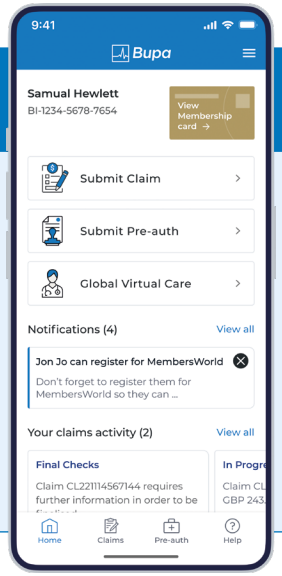
Dependants

- View **dependants'** plans, documents and membership cards
- Submit and view claims*
- **Main members** can manage a **dependant's** account



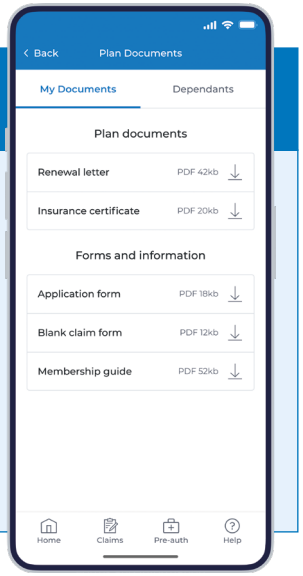
Membership cards

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



Policy documents

- View and download **your** plan documents



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

blua. Digital health by Bupa

At **Bupa Global, we** care about more than just physical health. Blua digital health by **Bupa** supports **you** and **your** family in all the moments that matter including **your** physical and mental health.

These services are free to use as soon as **your** plan starts.

Using them does not use any of **your** benefit limits.

You can access these services through the Blua digital health page on the MembersWorld app.

If **you** have any questions, please contact **us**.

Your Wellbeing

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

You can find news, articles and simple tips to help **you** and **your** family live longer, healthier, happier lives.

Second Medical Opinion*

With **Bupa Global**, **you** can always ask for a second medical opinion from leading **specialists**.

This can give **you** the peace of mind that **your treatment** is right for **you**. An independent team of **specialists** will look at **your** medical history and **treatment** and give **you** a detailed report on what should happen next.

You can ask for a second medical opinion on **your** MembersWorld app or by email at info@bupaglobal.com

Global Virtual Care*

You can request unlimited telephone or video consultations with international **doctors** at no extra cost, without affecting **your** benefits.

- Same day consultations are available
- A global team of general practitioners
- Multiple language options
- Consultation notes are stored securely in the app
- Prescriptions and referral letters are sent direct to **your** phone (where local regulations allow)
- Prescription delivery is available in selected locations

You can book appointments any time of the day or night in **your** MembersWorld app.

* These are not **Bupa Global** services - **we** have contracts with other companies to provide them to **you**. **We** can change or remove them at any time. **We** are not responsible for any information they give **you** or, if for any reason, they are not available.

The importance of pre-authorisation

We want everything to run smoothly when **you** need **treatment**.
That way **you** can focus on getting better.

Why you should pre-authorise treatment

So that **you can** tell **us** about treatment that **you** need to have. **You** should contact **us** before **you** have **your treatment** to give **us** the details.

We can then:

- check if **we** cover **your** treatment
- check if the provider is part of **our network**
- help **you** find a provider within **our network**
- explain any limits that apply
- tell the provider that **you** are a **Bupa Global** member. **We** have agreements with **our network** providers for treatment charges
- case-manage complex treatment. The 'Table of benefits' clearly shows the complex treatments **we** want **you** to tell **us** about. Please contact **us** if **you** need any of these. **We** may ask for more information (for example to check if any policy exclusion applies)
- see if **we** can pay any bills directly to the provider. This will mean **you** don't have to pay and claim the costs from **us**.

If **you** have treatment with a provider that is not in **our network**, **we** may only pay costs that are reasonable and customary. This could leave **you** with a shortfall to pay.

Before **we** can approve **treatment** or pay a claim **we** may ask for more information, for example a medical report. If **we** don't receive this promptly, there may be a delay to pre-authorisation and to paying **your** claim. If **we** do not receive this at all, **we** may not be able to pay **your** claim.

We may appoint an independent medical professional and ask **you** to have a medical examination with them. If **we** do this, **we** will pay for it. They will then give **us** a medical report.

Pre-authorised treatment with our network providers

When **you** have pre-authorised **treatment** with a provider that is in **our network**, **we** will cover the costs if, when **you** have it:

- the plan is in force
- **you** are covered by the plan
- premiums are paid up to date
- the pre-authorisation is still valid.

When **we** approve **treatment**, **we** will tell **you** how long the pre-authorisation will be valid for. If **you** need more **treatment** after this, **you** can request a new pre-authorisation.

How to pre-authorise treatment

Log into the MembersWorld app, go to https://membersworld.bupaglobal.com or contact **us** by phone or email. When **we** have the details, **we** will send **you** and the provider a pre-authorisation statement.

If you need to go to hospital in an emergency

In an emergency there might not be time to contact **us**. If this happens, it is important that the **hospital** contacts **us** within 48 hours of **your** admission.

The claiming process

If you need assistance with a claim you can:

- Go online at https://membersworld.bupaglobal.com
- Call **us** at any time on: +254 (0) 207 651 131 (inside Kenya) or +44 (0) 1273 323 563 (from outside Kenya)
- Email info@bupaglobal.com

Our process

Whether **you** choose direct settlement or 'pay and claim' **we** provide a quick and easy claims process. **We** aim to arrange direct settlement wherever possible, but it has to be with the agreement of whoever is providing the **treatment**.

In general, **we** can only arrange direct settlement for **in-patient treatment** or **day-case treatment**. Direct settlement is easier for **us** to arrange if **you** pre-authorise **your treatment** first, or if **you** use a **hospital** or healthcare facility in **our network**.

How to make a claim

The quickest way to make a claim is by using **your** MembersWorld account. **You** have the choice of making an online claim or uploading a completed claim form.

Make sure **we've** got all the information **we** ask for. The biggest delays to paying a claim are incomplete, missing or unreadable information.

Make sure **you** give **us your** correct bank details. Bank transfer is by far the quickest way to receive **your** payment.

Direct settlement	Pay and claim
Contact **us** for pre-authorisation through MembersWorld or by phone.	After **your** treatment, **your** medical provider should provide **you** with an itemised invoice. They may also give **you** other supporting documents. This could be a medical report, consultation notes, or test results.
We check if **your** treatment is covered and confirm with **you** and the provider if direct settlement can be applied. **We** send the provider a pre-authorisation statement. **We** will also send **you** a copy if **you** ask **us**.	**You** should log into MembersWorld to submit the claim. **Our** claim submission portal will guide **you** through the claim. **You** can submit the invoice for assessment along with any supporting documents there too.
We pay the provider directly.	**We** will pay **you** to the bank account with the details **you** have given **us**. Please make sure that **your** bank accepts **your** preferred payment currency.

When **we** have assessed and paid **your** claim, **you** will be able to see a payment statement in MembersWorld. This will show when and how **your** claim was paid, and who received the payment. This will include the details of any **co-insurance** or **deductible** applied to the claim.

Things you need to know about your health plan

About your membership

This plan is an insurance contract between **you** and **Bupa Global**. **Your** cover begins on the 'effective date' on **your** insurance certificate.

Please see 'Starting and renewing **your** cover' within the 'Managing **your** plan' section of this guide for information about renewing **your** plan.

There are three documents that set out the terms of **your** membership:

- **your** application for cover. This includes quote requests, forms for anyone covered, and anything declared when **you** applied for cover
- **your** rules and cover shown in this guide
- **your** insurance certificate. This shows the name of the insurer.

Although they're separate documents, **you** should read them together. Each time **your** plan renews, **we**'ll send **you** the updated versions of the membership guide and insurance certificate which will apply from **your** latest cover start date.

The agreement between you and us

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

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

Please read the 'Making a complaint' section of this guide.

Where is cover provided?

This plan covers **you** for **treatment** in **your area of cover**.

At the time of enrolment **we** agreed that **your** country of residency will allow **you** cover on this plan, however if **you** move out of this residency the cover may no longer be available. Please contact **us** straight away and **we** can confirm whether cover is available.

Emergency cover outside the area of cover

You have limited cover for **emergency** non-planned **treatment** outside the **area of cover**. This is when **you** need:

- **emergency medical treatment**
- for an **emergency medical condition**
- in a **medical facility**

while **you** are outside the **area of cover**.

Pre-authorisation

When **you** need **treatment we** want to make sure that everything runs as smoothly as possible. If **you** contact **us** before having **treatment**, **we** can explain **your** benefits and confirm if the **treatment** is covered by **your** plan. **We** can also offer any help or advice **you** may need, such as suggesting **hospitals**, clinics and **doctors**.

If **you** need **hospital treatment** (**in-patient treatment** or **day-case treatment**), contacting **us** also means that **we** can get in touch with the **hospital** or clinic and make sure they have everything they need to go ahead with **your treatment**. If possible, **we** will arrange to pay them directly too.

Direct settlement is where **we** pay the provider of **your treatment** directly. This makes things easier for **you** as **you** do not have to pay and then claim the costs back from **us**. **We** try to do this whenever possible, and the provider of the **treatment** has to agree to it. Direct settlement is usually only available for **in-patient** or **day-case treatment**.

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

If direct settlement is not possible, **you** will need to pay for **your treatment** and claim the costs back from **us**.

There are certain benefits which **you** must receive pre-authorisation for. **You** can see these in the 'Table of benefits'. **We** may not pay for **your treatment** if **you** haven't pre-authorised it first.

How to pre-authorise

You can pre-authorise **your treatment** on the MembersWorld app, by email, or by phone. When **we** have the details **we** need, **we** send a pre-authorisation statement to **your hospital** or clinic. **We** will send **you** a pre-authorisation statement if **you** ask **us** to.

When **you** contact **us**, please have **your** membership number ready. **We** will ask **you** questions. These could include:

- do **you** know the condition **you** have?
- when did **your** symptoms first start?
- when did **you** first see **your family doctor** about them?
- what **treatment** do **you** need?
- when will **you** have the **treatment**?
- what is the name of **your specialist**?
- where will **your** proposed **treatment** take place?
- how long will **you** need to stay in **hospital**?

If **we** pre-authorise **your treatment**, **we** will pay up to the limits of **your** plan if:

- the plan covers the **treatment**. **We** may ask **you** for more details. This could be, for example, to rule out any link to a **pre-existing condition**
- **you** are covered when the **treatment** takes place
- the premiums are paid up-to-date
- the **treatment you** have matches the **treatment we** authorised
- **you** have given **us** all the details of the condition and **treatment you** need

- **you** have enough benefit to cover the cost of the **treatment**
- the **treatment** is not for a **pre-existing condition** (see the 'What is not covered' section)
- the **treatment** is **medically necessary**.

If **we** do not receive the information **we** need, this may delay pre-authorisation and claims payment. **We** may ask an independent **medical practitioner** to examine **you** and give **us** a report. **We** will pay for this.

You must contact **us** for pre-authorisation before receiving **post-hospitalisation services**, **in-patient**, **day-case** and cancer **treatment** and MRI, CT and PET scans and **emergency** cover outside the **area of cover**.

Staying in hospital

The pre-authorisation will include the number of nights in **hospital** that **we** will cover for **your in-patient treatment**. If **you** need to stay longer, **you** or **your doctor** must contact **us** to extend the pre-authorisation.

Important

Pre-authorisation is only valid if all the details of the **treatment we** authorise match the **treatment you** have. This includes when and where **you** have the **treatment**. If any detail changes, or **you** need more **treatment**, **we** need to pre-authorise the change. This means that **you** or **your doctor** must tell **us** the details. **We** can only approve **your treatment** based on the information **we** receive.

We may change **our** decision if the information **we** receive differs from what **we** were told when **we** first assessed **your treatment**. If **we** do not receive details that **we** have asked for, **we** may treat this as a sign of fraud. If this happens, **we** may pass information to third parties, which may include other insurers. The aim of this to prevent and detect fraud.

Using our network

If **you** choose to have **treatment** from a person or place (for instance a **doctor** or clinic) that is in **our network**, **we** will pay the costs (after taking into account any benefit limits, co-insurance or a **deductible** that may apply to the plan).

We can help **you** find a person or place that is in **our network**. **You** can also find **our network** at bupaglobal.com/en/facilities/finder

If **you** choose to have **treatment** from someone or in a place that is not part of **our network**, **we** will only cover costs that are **reasonable and customary**. This applies whether **we** pay them directly, or **you** pay the costs and claim this back from **us**. To calculate this **we** look at:

- costs that are the usual, or accepted standard amount payable for the **treatment you** have
- the quality and experience of the person or place that treated **you**
- the region where **you** have the **treatment**.

We may look at the usual and most common charges that **we** pay in that region. Some governments, medical bodies or insurance industry groups publish guidelines for fees and medical practice. These can include standard **treatment** plans which outline the best course of care for a given illness or **treatment**.

We may refer to these global guidelines when **we** assess and pay claims.

We will not pay costs from a provider that is not part of **our network** and which are higher than what is **reasonable and customary**. This means that:

- **you** will have to pay any costs which are higher than what is **reasonable and customary**. **You** will need to pay the provider directly
- **we** cannot control what the provider will charge **you**.

There may be times when it is not possible for **you** to be treated by a provider in **our network**, for instance in an **emergency**. When this happens, **we** ask that **you** or the provider, contact **us** within 48 hours (or as soon as possible afterwards). **We** may arrange for **you** to move and have **treatment** from a provider that is in **our network**. **We** will only do this if it is safe for **you**. If **you** decide not to move, **we** will pay **reasonable and customary** costs for **your treatment**.

In some countries there may be other processes that apply if **you** have **treatment** from a provider that is not part of **our network**.

Treatment which has not been pre-authorised

You must contact **us** for pre-authorisation before receiving **post-hospitalisation services**, **in-patient**, **day-case** and cancer **treatment** and MRI, CT and PET scans. **You** must also contact **us** if **you** need **emergency medical treatment** outside the **area of cover**.

If **you** choose not to get **your treatment** pre-authorised, **we** will only pay up to the amount that is considered **reasonable and customary** in the country of **treatment**.

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

Treatment in the U.S. (optional if chosen)

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

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

You must call **our** dedicated team on 800 554 9299 (from inside the U.S.), or +1 800 554 9299 (from outside the U.S.) to arrange any **treatment** in the U.S.

Treatment that has not been pre-authorised

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

We know that there are times when **you** can't pre-authorise **your treatment**, for example in an **emergency**. If **you** go to **hospital** in an **emergency**, it is important that the **hospital** contacts **us** within 48 hours. If this isn't possible, they should contact **us** as soon as they can. **We** can then make sure **you** are getting the right care and are in the right place. If **you** are in a **hospital** that is not part of **our network**, **we** may arrange for **you** to move and have **your treatment** in a **hospital** that is in **our network**. **We** would only do this when **you** are stable and if it is the best thing for **you**. If **you** decide to stay where **you** are, **we** will pay the **reasonable and customary** costs of any covered **treatment** or services that **you** have after the proposed date of the transfer.

If **we** have been notified within 48 hours of **your emergency** admission to a **hospital** that is in **our network**, **we** will not ask **you** to share the cost of **your treatment**.

Treatment outside our network

Even if **your treatment** in the U.S. has been pre-authorised, if **you** choose to use a **hospital**, clinic or **medical practitioner** that is not part of **our network**, **we** will pay **reasonable and customary** costs. Please see 'Using **our network**' in the 'Pre-authorisation' section of this membership guide.

There may be times when **you** cannot be treated at a **hospital** in **our network**. These include:

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

When this happens, **we** will not ask **you** to share the cost of **your treatment**.

Deductibles

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

What is a deductible?

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

For example, if **you** have a **deductible** of USD 500, the total value of **your** covered claims must reach USD 500 before **we** will pay any benefit.

The **deductible** applies to each person covered.

The amount of the **deductible** is shown on **your** insurance certificate. **You** can see this in MembersWorld. If **you** want to know the amount of **your** remaining **deductible**, please contact **us**.

How an annual deductible works

If a claim is smaller than any remaining **deductible**, **you** should still make a claim. **We** will not pay the claim, but it will count towards reaching **your deductible**. **We** will send **you** a statement to tell **you** how much is left.

If a covered claim is more than **your** remaining **deductible**, **we** will pay the amount of the claim minus the remaining **deductible**.

When **you** have paid the full **deductible**, **we** will pay all covered claims up to the limits of the plan.

How claims are paid to you

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

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

How we pay claims to a medical facility

If **you** have asked **us** to pay a **medical facility** directly:

- **we** will send payment to the provider for the full amount of the covered claim, without taking any **deductible**
- **we** will then collect any **deductible** from **you** using the credit card authority
- **we** will also send **you** a statement showing the amount of the **deductible** that **we** will be collecting from **your** account.

You must pay the **deductible** in all circumstances.

Important

- the **deductible** applies separately to each person covered
- even if **your treatment** cost is less than the **deductible**, **you** should still make a claim
- this **deductible** applies each **membership year**. If **your** first claim is towards the end of a **membership year** and continues after **your renewal date**, **you** must pay the **deductible** again for that **treatment**. This is because it will be a new **membership year**.

Making a claim

We want it to be simple for **you** to make a claim. **We** recommend that **you** pre-authorise any **treatment** that **you** have. This is so **we** can confirm **you** have cover for it under **your** plan and tell **you** about any limits or restrictions that apply. Pre-authorising **your treatment** also makes it easier for **us** to pay the provider of **your treatment** through direct settlement.

There are some benefits which **you** must pre-authorise. **You** can see these in the 'Table of benefits'. **We** may not pay a claim if **we** have not pre-authorised it.

Claim forms

The claim form gives **us** the information **we** need to check that the plan covers **your** claim. Please make sure that **you** complete the form. If **we** may have to ask for more information, this can take time and delay any payment.

You can:

- complete a claim form on the MembersWorld app or website, or
- contact **us** and **we** will send **you** one.

You must make a separate claim for each:

- member
- condition
- **in-patient** or **day-case** stay, and
- currency of claim.

What we need for your claim

As well as **your** completed claim form, **we** need the itemised invoice from **your** medical provider. If they have given **you** other supporting documents such as a medical report, consultation notes, or test results, please send **us** these too. **You** can send **us** copies of these documents. **We** can't send original documents back to **you**. If **you** do send **us** an original document, **we** can send **you** a copy if **you** ask **us**.

You must make a claim within two years of having the **treatment**. **We** only pay claims for **treatment** after two years if there is a good reason why **you** couldn't make the claim earlier.

We may ask for more information about **your** claim. For example:

- medical reports or other information about **your treatment** or condition
- the results of any medical examination by a **medical practitioner** who **we** appoint and pay for.

If **we** don't have the information **we** ask for, **we** may not be able to pay **your** claim.

Important

We pay for **treatment**:

- **you** have while **you** are on the plan
- up to the benefit limits that apply at the time **you** have it
- costs that are **reasonable and customary**.

Tracking a claim

We will process **your** claim as quickly as **we** can. **You** can check MembersWorld to see the progress of a claim **you** have made.

Claim payment statement

When **we** have assessed and paid **your** claim, **you** will be able to see a statement in MembersWorld. This will show when and how **your** claim was paid, and who received the payment.

Paying your claim

Where possible, **we** follow the instructions in the 'Payment details' section of the claim form.

Who we will pay

We can make payments to the:

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

We can pay a **dependant** if:

- they received the **treatment**
- they are aged 16 or over, and
- **we** have their bank details.

We do not make payments to anyone else.

If **you** are aged 16 or over, **we**'ll explain to **you** how **we** have dealt with **your** claim. For **dependants** aged 15 and under, **we** will contact the **main member**.

Payment method

We can transfer payment to **your** bank account. This is quick and secure. However, **we** can send a payment only if **we** know details of where to send the payment, for example the full account number, SWIFT code, bank address and (in **Europe** only) IBAN number.

If **your** bank charges **you** for a transfer **we** make, **we** will try to refund this as well. **We** do not pay any other bank charges, for example currency exchange fees.

Payment currency

We will reimburse **you** in the currency:

- in which **we** receive the premium, or
- of the invoices **you** send **us**, or
- of **your** bank account.

Sometimes banking rules may not let **us** pay in the currency **you** would like. So, **we** will pay in the currency in which **we** receive the premium.

Very rarely, paying in a certain currency may be illegal or expose **us** (or the **Bupa Group**) to sanctions. If so, **we** may not be able to pay **you** straight away. Or **we** will pay **you** in a currency which **we** are able and allowed to use.

How we convert one currency to another

We use the rate that is in place in the **UK** on the invoice date. If there is no invoice date, **we** will use **your treatment** date. The exchange rate **we** use will be from a leading market provider of rates. Please call **us** if **you** would like more details.

Other claim information

Payment of claims in error

This is if **we** pay too much for a claim, or pay a claim that is not covered. **We** can deduct from future claims the extra amount **we** have paid, or ask **you** to pay **us** back.

Discretionary payments

If **we** make a payment for a benefit **your** plan doesn't cover, **we** don't have to pay the same or similar costs in the future. The payment will count towards the overall annual maximum that applies to **your** cover.

Claiming for treatment when others are at fault

You may need to claim for **treatment** that **you** need because something has happened that is someone else's fault, for example a road traffic accident. **You** will need to complete the relevant section of the claim form and take any reasonable steps **we** ask of **you**. This could be to help **us**:

- recover from the person at fault the cost of the **treatment we** paid for. This could be through their insurance company
- claim interest if **you** are entitled to do so.

We may make a claim in **your** name. **You** must give **us** any help **we** reasonably need to do this, for example:

- giving **us** any documents or witness statements
- signing court documents, and
- having a medical examination.

You must not:

- take any action
- settle any claim or
- do anything which has a negative effect on **our** right to claim in **your** name.

Claiming with joint or double insurance

If **you** have other insurance for costs **you** have claimed from **us**, **you** must:

- tell **us** about this when **you** make a claim from **us**
- complete the appropriate section of the claim form.

We will only pay **our** share of the costs.

Detecting and preventing fraud

We check **your** details with:

- fraud prevention agencies
- other insurers, and
- other relevant third parties.

If **you** give **us** false or inaccurate information, **we** may suspect fraud and **we** may record this with a fraud prevention agency. **We** and other organisations may also use these records to:

- help make decisions about cover for **you** and members of **your** plan
- help make decisions on other insurance proposals and claims for **you** and members of **your** plan or group
- trace debtors, recover debt, prevent fraud and manage **your** insurance plans
- find or confirm **your** identity
- run credit searches and other fraud searches.

Fraudulent claims

If a claim on the plan is fraudulent in any way, **we** can:

- refuse to pay it and any later claim
- recover any payments **we** have already made for it and for any later claim.

If the **main member** makes a fraudulent claim, **we** can cancel the plan from the date of that claim.

If a **dependant** makes a fraudulent claim, **we** can cancel their cover from the date of that claim.

In either case **we** don't have to refund any premium already paid to **us**.

Examples of fraudulent claims include:

- making a false or exaggerated claim
- giving **us** false information, for example forged, falsified or manipulated documents
- not giving **us** information which **we** need to assess a claim
- refusing to give **us** information which **we** have reasonably asked for to assess a claim. For example, medical history reports, proof of payment and original invoices.

Managing your plan

This section sets out the rules about **your** cover including when it will start, renew and end, and how **you** can change it.

Starting and renewing your cover

Your cover starts on the 'effective date'. This is shown on the first insurance certificate that **we** sent the **main member**, as long as there has been no break in cover since.

Your plan renewal falls on the anniversary of the effective date. **Your** membership will continue automatically each year, regardless of **your** age or current state of health, unless **you** tell **us** that **you** no longer require cover.

On **your renewal date**, a new insurance contract is formed on the same terms as the previous **membership year** but with a new premium and any amendments **we** notified the **main member** of at the time of renewal.

We will contact **you**, the **main member**, before **your renewal date** with details of the new premium, any changes to the renewed plan, and the reasons for those changes. Please contact **us** before the **renewal date** if **you**, the **main member**, do not want to renew **your** plan. If **you** do not contact **us** before the **renewal date**, **we** will continue to take payment of the new premium using the payment details **you** have given **us**.

Please note that after the **renewal date**, **you**, the **main member**, have a further 30 days to let **us** know if **you** do not want to renew **your** plan. Please see 'Ending **your** cover or removing **dependants** from cover' within the section 'Managing **your** plan' for more information.

When cover starts for others

A **dependant's** cover will start on their 'effective date'. This is shown on the first insurance certificate **we** sent for the current continuous period of cover which includes them. They can be covered for as long as the **main member** is covered on the plan.

If cover for the **main member** ends, their **dependants** can apply for cover in their own right.

Making changes to your cover

This plan lasts one year, and most changes to the plan can only be made at renewal. Only the **main member** can ask **us** to make changes to the plan. The **main member** can add or remove **dependants** at any time.

If the **main member** wants to increase the cover at renewal, **we** may ask for a medical history form before **we** agree to the change. This means that **we** may apply personal terms to the new cover (these could be exclusions or restrictions).

Please contact **us** to discuss any changes **you** wish to make.

Please note: only **we** can make or confirm a change to **your** membership or cover. This will only be valid if **we** confirm it in writing. Only **we** can decide not to enforce any of **our** rights.

We will contact **you** using the details **we** hold for **you**. If **your** phone number, email or contact address changes, please tell **us** as soon as possible.

Your insurance certificate

We will send the **main member** a new insurance certificate if:

- they add a new **dependant** to the plan
- **we** need to record any other changes that **you** ask for or that **we** make.

The new insurance certificate will replace the previous one. It will take effect from the issue date (**you** can see this on the new certificate).

If we make changes

We may change the benefits and rules of **your** plan on **your renewal date**.

Please read the 'Paying premiums and other charges' section for information about changes to **your** premiums.

We will not add any personal restrictions or exclusions to someone's cover for medical conditions that started after they joined the plan, provided:

- they gave **us** the information **we** asked them for before joining, and
- they have not applied for an increase in their cover.

If **we** do make any changes to **your** plan, **we** will tell the **main member** about the changes. If **you**, the **main member** do not want to accept them, **you** can end **your** cover without the changes being introduced, provided that **you** do so:

- within 30 days of the date on which the changes take effect, or
- within 30 days of **us** telling **you** about the changes, whichever is later.

We may make changes to the plan before renewal:

- if laws or regulators say **we** must, or
- to improve cover for all members with the same product.

If this happens, **we** will write to tell **you** about the changes.

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

The **main member** must tell the sponsor straight away if **your country of residence** or **country of nationality** changes. **We** may need to end **your** cover if the change results in a breach of rules which govern the provision of health cover to local nationals, residents or citizens.

Rules vary from country to country and may change at any time.

In some countries **we** have local partners who are licensed to provide cover which is administered by **Bupa Group**. This means that members get the same quality **Bupa Global** service. If **you** change **your country of residence** to a country where **we** have a local partner, in most cases **you** will be able to transfer to **our** partner's plan without any more medical underwriting. **You** may also be able to continue **your** cover; which means that for those benefits which have a waiting period, the time **you** were a member with **us** will count towards that. If **you** request a transfer to a local partner, **we** will have to share **your** personal information and medical history with them.

Adding people to the plan

You, the **main member** can apply to include **dependants** on this health plan. The **main member** will need to complete an application form. **You** can find this in MembersWorld or **you** can contact **us** and **we** will send one to **you**.

We will review the medical history for the person **you** wish to add. This may result in special restrictions or exclusions which are personal to them. These will be shown on **your** insurance certificate. **We** may decline to offer cover. Their cover will start on the date **our** medical team accept **your** application to join.

Adding your newborn baby

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

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

Otherwise, the newborn care benefit will be eligible from the date of receipt up until the 90th day.

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

However, if:

- neither parent has been a **Bupa Global** member for at least 10 months before the baby's birth, or
- **we** receive the application form more than 30 days after the baby was born, or
- the child is born as a result of **Assisted Reproduction Technologies**, **ovulation induction treatment**, adopted, or born to a surrogate, or
- the baby was born in the U.S.

any exclusions or restrictions will be applied from the date **we** receive **your** application to join.

Please read 'Maternity' and 'Newborn care' benefits in the 'Table of benefits'.

Ending your cover

Ending your cover or removing dependants from cover

The **main member** can at any time:

- cancel the entire plan, which will end cover for everyone; or
- cancel cover for a **dependant**.

To do this, the **main member** must tell **us** by telephone, email or post.

The change will take effect 14 days after the **main member** tells **us** about the change. Please note:

- **we** will not back-date the cancellation date, and
- **we** will not pay claims for **treatment** which takes place after **your** cover ends.

Refund timeframes

The refund of any premium will depend on the date the **main member** cancels the entire plan or the plan of a **dependant**. There are two scenarios:

A. Cancellation within the first 30 days of the plan; or
B. Cancellation after the first 30 days of taking out the plan.

A. Cancellation within the first 30 days of cover

If the **main member** cancels the entire plan:

- within the first 30 days of cover starting for that **membership year**, and
- there have been no claims for **treatment** which took place in that 30-day period

we will refund all premiums paid for that **membership year**.

If the **main member** cancels cover for a **dependant**:

- within the first 30 days of cover starting for that **dependant** for that **membership year**, and
- there have been no claims for **treatment** for that **dependant** which took place in that 30-day period

we will refund all premium paid for that **dependant** for that **membership year**.

Important: If a claim has been made in the first 30 days of cover either by the **main member** or any **dependants**, **we** will treat this as acceptance to have a membership with **us**. This means if **you** wish to cancel the membership, it will be treated as cancellation taking place after the first 30 days (section B below).

B. Cancellation after the first 30 days of cover
If the **main member** cancels the entire plan:

- after the first 30 days of cover for that **membership year**, or
- there have been claims for **treatment** which took place in the first 30 days of cover

we will cancel the plan 14 days after the **main member** contacts **us**.

We will also refund any premiums already paid for after the 14-day cancellation period. For example, if the **main member** cancels the entire plan on 1 March, **we** will refund any premium paid for 15 March onwards.

If the **main member** cancels cover for a **dependant**:

- after the first 30 days of cover for that **membership year**, or
- there have been claims for **treatment** for that **dependant** which took place in those first 30 days of cover

we will refund any premium already paid for that **dependant** for after the 14-day cancellation period. For example, if the **main member** cancels the cover for a **dependant** on 1 March, **we** will refund any premium paid for 15 March onwards.

Refund of premiums

We will refund **you** using the same method and currency **you** used to pay premiums. This means the refund will go back into **your** bank account, credit card, debit card or **you** will receive a cheque.

Please be aware that if **you** have any outstanding payments with **us**, **we** may deduct this from the refund.

If:

- the **main member** dies, a **dependant** or **family member** should tell **us** within 30 days
- a **dependant** dies, the **main member** should tell **us** within 30 days.

We will need a copy of the death certificate in both cases.

We will then backdate the cancellation to match the date on the certificate. If that member had made no claims that **membership year**, **we** will refund any premium paid after the date on the certificate.

We may decide to end **your** plan. If this happens, it will be at **your** next renewal. **We**:

- will notify **you** of **our** decision at least 3 months before **your** next renewal; and
- may offer **you** membership of another of **our** plans with the current insurer.

If **you** accept **our** proposed alternative plan, this new plan will take effect from **your renewal date** without a break in cover and without any new underwriting terms.

You may wish to discuss this with **us** before **your renewal date** or **you** may decide not to continue **your** cover with **us**.

Making a complaint

Occasionally things go wrong and when this happens, **we**'ll do **our** best to put things right quickly. **You** can:

- contact **us** through MembersWorld (this is the quickest way)
- email: info@bupaglobal.com
- call **us**: (inside Kenya): +254 (0) 207 651 131 (rest of the world): +44 (0) 1273 323 563
- write to: Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, UK.

You can also ask for a copy of **our** complaints process.

Explaining your benefits

The 'Table of benefits' explains what is covered on **your** health plan and any limits. **We** will pay for the cost of any **covered benefits** in accordance with the terms of this policy.

What is covered

Treatment covered by this health plan must be:

- consistent with accepted standards of medical practice in the country in which **you** have it,
- clinically appropriate in terms of the type of **treatment**, how long it lasts, where **you** have it and how often **you** have it.

We do not pay for **treatment** which, in **our** reasonable view, is not appropriate. **We** base **our** view on established practice. **We** may conduct a review of **your treatment** when it is reasonable for **us** to do so.

Active treatment

This plan covers **you** for the costs of **active treatment** only. By this **we** mean **treatment** of a disease, illness or injury that leads to **your** recovery, conservation of **your** condition or to restore **you** to **your** previous state of health as quickly as possible.

Note: please see 'Full health screening and wellness' in the table of benefits, and 'Preventive and wellness **treatment**' in the 'What is not covered' section for information on preventive **treatment**.

Table of benefits

The table of benefits shows the benefits, limits and the detailed rules that apply to the plan. **You** also need to read the 'What is not covered' section. This explains the exclusions that apply to **your** cover.

How to read the 'Table of benefits'

There are two levels of cover: Essential Plus and Gold. **You** need to read the column in the 'Table of benefits' that applies to **your** level of cover, as shown on **your** insurance certificate. **You** can find this in MembersWorld.

Benefit limits

The 'Table of benefits' has different types of limits:
1. the overall annual maximum. This is the amount up to which **we** will pay for all benefits in total for each member, every **membership year**.

2. some benefits (or groups of benefits) also have a limit. These limits can be the amount up to which **we** will pay, or how many times **we** will pay for something. There are two types:

- **membership year** limits. When a limit has been reached, **we** will no longer pay for that benefit until the next **membership year**. This will be after the plan renews
- lifetime limits. A lifetime limit applies to all Bupa plans **you** have been a member of in the past, or may be a member of in the future. The limit applies even if **you** have a break in cover. When a lifetime limit is reached, **we** will not pay for that benefit again.

All limits apply to each member.

Waiting periods

The plan doesn't cover **treatment you** have during a waiting period. **We** clearly show which benefits these apply to.

Currencies

All of the benefit limits in this 'Table of benefits' and notes are set out in more than one currency. The currency in which **we** receive premiums is the one that applies to **your** cover for the purpose of the benefit limits.

For example, if **your** sponsor pays **us** in USD, then the limits given in USD apply to **your** cover. The other limits do not apply to **you**.

Your insurance certificate will show:

- which level of cover **you** have
- the currency that applies to **your** cover
- if **you** have a **deductible** or co-insurance.

You can see this in MembersWorld. If **you** are not sure, please contact **us**.

Summary of Benefits

	Explorer Essential Plus	Explorer Gold
Overall annual maximum		
OVERALL ANNUAL MAXIMUM	●	●
Area of cover options (chosen by the **main member**)	●	●
Annual **deductible** options	●	●
Core cover		
Hospital accommodation	●	●
Surgical operations, including pre- and post-operative care	●	●
Post-hospitalisation services (covered up to 90 days after discharge)	●	●
Nursing care, drugs and surgical dressings	●	●
Specialists' fees	●	●
Theatre charges	●	●
Intensive care	●	●
Pathology, X-rays, **diagnostic tests** and therapies	●	●
Prosthetic implants and **appliances**	●	●
Parent accommodation	●	●
Mental health treatment	●	●
Advanced imaging	●	●
Cancer **treatment**	●	●
Advanced therapy medicinal products (**ATMPs**)	●	●
HIV/AIDS **treatment** (related conditions and drug therapy including ART after a waiting period of one year)	●	●
Home nursing after **in-patient treatment**	●	●
Hospice and palliative care	●	●
Kidney dialysis	●	●
Maternity (after a waiting period of 10 months)	●	●
Complications of maternity and childbirth (after a waiting period of 10 months)	●	●
Newborn care	●	●
Prosthetic devices	●	●
Rehabilitation	●	●
Transplant services	●	●
Air ambulance	●	●
Road ambulance	●	●
Assistance cover (Evacuation)	●	●
Emergency cover outside **your area of cover**	●	●
Treatment for congenital and hereditary conditions	●	●
Out-patient cover		
Out-patient surgical operations	●	●
Specialists' fees for consultations	●	●
Costs for **treatment** by a **family doctor**	●	●
Costs for **treatment** by **therapists**, **complementary medicine practitioners** and qualified **nurses**	●	●
Specialists' fees, **psychologists'** and **psychotherapists'** fees for **mental health treatment**	●	●
Pathology, X-rays and **diagnostic tests**	●	●

Summary of Benefits (continued)

	Explorer Essential Plus	Explorer Gold
Out-patient cover (continued)		
Accident-related dental **treatment**	●	●
Prescribed drugs and dressings	●	●
Vaccinations	●	●
Full Health Screening and Wellness (after a waiting period of one year)		●
Optional cover - Dental and optical, and U.S. cover		
Dental (after a waiting period of six months)	●	●
Optical	●	●
U.S. cover	●	●
Additional services		
Healthline services	●	●
Assistance cover		
Evacuation	●	●

Summary of Exclusions

	Explorer Essential Plus	Explorer Gold
Antenatal classes	●	●
Artificial life maintenance	●	●
Birth control	●	●
Conflict and disaster	●	●
Convalescence and admission for general care	●	●
Cosmetic **treatment**	●	●
Deafness	●	●
Dental **treatment**/gum disease	●	●
Desensitisation and neutralisation	●	●
Developmental problems	●	●
Donor organs	●	●
Experimental or unproven **treatment**	●	●
Eyesight	●	●
Footcare	●	●
Genetic testing	●	●
Harmful or hazardous use of alcohol, drugs and/or medicines	●	●
Health hydros, nature cure clinics or any establishment that is not a **hospital**	●	●
HIV/AIDS	●	●
Illegal activity	●	●
Infertility **treatment**	●	●
Obesity and weight management	●	●
Persistent vegetative state (PVS) and neurological damage	●	●
Physical aids and devices	●	●
Pre-existing conditions	●	●
Preventive and wellness **treatment**	●	
Professional sports activities	●	●
Reconstructive or remedial **surgery**	●	●
Sexual problems/gender issues	●	●
Sleep disorders	●	●
Speech disorders	●	●
Stem cells	●	●
Surrogate parenting	●	●
Travel costs for **treatment**	●	●
Treatment outside **your area of cover**	●	●
Unrecognised medical practitioner, **hospital** or healthcare facility	●	●

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

Table of benefits

The table of benefits shows the benefits, limits and the detailed rules that apply to the plan. **You** also need to read the 'What is not covered' section. This explains the exclusions that apply to **your** cover.

Overall annual maximum

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
OVERALL ANNUAL MAXIMUM	USD 1.5 million, GBP 882,000 or EUR 1.2 million	USD 3 million, GBP 1.7 million or EUR 2.4 million	This is the maximum **we** will pay each **membership year**. The overall annual maximum also applies to benefits that are shown as paid in full.
Area of cover options (chosen by the **main member**)	The areas of cover are: Worldwide OR Worldwide, excluding the U.S. OR **Africa Plus**, including **Europe** OR **Africa Plus**.	The areas of cover are: Worldwide OR Worldwide, excluding the U.S. OR **Africa Plus**, including **Europe** OR **Africa Plus**.	The **main member** chose the **area of cover** which applies to **you**. This is shown on **your** insurance certificate.
Annual **deductible** options	No annual **deductible** OR USD 200, GBP 120 or EUR 160 OR USD 500, GBP 290 or EUR 400 OR USD 1,000, GBP 590 or EUR 800	No annual **deductible** OR USD 200, GBP 120 or EUR 160 OR USD 500, GBP 290 or EUR 400 OR USD 1,000, GBP 590 or EUR 800	Please see **your** insurance certificate for details of any annual **deductible** that applies to **your** benefits.

Core cover

Important

We pay for in-patient and day-case treatment costs as long as:

- it is **medically necessary** for **you** to have a **hospital** bed for **your treatment**
- **you** are under the care of a **specialist** for **your treatment**
- **your** accommodation is no more expensive than the **hospital's** standard single room with a private bathroom. This means that **we** will not pay higher costs, for example for a deluxe or VIP suite. Sometimes the cost of **treatment** is linked to the type of room **you** are in. If this happens, **we** pay the cost of **treatment** as if **you** were in a standard single room with a private bathroom
- the **hospital** where **you** have **your treatment** is recognised.

In-patient stays longer than 10 nights

We pay for an **in-patient** stay for 10 or more nights as long as **we** have a medical report from **your specialist** before the eighth night, confirming:

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

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Hospital accommodation	Paid in full	Paid in full	**We** pay charges for **your hospital** accommodation, including all **your** own meals and refreshments. **We** do not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics. **We** pay for accommodation in a room that is no more expensive than the **hospital's** standard single room with a private bathroom. This means that **we** will not pay the extra costs of a deluxe, executive or VIP suite. **We** pay for the length of stay that is medically appropriate for the procedure that **you** are admitted for. For example, unless medically essential, **we** do not pay for **day-case** accommodation for **out-patient treatment**, and **we** do not pay for **in-patient** accommodation for **day-case treatment**. Please also read convalescence and admission for general care in the 'What is not covered' section.
Surgical operations, including pre- and post-operative care	Paid in full	Paid in full	**We** pay surgeons' and anaesthetists' fees for a **surgical operation**, including all pre- and post-operative care while **you** are in **hospital**.
Post-hospitalisation services (covered up to 90 days after discharge)	**We** pay up to USD 2,000, GBP 1,200 or EUR 1,600 each **membership year**	Paid from **out-patient** benefits	Once **you** have been discharged from **hospital**, **we** pay for **post-hospitalisation services** that are **medically necessary** for **your** recovery. **Post-hospitalisation services** are covered up to 90 days after discharge. **We** pay for any covered **out-patient treatment** relevant to the hospitalisation (this does not include any advanced imaging, such as MRI, CT and PET scans, which are covered from the Advanced imaging benefit). **We** may ask for written confirmation from **your specialist**. Note (for Explorer Gold members only): **We** pay for any covered **out-patient treatment** from the **out-patient** benefits.

Core cover (continued)

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Nursing care, drugs and surgical dressings	Paid in full	Paid in full	**We** pay for nursing services, drugs and surgical dressings **you** need as part of **your treatment** in **hospital**. Note (for Explorer Essential Plus members only): **We** will pay up to a two week supply for drugs that **you** have been given to take home from **post-hospitalisation services**. Note (for Explorer Gold members only): **We** will pay up to a two week supply for drugs that **you** have been given to take home from the prescribed drugs and dressing. Note: **we** do not pay for **nurses** hired as well as the **hospital's** own staff. In the rare case where a **hospital** does not provide nursing staff **we** will pay for the reasonable cost of hiring a qualified **nurse** for **your treatment**.
Specialists' fees	Paid in full	Paid in full	**We** pay **specialists'** fees for **treatment you** receive in **hospital** if this does not include a **surgical operation**, for example if **you** are in **hospital** for **treatment** of a medical condition such as pneumonia. If **your treatment** includes a **surgical operation we** will only pay **specialists'** fees if the attendance of a **specialist** is **medically necessary**, for example, in the rare event of a heart attack following a **surgical operation**.
Theatre charges	Paid in full	Paid in full	**We** pay for use of an operating theatre.
Intensive care	Paid in full	Paid in full	**We** pay for **intensive care** in an **intensive care** unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when: ○ it is an essential part of **your treatment** and is routinely needed by patients undergoing the same type of **treatment** as **yours**, or ○ it is **medically necessary** in the event of unexpected circumstances, for example if **you** have an allergic reaction during **surgery**
Pathology, X-rays, **diagnostic tests** and therapies	Paid in full	Paid in full	**We** pay for: ○ pathology, such as checking blood and urine samples ○ radiology (such as X-rays), and ○ **diagnostic tests** such as electrocardiograms (ECGs) when recommended by **your specialist** to help determine or assess **your** condition when carried out in a **hospital**. **We** also pay for **treatment** provided by **therapists** (such as physiotherapy) and **complementary medicine practitioners** (such as acupuncturists) if it is needed as part of **your treatment** in **hospital**.

Core cover (continued)

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Prosthetic implants and **appliances**	Paid in full	Paid in full	**We** pay for a prosthetic implant needed as part of **your treatment**. By this, **we** mean an artificial body part or **appliance** which is designed to form a permanent part of **your** body and is surgically implanted for one or more of the following reasons: ○ to replace a joint or ligament ○ to replace one or more heart valves ○ to replace the aorta or an arterial blood vessel ○ to replace a sphincter muscle ○ to replace the lens or cornea of the eye ○ to act as a heart pacemaker ○ to remove excess fluid from the brain ○ to control urinary incontinence (bladder control) ○ to reconstruct a breast following **surgery** for cancer when the reconstruction is carried out as part of the original **treatment** for the cancer and **you** have obtained **our** written consent before receiving the **treatment** ○ to restore vocal function following **surgery** for cancer **We** do not pay for any regular maintenance or replacement prosthetic devices for adults including any replacement devices or regular maintenance required in relation to a **pre-existing condition**. **We** will pay for the initial and up to two replacements per device for children under the age of 16 years. **We** also pay for the following **appliances**: ○ a knee brace which is an essential part of a **surgical operation** for the repair to a cruciate (knee) ligament, or ○ a spinal support which is an essential part of a **surgical operation** to the spine
Parent accommodation	Paid in full	Paid in full	**We** pay room and board costs for the parent staying in **hospital** with their child when: ○ the costs are for one parent or legal guardian only ○ the parent or guardian is staying in the same **hospital** as the child, ○ the child is aged 17 or under, and ○ the child is receiving **treatment** that is covered by this policy.
Mental health treatment	Paid in full	Paid in full	**We** cover **mental health treatment** in **hospital** during each **membership year**, in full. This benefit applies to all **treatment** related to the mental health condition.
Advanced imaging	Paid in full	Paid in full	**We** pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by **your specialist** or **family doctor**.

Core cover (continued)

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Cancer **treatment**	Paid in full	Paid in full	If **you** are diagnosed with cancer, **we** will pay for costs related specifically to planning and carrying out **treatment** for the cancer. This includes: ○ **surgery** (including any prostheses needed) ○ **specialists'** fees ○ **diagnostic tests** ○ consultations with a **specialist** ○ chemotherapy ○ radiotherapy ○ **treatment you** need to relieve the side effects of cancer **treatment** ○ examples include antibiotics, anti-sickness drugs, pain relief, blood transfusions, cold cap **treatment** needed as a result of cancer **treatment**. ○ bone marrow and peripheral blood stem cell transplants (see the 'transplant services' benefit for details of what **we** cover) ○ one wig ○ consultations and **diagnostic tests** to monitor **your** condition after **your** cancer **treatment** has finished and **you** are still under the care of **your** cancer **specialist** **We** will also pay for **you** to have a chemotherapy at home where this is possible. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided. **Treatment** for cancer using **ATMPs** will be covered separately from the **ATMP** benefit.

Advanced therapy medicinal products (**ATMPs**)	Paid in full, one course of **treatment** for each condition per lifetime	Paid in full, one course of **treatment** for each condition per lifetime	**We** pay for **ATMP treatment** if it is:
			○ administered by a **specialist** in the country where **you** receive it, and;
			○ approved by the licensing authority in the country where **you** receive it, for **your** condition, stage of disease and stage of **treatment** that **you** have, and;
			○ endorsed by an independent **specialist** appointed by **Bupa Global** who confirms it:
			  ○ as medically appropriate, based on established medical practice, or
			  ○ is provided under a registered and ethically approved study (in this case **we** will not apply the 'experimental or unproven **treatment**' exclusion).
			
			Please contact **us** for pre-authorisation before proceeding with **treatment**.

HIV/AIDS **treatment** (related conditions and drug therapy including ART after a waiting period of one year)	**We** pay up to USD 5,000, GBP 2,950 or EUR 4,000 each **membership year**	**We** pay up to USD 10,000, GBP 5,900 or EUR 8,000 each **membership year**	**We** pay for **in-patient treatment** or **out-patient** benefits, including drug therapy or ART for, or arising from, HIV or AIDS, including any **treatment** of conditions related to HIV or AIDS if **you** have been a member of the plan for one year. Note (for Explorer Essential Plus members only): **we** pay for **out-patient** consultations, **diagnostic tests** and drugs from **post-hospitalisation services** for 90 days after discharge.

Core cover (continued)

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Home nursing after **in-patient treatment**	**We** pay up to USD 200, GBP 120 or EUR 160 each day up to a maximum of 15 days each **membership year**	**We** pay up to USD 200, GBP 120 or EUR 160 each day up to a maximum of 30 days each **membership year**	**We** pay for home nursing after covered **in-patient treatment**. **We** pay if the home nursing: ○ is needed to provide medical care, not personal assistance ○ is necessary, meaning that without it **you** would have to stay in **hospital** ○ starts immediately after **you** leave **hospital** ○ is provided by a qualified **nurse** in **your** home, and ○ is prescribed by **your specialist**
Hospice and palliative care	**We** pay up to USD 20,000, GBP 11,800 or EUR 16,000 maximum benefit for the whole of **your** lifetime	**We** pay up to USD 20,000, GBP 11,800 or EUR 16,000 maximum benefit for the whole of **your** lifetime	If **you** need **in-patient**, **day-case** or **out-patient** care or **treatment** following the diagnosis that **your** condition is terminal, when **treatment** can no longer be expected to cure **your** condition, **we** pay for **your** physical, psychological, social and spiritual care as well as **hospital** or hospice accommodation, nursing care and prescribed drugs. The amount shown here is the total amount **we** shall pay for these expenses during the whole of **your** lifetime of Bupa, whether continuous or not.
Kidney dialysis	Paid in full	Paid in full	**We** pay for kidney dialysis - provided as **in-patient**, **day-case** or as on **out-patient**.

Core cover (continued)

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Maternity (after a waiting period of 10 months)	**We** pay up to USD 2,000, GBP 1,200 or EUR 1,600 each **membership year**	**We** pay up to USD 8,000, GBP 4,700 or EUR 6,400 each **membership year**	**We** pay maternity benefits only after **you** have been covered under the plan for 10 months. **Maternity and childbirth** These benefits include for example: ○ antenatal care such as ultrasound scans ○ **hospital** charges, obstetricians' and midwives' fees for pregnancy and childbirth ○ postnatal care needed by the mother immediately following normal childbirth, such as stitches **You** need to pay and claim for antenatal and postnatal care. **Treatment** for: ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside the womb (ectopic pregnancy) are not covered from this benefit but may be covered by **your** other benefits. (Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by **your** other benefits). Note: routine care for **your** baby **We** pay for routine care for the baby, for up to seven days following birth, from the mother's maternity benefit. Any non-routine care, if covered, is paid from the baby's newborn care benefit, not from the mother's maternity benefit. **Your** baby is also covered for up to seven days routine care following birth if **your** baby was born to a surrogate mother and **you**, as the intended parent, have been covered on the plan for 10 months when the baby is born. **Childbirth at home or birthing centre** This benefit includes obstetricians' and midwives' fees for delivering **your** baby at home or a **birthing centre**. **Medically Essential Caesarean Section** This benefit includes **hospital**, obstetricians' and other medical fees for the cost of the delivery of **your** baby by Caesarean section when medically essential. For example, non-progression during labour, dystocia, foetal distress, or haemorrhage, provided the mother has been a member of this plan for at least 10 months before delivery. Please also see 'Adding **your** newborn baby' in the 'Managing **your** plan' section. Please see surrogate parenting, congenital and hereditary conditions in the 'What is not covered' section.
Complications of maternity and childbirth (after a waiting period of 10 months)	Paid in full	Paid in full	**Treatment** which is **medically necessary** as a direct result of pregnancy and childbirth complications. By complications **we** mean those conditions which only ever arise as a direct result of pregnancy or childbirth for example pre-eclampsia, threatened miscarriage, gestational diabetes, still birth. Please contact **us** for pre-authorisation where possible. If **you** require an **emergency** admission as a direct result of pregnancy and childbirth complications, please contact **us** within 48 hours of **your** admission.

Core cover (continued)

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Newborn care	**We** pay up to USD 50,000, GBP 29,500 or EUR 40,000 maximum benefit for all **treatment** received during the first 90 days following birth	**We** pay up to USD 100,000 GBP 58,800 or EUR 80,000 maximum benefit for all **treatment** received during the first 90 days following birth	All **treatment** (including routine preventive care, check-ups and immunisations) needed for a newborn during the first 90 days' following birth shall be covered by this newborn care benefit. The newborn care benefit is paid instead of any other benefit. Newborn children must have their own membership and must be registered on a **Bupa Global** plan before this benefit can be claimed. Please also see 'Adding **your** newborn baby' in the 'Managing **your** plan' section.
Prosthetic devices	**We** pay a maximum benefit of USD 4,000 GBP 2,350 or EUR 3,200 for each device	**We** pay a maximum benefit of USD 4,000 GBP 2,350 or EUR 3,200 for each device	**We** pay for the initial prosthetic device needed as part of **your treatment**. By this **we** mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of **your** surgical procedure. **We** do not pay for any regular maintenance or replacement prosthetic devices for adults including any replacement devices or regular maintenance required in relation to a **pre-existing condition**. **We** will pay for the initial and up to two replacements per device for children under the age of 16 years.
Rehabilitation	**We** pay in full for up to 42 days of **treatment** (which may be **in-patient treatment** or **day-case treatment**, **out-patient treatment** will be from the **post-hospitalisation services**) each **membership year**	**We** pay in full for up to 42 days of **treatment** (which may be **in-patient treatment**, **day-case treatment**, or **out-patient treatment**) each **membership year**	**We** pay for **rehabilitation**, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. **We** do not pay for room and board for **rehabilitation** when the **treatment** being given is solely physiotherapy. **We** pay for **rehabilitation**, only when **you** have received **our** pre-authorisation before the **treatment** starts, for up to 42 days' **treatment** each **membership year**. For **in-patient treatment** one day is each overnight stay and for **day-case treatment** and **out-patient treatment**, one day is counted as any day on which **you** have one or more appointments for **rehabilitation treatment**. **We** only pay for **rehabilitation** where it: ○ starts within six weeks of **in-patient treatment** which is covered by **your** membership (such as trauma or stroke), and ○ arises as a result of the condition which needed the **in-patient treatment** or is needed as a result of such **treatment** given for that condition Note: in order to give pre-authorisation, **we** must receive full clinical details from **your specialist**; including **your** diagnosis, **treatment** given and planned, and proposed discharge date if **you** receive **rehabilitation**.
Transplant services	Paid in full	Paid in full	**We** pay for transplant services that **you** need as a result of a covered condition. **We** pay medical expenses if **you** need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant. **We** also pay for bone marrow transplants (either using **your** own bone marrow or that of a compatible donor) and peripheral blood stem cell transplants, with or without high-dose chemotherapy. **We** do not pay for costs associated with the donor or the donor organ. Note: Any drugs prescribed for use as an **out-patient**, including anti-rejection drugs, are paid from **your** 'prescribed drugs and dressings' benefit. Note (for Explorer Essential Plus members only): **We** pay for **out-patient treatment** from the '**post-hospitalisation services**' benefit for 90 days after discharge. Please see donor organs in the 'What is not covered' section.

Core cover (continued)

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Air ambulance	Paid in full	Paid in full	**We** pay for **medically necessary** travel for **you** to be transported by air ambulance such as a helicopter, when related to covered **in-patient treatment** or **day-case treatment**, either: ○ from the location of an accident to **hospital**, or ○ for a transfer from one **hospital** to another when it is appropriate for this method of transfer to be used to transport **you** over short journeys of up to 100 miles/160 kilometres. This benefit does not include mountain rescue. Note: this benefit does not include evacuation if the **treatment you** need is not available locally. Please also see the 'Assistance cover'.
Road ambulance	Paid in full	Paid in full	**We** pay for **medically necessary** travel by road ambulance when related to covered **in-patient treatment** or **day-case treatment**.
Assistance cover (Evacuation)	Paid in full	Paid in full	Please see 'Assistance cover' section.
Emergency cover outside **your area of cover**	**We** pay up to USD 50,000, GBP 29,500 or EUR 40,000 up to a maximum of 30 days each **membership year**	**We** pay up to USD 50,000, GBP 29,500 or EUR 40,000 up to a maximum of 30 days each **membership year**	**We** will only pay for non-planned **treatment** while **you** are outside **your area of cover**, and **you** need **emergency medical treatment** for an **emergency medical condition** in a **medical facility**. Symptoms must not be present immediately prior to **your** travel. **We** may request a second medical opinion. Note: If **you** are taken to a **medical facility** or **hospital** in an **emergency**, it is important that **you** arrange for them to contact **us** within 48 hours of **your** admission to **hospital**, so **we** can pre-authorise **your treatment**. **Emergency medical treatment** in U.S.: If **you** are admitted for **emergency treatment you** must contact **our** U.S. **Service Partner** by calling 800 554 9299 within 48 hours of admission, or as soon as reasonably possible. If **your** admission for **emergency treatment** is to a non-**network hospital**, **our Service Partner** may arrange to transfer **you** to a **network hospital** as soon as it is medically appropriate to do so. If the transfer to a **network hospital** is carried out, benefit for all covered **treatment** received at both facilities will be payable at 100%. If **you** choose to stay in a non-**network hospital** after the date **our** U.S. **Service Partner** decides a transfer is medically appropriate, benefit for all covered **treatment** received both before and after that date will be payable at 80%.
Treatment for congenital and hereditary conditions	**We** pay up to USD 50,000 GBP 29,500 or EUR 40,000 each **membership year**	**We** pay up to USD 100,000, GBP 58,800 or EUR 80,000 each **membership year**	**We** pay for **treatment** of congenital and hereditary conditions: ○ by congenital conditions **we** mean any abnormalities, deformities, diseases, illnesses or injuries present at birth, whether diagnosed or not ○ by hereditary conditions **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** are unsure whether **your** condition may be classed as congenital or hereditary, please contact **us** for more information.

Out-patient cover

This is **treatment** when the patient does not normally need a **hospital** bed. The list below shows cover for **out-patient treatment** only. If **you** are having **treatment** and **you** are not sure which benefit applies, please call **us** and **we** will be happy to help.

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Out-patient surgical operations	Paid in full	Paid in full	**We** pay for **out-patient surgical operations** when carried out by a **specialist** or a **family doctor**.
Specialists' fees for consultations	**We** pay up to USD 2,000 GBP 1,200 or EUR 1,600 each **membership year**	Paid in full	This normally means a meeting with a **specialist** to assess **your** condition. These meetings may take place: ○ in their office, ○ by telephone or ○ online.
Costs for **treatment** by a **family doctor**		Paid in full	**We** pay for **family doctor treatment**. This may take place: ○ in their office, ○ by telephone or ○ online.
Costs for **treatment** by **therapists**, **complementary medicine practitioners** and qualified **nurses**		**We** pay in full for up to 30 visits each **membership year**	**We** pay for nursing charges for general nursing care, for example injections or wound dressings by a qualified **nurse** and consultations and **treatment** with **therapists** and **complementary medicine practitioners** when they are appropriately qualified and registered to practise in the country where **treatment** is received. This includes the cost of both the consultation and **treatment**, including any complementary medicine prescribed or administered as part of **your treatment**. If any complementary medicines or **treatments** are supplied or carried out on a separate date to a consultation, these costs will be treated as a separate visit. Note: for **dietitians**, **we** pay for the initial consultation plus two follow-up visits when needed as a result of a covered condition. Please note that obesity is not covered.
Specialists' fees, **psychologists'** and **psychotherapists'** fees for **mental health treatment**			**We** cover **mental health treatment** in **hospital** during each **membership year**, in full. This benefit applies to all **treatment** related to the mental health condition.
Pathology, X-rays and **diagnostic tests**		Paid in full	**We** pay for: ○ pathology, such as checking blood and urine samples for specific abnormalities, ○ radiology, such as X-rays, and ○ **diagnostic tests**, such as electrocardiograms (ECGs) when recommended by **your specialist** or **family doctor** to help determine or assess **your** condition.

Out-patient cover (continued)

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Accident-related dental **treatment**	**We** pay up to USD 500, GBP 290 or EUR 400 each **membership year**	**We** pay up to USD 1,000, GBP 590 or EUR 800 each **membership year**	**We** pay for accident-related dental **treatment** that **you** receive from a **dental practitioner** for **treatment** during an **emergency** visit following accidental damage to any tooth. **We** only pay any accident-related dental **treatment** which takes place up to 30 days after the accident. Please see Dental **treatment** / gum disease in the 'What is not covered' section.
Prescribed drugs and dressings	**We** pay up to USD 300, GBP 180 or EUR 240 each **membership year**	**We** pay up to USD 2,000, GBP 1,200 or EUR 1,600 each **membership year**	**We** pay for up to two months' supply of drugs and dressing prescribed for **you** by **your medical practitioner** for covered **treatment**. Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit described in the costs for **treatment** by **therapists** and **complementary medicine practitioners** benefit.
Vaccinations	**We** pay up to USD 200, GBP 120 or EUR 160 each **membership year**	**We** pay up to USD 1,000, GBP 590 or EUR 800 each **membership year**	**We** pay for vaccinations including vaccinations to aid the prevention of cancer, such as the human papilloma virus (HPV) vaccination, as and when such vaccines have completed medical trials and are approved for use in the country of **treatment**. **We** also pay for malaria tablets. **You** need to pay and claim for this benefit.
Full Health Screening and Wellness (after a waiting period of one year)	Not covered	**We** pay up to USD 500, GBP 290 or EUR 400 each **membership year**	**We** pay for full health screening and wellness after **you** have been a member of the plan for one 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.**You** may also have the specific screenings as part of a full health screening. The actual tests **you** have will depend on those supplied by the benefit provider where **you** have **your** screening. **We** also pay for four preventive checks for wellness; mammogram, PAP test, prostate cancer screening or colon cancer screening. **You** need to pay and claim for this benefit.

Optional cover - Dental and optical, and U.S. cover

The list below details the benefits payable and co-insurance applicable for dental and optical cover and U.S. cover, which are optional. **Your** insurance certificate will show if **you** have dental and optical cover or U.S. cover. Dental and optical cover must be purchased together.

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Dental (after a waiting period of six months)	**We** pay up to USD 600, GBP 350 or EUR 480 each **membership year**	**We** pay up to USD 1,000, GBP 590 or EUR 800 each **membership year**	**We** pay 75% of: ○ preventive **treatment** (such as check-ups, X-rays, scale and polishing) ○ routine **treatment** (such as fillings, extractions and root canal therapy) ○ major restorative or orthodontic **treatment** (such as crowns, bridges or implants), or orthodontic **treatment** of overbite or under bite. **You** need to pay and claim for this benefit. Note: **Treatment** must be provided by a **dental practitioner**
Optical	**We** pay up to USD 200, GBP 120 or EUR 160 each **membership year**	**We** pay up to USD 400, GBP 240 or EUR 320 each **membership year**	**We** pay: ○ maximum of one eye test each **membership year**, which includes the cost of **your** consultation and sight / vision testing ○ 75% of covered costs for glasses and contact lenses which are prescribed to correct a sight / vision problem, such as short or long sight ○ 75% of covered costs of glasses frames, only if **you** have been prescribed glasses lenses. **Your** glasses lens prescription or invoice will be needed in support of **your** claim for glasses frames. **You** need to pay and claim for this benefit.
U.S. cover	100% of covered costs in **network**. **Reasonable and customary** costs out of **network**. **In-patient treatment** or **day-case treatment** cancer **treatment**, MRI, CT and PET scans must be pre-authorised or only 50% of covered costs may be payable.	100% of covered costs in **network**. **Reasonable and customary** costs out of **network**. **In-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans must be pre-authorised or only 50% of covered costs may be payable	U.S. cover only applies if **your area of cover** is 'Worldwide.' **Your** insurance certificate will show which **area of cover** applies to **you**. **Pre-authorisation and the U.S. provider network** If **you** have U.S. cover, then before any **in-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans in the U.S., **you** must contact **our** dedicated team for pre-authorisation. Please contact them by calling 800 554 9299 (from inside the U.S.), or +1 800 554 9299 (from outside the U.S.) **In-patient treatment**, **day-case treatment**, cancer **treatment**, MRI, CT and PET scans received in the U.S. without pre-authorisation may not be paid beyond 50%. Any pre-authorised **treatment** costs are covered according to this table of benefits. **Our** U.S. **Service Partner** uses a national **network** of **hospitals**, clinics and **medical practitioners**. This is the U.S. provider **network**. **Our** dedicated team can help **you** to find a **hospital** or clinic in the U.S. provider **network**, when **you** contact them for pre-authorisation. When covered **treatment** takes place in the U.S. using the U.S. provider **network**, benefit is paid at 100%, once any co-insurance or **deductible** amount which may apply, and which **you** are responsible to pay, has been taken from the claimed amount. Where covered **treatment** takes place in the U.S. but outside the U.S. provider **network**, benefit is paid at **reasonable and customary** costs. Please see the '**Treatment** in the U.S.' section of this membership guide.

Additional services

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Healthline services	Included	Included	This is a telephone advice line which offers help 24 hours a day, 365 days a year. Please call +254 (0) 207 651 131 (inside Kenya) or +44 (0) 1273 323 563 (rest of the world) at any time when **you** need to. The following are some of the services that may be offered by telephone: ○ general medical information from a health professional ○ medical referrals to a **specialist** or **hospital** ○ medical service referral (i.e. locating a **specialist**) ○ inoculation and visa requirements information ○ **emergency** message transmission ○ interpreter and embassy referral Note: **treatment** arranged through this service may not be covered under **your** plan. Please check **your** cover before proceeding.

Assistance cover

This section contains the rules and information for medical transfers, which help **you** if the **treatment you** need is not available locally.

We can arrange a transfer if the **treatment you** need is:

- recommended by **your specialist** or **doctor**
- covered under **your** plan. It must be **in-patient** or **day-case treatment**.

Evacuation covers **you** for reasonable transport costs to the nearest appropriate place of **treatment**.

Please note: **we** will only evacuate within the **area of cover**.

We may authorise evacuation if **you** need a CT, MRI or PET scan, or cancer **treatment** such as radiotherapy or chemotherapy.

You must contact **us** before **you** travel, and **we** must agree the arrangements with **you**. If **you** do not, **we** may not pay the costs of **your** transport and **treatment**.

How to arrange your medical transfer

If **you** need a medical transfer, call **us** on +254 (0) 207 651 131 (inside Kenya) or +44 (0) 1273 323 563 (rest of the world). **We** will arrange the medical transfer. **You** must give **us** any information or proof that **we** may reasonably ask **you** for to support **your** request. **We** will only pay if **we** arrange and agree everything in advance.

We will not approve a transfer which, in **our** reasonable opinion, is inappropriate based on established clinical and medical practice. **We** are entitled to conduct a review of **your** case if it is reasonable to do so. **We** will not authorise a medical transfer if this would be against medical advice.

We will guarantee to pay for a medical transfer that **we** have agreed and approved in advance. Please see the 'Pre-authorisation' section for more details. If someone else arranges a transfer which the plan covers, **we** will only pay what **we** would have paid if **we** had arranged the transfer.

Notes:

- **We** will only pay for Evacuation when the **treatment you** need is not available where **you** are. **We** will help **you** get to the nearest place where the **treatment you** need is available. This could be to another part of the country that **you** are in. It might not be **your** home country.
- **We** will not cover a medical transfer if **you** were aware of the symptoms of **your** condition before **you** applied for assistance cover.
- **You** must have assistance cover in place before **you** need the **treatment**. **You** must also have cover for **treatment** in the country **you** need to be transferred from. **We** will arrange a transfer to a country where **you** have cover. For example, if **you** do not have U.S. cover, **we** will not transfer **you** to the U.S.
- **We** will not arrange a medical transfer if it is too dangerous to do so, or not practical to enter the area. This could be because of the local situation, or geography. Examples include war zones, or an oil rig.
- Transport depends on local or international resources. This can include equipment and crew. It must also remain within the scope of all law and regulations which apply. **We** may have to obtain authorisation from authorities. This is outside **our** control.
- **We** cannot be held liable for any delays or connection problems caused by the weather, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond **our** control.
- **We** do not provide the transport and other services set out in the assistance cover section. **We** will arrange those services on **your** behalf. In some countries **we** may use service partners to arrange these services.
- **We** do not pay for extra nights in **hospital** when **you** are no longer having **active treatment** which **you** need to be in **hospital** for. An example would be if **you** are waiting for **your** return flight.
- Please be aware that for medical reasons the member receiving **treatment** may travel in a different class from their companion.

Assistance cover (continued)

Benefits	Explorer Essential Plus	Explorer Gold	Explanation of benefits
Evacuation	Paid in full	Paid in full	○ **We** will pay in full for **your** reasonable transport costs for **in-patient treatment** or **day-case treatment**. It may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy. ○ **We** will only pay for evacuation to the nearest place where the **treatment** needed is available when the **treatment** is not available locally. This could be to another part of the country that **you** are in, and may not be **your** home country. ○ **We** will pay for the reasonable travel costs for a relative or **your** partner to accompany **you**, but only if it is **medically necessary**. ○ **We** will also pay for the reasonable costs of **yours** and **your** relative or partner's return journey to the place **you** were evacuated from. All arrangements for **your** return should be approved in advance by **Bupa Global** or **our** appointed representatives. **We** will pay for either: ○ the reasonable cost of the return journey within the **area of cover** by the most direct route available by land or sea, or ○ the cost of an economy class air ticket by the most direct route available, whichever is the lesser amount. **We** will pay: ○ reasonable costs for the transportation only of **your** body, depending on airline requirements and restrictions, to **your** home country within the **area of cover**, in the event of **your** death while **you** are away from home. **We** do not pay for burial or cremation, the cost of burial caskets, or the transport costs for someone to collect or accompany **your** remains ○ reasonable travel costs for minor children to be transferred with **you** in the event of an evacuation provided they are under the age of 18 when it is **medically necessary** for **you** as their parent or guardian to be evacuated, **your** spouse, partner, or other joint guardian is accompanying **you**, and they would otherwise be left without a parent or guardian. Note: **we** do not pay for any other costs related to the evacuation such as hotel accommodation or taxis. Costs of any **treatment you** receive are not payable under evacuation cover, but are payable from **your** medical cover as described in the 'What is covered' section. Please also note that for medical reasons the member receiving **treatment** may travel in a different class from their companion.

What is not covered

The 'General exclusions' section is a list of what **we** do not cover as part of **your** plan. **You** may also have personal terms that apply to **you** (these could be exclusions or restrictions).

Personal exclusions

Before **you** joined the plan **you we** may have asked **you** to give **us** details about any disease, illness or injury which **you** ever:

- had **treatment** for
- had advice about, or
- had symptoms of.

We call these **pre-existing conditions**.

We reviewed **your** answers to decide the terms on which **you** joined this plan. **We** may have offered to cover or exclude a **pre-existing condition**, or applied other restrictions to **your** plan. This means **we** will not cover costs for:

- **treatment** of,
- any related symptoms of, or
- any condition that results from or is related to this **pre-existing condition**.

We will not cover any **pre-existing condition** that **you** did not tell **us** about when **you** applied to join the plan.

Any personal terms **we** apply to **your** plan will be shown on **your** insurance certificate.

General exclusions

For all exclusions in this section, and for any personal terms shown on **your** insurance certificate, **we** do not pay for **treatment** of conditions which are directly related to excluded conditions or **treatments**. **We** also do not pay for complications of, or any more or increased costs as a result of excluded conditions or **treatments**.

Please note that if **you** choose to have **treatment** or services with a **treatment** provider who is outside **our network**, **we** will only cover costs that are **reasonable and customary**. Other rules may apply in respect of **covered benefits** received from a **treatment** provider who is outside **our network** in certain specific countries.

Exclusion	Notes	Rules
Antenatal classes		**We** will not pay for antenatal classes from **your** maternity benefits or any other benefits.
Artificial life maintenance		Including mechanical ventilation, where such **treatment** will not or is not expected to result in **your** recovery or restore **you** to **your** previous state of health. Example: **We** will not pay for **artificial life maintenance** when **you** are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days.
Birth control		Any type of contraception, sterilisation, termination of pregnancy or family planning,
Conflict and disaster		**We** shall not have to pay any claims which concern, are due to or are incurred as a result of **treatment** for sickness or injuries directly or indirectly caused by **you** putting yourself in danger by entering a known area of conflict (as listed below) and/or if **you** were an active participant or **you** have displayed a blatant disregard for **your** personal safety in a known area of conflict: ○ nuclear or chemical contamination ○ war, invasion, acts of a foreign enemy ○ civil war, rebellion, revolution, insurrection ○ terrorist acts ○ military or usurped power ○ martial law ○ civil commotion, riots, or the acts of any lawfully constituted authority ○ hostilities, army, naval or air services operations whether war has been declared or not

Exclusion	Notes	Rules
Convalescence and admission for general care		**Hospital** accommodation when it is used solely or primarily for any of the following purposes: ○ convalescence, supervision, pain management or any other purpose other than for receiving covered **treatment**, of a type which normally requires **you** to stay in **hospital** ○ receiving general nursing care or any other services which do not require **you** to be in **hospital**, and could be provided in a nursing home or other establishment that is not a **hospital** ○ receiving services from a **therapist** or **complementary medicine practitioner** ○ receiving services which would not normally require trained medical professionals such as help in walking, bathing or preparing meals
Cosmetic **treatment**		Non-medically essential **surgery** and **treatment** to alter **your** appearance, including abdominoplasty or **treatment** related to or arising from the removal or addition of non-diseased or surplus or fat tissue is not covered. **We** do not pay for **treatment** of keloid scars. **We** also do not pay for scar revision, even if the scar is causing a functional problem.
Deafness		**Treatment** for or arising from deafness or partial hearing loss caused by a congenital abnormality or ageing.
Dental **treatment**/gum disease	Please see dental **treatment** in the 'Table of benefits'. Please see 'accident-related dental **treatment**' in the 'Table of benefits'.	This includes **surgical operations** for the **treatment** of bone disease when related to gum disease or damage, or **treatment** for, or arising from disorders of the temporomandibular joint. Examples: **we** do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth. **We** do not pay for dental **treatment** that is needed as a result of eating.
Desensitisation and neutralisation		**Treatment** to de-sensitise or neutralise any allergic condition or disorder.
Developmental problems		**Treatment** for, or related to developmental problems, including: ○ learning difficulties, such as dyslexia ○ developmental problems treated in an educational environment or to support educational development
Donor organs		**Treatment** costs for, or as a result of the following: ○ transplants involving mechanical or animal organs, or ○ the removal of a donor organ from a donor ○ the removal of an organ from **you** for purposes of transplantation into another person ○ the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible diseases or illness ○ the purchase of a donor organ

Exclusion	Notes	Rules
Experimental or unproven **treatment**		Clinical tests, **treatments**, equipment, medicines, devices or procedures that are unproven or investigational with regards to safety and efficacy. ○ **We** do not pay for any test, **treatment**, equipment, medicine, device or procedure that is not in standard clinical use but is (or should, in **Bupa Global**'s reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy. ○ **We** do not pay for any tests, **treatment**, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by **Bupa Global** in line with its criteria for standard clinical use. Standard clinical use includes: ○ **treatment** agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved though the **UK** Cancer Drugs Fund), Royal Colleges or equivalent national **specialist** bodies in the country of **treatment**; ○ the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or Bupa's in-house Clinical Effectiveness team) indicate that the **treatment** is safe and effective; ○ where the **treatment** has received full regulatory approval by the licensing authority (e.g. U.S. Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency) in the location where the member has requested **treatment**, and is duly licensed for the condition and patient population being requested (please note – full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or ○ tests, **treatments**, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which **treatment** is requested. Notes: ○ Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not treated as appropriate evidence to demonstrate a test, **treatment**, equipment, medicine, device or procedure should be used in standard clinical use. ○ Where licensing authority approval to market tests, **treatment**, equipment, medicines, devices or procedures does not, in **Bupa Global**'s reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.
Eyesight		**Surgery** to correct eyesight, such as laser **treatment**, refractive keratotomy (RK) and photorefractive keratotomy (PRK). **We** will pay for covered **treatment** or **surgery** for a detached retina, glaucoma, cataracts or keratoconus. **We** will only pay for routine eye examinations, contact lenses and glasses if **you** have 'dental and optical' cover.
Footcare		**Treatment** for corns, calluses, or thickened or misshapen nails.
Genetic testing		Genetic tests, when such tests are solely performed to determine whether or not **you** may be genetically likely to develop a medical condition. Example: **we** do not pay for tests used to determine whether **you** may develop Alzheimer's disease, when that disease is not present.

Exclusion	Notes	Rules
Harmful or hazardous use of alcohol, drugs and/or medicines		**Treatment** for or arising: ○ directly or indirectly, from the deliberate, reckless (including where **you** have displayed a blatant disregard for **your** personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and ○ in any event, from the illegal use of any such substance
Health hydros, nature cure clinics or any establishment that is not a **hospital**		**Treatment** or services received in health hydros, nature cure clinics or any establishment that is not a **hospital**.
HIV/AIDS		**Treatment** for, or arising from, HIV or AIDS, including any condition that is related to HIV or AIDS, if **your** current period of membership is less than one year.
Illegal activity		**We** will not pay for **treatment** which arises, directly or indirectly, as result of **your** deliberate or reckless participation (whether actual or attempted) in any illegal act, including road traffic offenses.
Infertility **treatment**		**Treatment** to assist reproduction, including but not limited to IVF **treatment**. Note: **we** pay for reasonable investigations into the causes of infertility if: ○ **you** had not been aware of any problems before joining, and ○ **you** have been a member of any Bupa administered plan which included cover for this type of investigation for a continuous period of two years before the investigations start Once the cause is confirmed, **we** will not pay for any more investigations in the future.
Obesity and weight management		**Treatment** for, or needed as a result of obesity and weight management such as: ○ slimming aids or drugs, or ○ slimming classes, or ○ obesity **surgery**.
Persistent vegetative state (PVS) and neurological damage		**We** will not pay for **in-patient treatment** for more than 90 continuous days for permanent neurological damage or if **you** are in a **persistent vegetative state**.
Physical aids and devices		Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an **appliance**. Examples: **we** will not pay for hearing aids, crutches or walking sticks.
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**. Please contact **us** before **your renewal date** if **you** or **your dependants** have personal exclusion(s) and would like **us** to review a personal exclusion. **We** may remove **your** exclusion if, in **our** opinion, no more **treatment** will be either directly or indirectly needed for the condition, or for any related condition. There are some personal exclusions that, due to their nature, **we** will not review. To carry out a review, **we** may ask for an up to date medical report from **your family doctor** or **specialist**. Any costs incurred in obtaining these details are not covered under **your** plan and are **your** responsibility.

Exclusion	Notes	Rules
Preventive and wellness **treatment**	Please see full health screening and wellness in the 'Table of benefits'. Exclusion applies to Explorer Essential Plus.	Health screening, including routine health checks, or any preventive **treatment**. Note: **we** may pay for **prophylactic surgery** when: ○ there is a significant family history of the disease for example ovarian cancer, which is part of a genetic cancer syndrome, and/or ○ **you** have positive results from genetic testing (please note that **we** will not pay for the genetic testing) Please contact **us** for pre-authorisation before proceeding with **treatment**. It may be necessary for **us** to seek a second opinion as part of **our** pre-authorisation process.
Professional sports activities		**Treatments** and services arising as a result of **professional sports activities**, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any other **professional sports activities**.
Reconstructive or remedial **surgery**		**Treatment** needed to restore **your** appearance after an illness, injury or previous **surgery**, unless: ○ the **treatment** is a **surgical operation** to restore **your** appearance after an accident, or as the result of **surgery** for cancer, if either of these takes place during **your** current continuous membership of the plan ○ the **treatment** is carried out as part of the original **treatment** for the accident or cancer, and ○ **you** have obtained **our** written consent before the **treatment** takes place
Sexual problems/gender issues		**Treatment** of any sexual problem including impotence (whatever the cause) and sex changes or gender reassignments.
Sleep disorders		**Treatment**, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.
Speech disorders		**Treatment** for speech disorders, including stammering or speech developmental delays, unless all of the following apply: ○ the **treatment** is short term therapy which is **medically necessary** as part of **active treatment** for an acute condition such as a stroke ○ the speech therapy takes place during and/or immediately following the **treatment** for the acute condition, and ○ the speech therapy is recommended by the **specialist** in charge of **your treatment**, and is provided by a **therapist** in which case **we** may pay at **our** discretion.
Stem cells		**We** do not pay for the harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.
Surrogate parenting	Please see maternity cover in the 'Table of benefits'.	**Treatment** directly related to surrogacy. This applies: ○ to **you** if **you** act as a surrogate, and ○ to anyone else acting as a surrogate for **you**
Travel costs for **treatment**		Any travel costs related to receiving **treatment**, unless otherwise covered by: ○ local air ambulance benefit, ○ local road ambulance benefit, or ○ Assistance cover Examples: ○ **we** do not pay for taxis or other travel expenses for **you** to visit a **medical practitioner** ○ **we** do not pay for travel time or the cost of any transport expenses charged by a **medical practitioner** to visit **you**

Exclusion	Notes	Rules
Treatment outside **your area of cover**		Note: **We** will only pay for **treatment** while **you** are in **your area of cover**, except where the **treatment** is needed for an **emergency medical condition** (for the conditions of cover for **emergency** medical conditions, please refer to the ' **Emergency** cover outside **your area of cover**' benefit on the 'Table of benefits'). If **your area of cover** is: ○ **Africa Plus** or ○ **Africa Plus** including **Europe** and **you** move to a country outside **your area of cover**, please contact **your** sponsor straight away. This plan will no longer be available to **you** if this happens.
Unrecognised medical practitioner, **hospital** or healthcare facility		○ **Treatment** provided by a **medical practitioner**, **hospital** or healthcare facility which are not recognised by the relevant authorities in the country where the **treatment** takes place as having **specialist** knowledge, or expertise in, the **treatment** of the disease, illness or injury being treated. ○ Self **treatment**, or **treatment** provided by anyone with the same residence, or **family members**. ○ **Treatment** provided by a **medical practitioner**, **hospital** or healthcare facility which are to whom **we** have sent a written notice that **we** no longer recognise them for the purposes of **our** health plans. **You** can contact **us** by telephone for details of benefit providers **we** have sent written notice to or visit Facilities Finder at www.bupaglobal.com/en/facilities/finder

General information

Giving us true and complete information

The rules in this section apply if **you** give **us** information, or someone gives it to **us** on **your** behalf.

You must make sure that all information **you** give **us** is accurate and complete. This applies when **you** join the plan, and when it renews or changes. **You** must also tell **us** if anything **you** have told **us** in the application form changes before **your** cover starts. If **you** do not, **we** may treat **your** cover and claims as **we** would have done if **we** had received accurate and complete information. **We** can do this if **you** are reckless, negligent or careless when **you** give **us** information which is not accurate or complete, or **you** do it on purpose. This means:

- **we** may treat **your** cover as if it had never existed (if **you** have been negligent or careless, **we** can do this if **we** would have refused to cover **you**)
- **we** may apply different terms to **your** cover. **We** can do this if **we** would have covered **you** on those terms. For example **your** cover may contain new personal exclusions or restrictions. This means **we** will only pay a claim if it is covered by those different terms
- **we** may reduce the amount payable for any claim. **We** can do this if **we** would have charged a higher premium. **We** then compare the higher premium to the original premium. For example, **we** will only pay half a claim if **we** would have charged twice the premium.

If **we** need to do this, it would take effect from the date **you** joined, or the cover renewed or changed (this depends on when **we** received the information).

Where it is a **dependant** (or **you** on their behalf) who has provided incomplete or inaccurate information, the same rules apply but only to that part of the membership which applies to the **dependant**, or to claims made by that **dependant**.

Sanctions

We will not provide cover and **we** will not pay any claim or provide any benefit under this insurance, if doing so would:

- break any United Nations resolution, or any trade or economic sanctions, laws or regulations that apply to **us** (including those of the European Union, the **UK**, and / or the U.S.), or
- put **us** at risk of being sanctioned by any relevant authority or competent body, or
- put **us** at risk of being involved (directly or indirectly) in something which any relevant authority, banks **we** use, or competent body would consider to be banned or restricted.

If any resolutions, sanctions, laws or regulations referred to in this clause apply (or start to apply), **we** can take any action **we** consider necessary, to make sure **we** continue to work within them. If this happens, **you** acknowledge that this may restrict, delay or end **our** obligations under **your** plan, and **we** may not be able to pay any claim.

Sharing documents

We only return official documents such as birth or death certificates. If **you** send any other original documents to **us** (such as a receipt), **you** can ask **us** to send **you** a copy of it.

Financial crime

Bupa Group agree to keep to all **UK** laws relating to detecting and preventing financial crime (including the Bribery Act 2010 and the Proceeds of Crime Act 2002).

U.S. Patient Protection and Affordable Care Act

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

The law which applies to this plan

This plan is governed by Kenyan law. If **we** cannot resolve a dispute, only the courts in Kenya can decide it.

Liability

Our role under this plan is to provide **you** with insurance cover and sometimes to arrange (on **your** behalf) for **you** to receive any **covered benefits**. It is not **our** role to provide **you** with the actual **covered benefits**.

The **main member**, on behalf of themselves and their **dependants**, appoints **us** to act as agent for **you** to make appointments or arrange for **you** to receive the **treatment** or service which **you** need. **We** will use reasonable care when acting as **your** agent.

We (and the **Bupa Group**) shall not be liable to **you** or anyone else for any loss, damage, illness or injury that may occur as a result of **you** receiving any **treatment** or service, nor for any action or failure to act of any provider or other person providing **you** with any **treatment** or service. **You** should be able to bring a claim directly against such provider or other person.

This does not affect **your** statutory rights.

You the **main member**, on behalf of yourself and the **dependants**, authorise **us**, if for any reason **you** cannot give **us** instructions about any **covered benefits** (for example if **you** are incapacitated), to:

- act as **we** reasonably believe to be in **your** best interests (in accordance with the cover **you** have under this plan);
- share any information about **you** to **your** benefits provider as **we** reasonably believe to be necessary in the circumstances; and/or
- take instructions from the person **we** reasonably believe to be the most appropriate person (for example a **family member**, **your** treating **doctor** or **your** employer).

When acting on **your** behalf **we** may act through **our Bupa group** of companies and administrators.

Paying premiums and other charges

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

How are my premiums calculated?

We calculate **your** premiums according to **your country of residence**. Other factors including **your** age, **area of cover**, level of benefits, **deductibles** and any underwriting are also taken into account.

We group countries into zones based on factors such as the costs and frequency of **treatment** in those countries. **We** apply any decision to vary premiums to all members in the zone. On renewal **you** would receive the price impact that applies to the zone with **your** rating factors.

The total amount **you** have to pay on **your** invoice is inclusive of any taxes, charges or levies, such as Insurance Premium Tax (IPT).

How do I pay premiums and other charges?

The premiums for **your** membership must be paid by the 'due date' shown on the invoice. All premiums 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)
- the currency **you** have chosen to pay in, and how often **you** need to make a payment (monthly, quarterly or yearly).

You should pay **your** premiums directly to **Bupa Global**. If **you** pay **your** premiums to anyone else, then that person is acting on **your** behalf as **your** intermediary. **Bupa Global** will not be responsible for any premiums paid to a third party.

Bupa Insurance Services Limited collects premiums. They act as **our** intermediary for receiving and holding premiums, and making claims and refunds. **Your** premiums are protected by an agreement between **us** and Bupa Insurance Services Limited.

You can see the amount and method of payment on **your** insurance certificate. **We** keep bank, credit/debit card and direct debit details for the duration of **your** policy in accordance with data protection and privacy regulations. If **you** cannot pay **your** premiums for any reason, please contact the customer services helpline.

What happens if I don't pay?

We may suspend **your** membership if **you** do not pay premiums and other charges when they are due. **We** may also suspend it if **you** do not pay in full any annual **deductible** that is payable by **you** for a claim **we** have paid directly to **your** benefit provider.

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

Worried about your premiums or payments?

Please contact **us** and **we** can see how **we** can help.

Will the amount I pay change?

It is likely that the amount **we** charge **you** will change from **your renewal date**. One of the factors that affects this is the rising cost of medical **treatments**. **We** aim to control this by negotiating cost control measures with **hospitals** and clinics. Other factors that may affect **your** premium are **your** age, **your country of residence**, and changes to **your** cover such as adding, changing or removing options or **deductibles**.

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.

We will contact **you** before **your renewal date** with details of the new premium, any changes to the renewed plan, and the reasons for those changes. If **you** do not want to renew this plan **you** must contact **us** within 30 days following the start of the renewed plan.

Unless **you** tell **us** not to, **we** will continue to take payment of the new premium using the payment details **you** have given **us**.

Bank charges

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

Privacy notice

Privacy notice of Bupa Global

We are committed to protecting **your** privacy when dealing with **your** personal information. In **our** privacy notice (www.bupaglobal.com/privacypolicy) **you** can find details of **our** reasons for processing **your** data, who **we** share it with (including transfers of **your** data outside of Kenya), and information about **your** rights over **your** personal information which include **your** right to request access, erasure and rectification and **your** right to object. **You** can also contact **our** Data Protection Officer at dataprotection@bupa.com (please note this address is for data protection queries only).

Glossary

Certain words appear in the guide in bold type. These are defined words and have special meanings in this guide. **You** can find these meanings in the Glossary.

Defined term	Description
Active treatment	**Treatment** from a **medical practitioner** of a disease, illness or injury. This must aim to lead to **your** recovery, conservation of **your** condition or to restore **you** to **your** previous state of health as quickly as possible.
Advanced therapy medicinal products (**ATMPs**)	**Treatments** that are based on genes, tissues or cells. An example is Chimeric Antigen Receptor (CAR) T-cell **treatment**.
Africa Plus	Algeria, Angola, Bangladesh, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Republic of the Congo, Djibouti, Egypt, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, India, Ivory Coast, Jordan, Kenya, Lebanon, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mayotte, Morocco, Mozambique, Namibia, Niger, Nigeria, Pakistan, Republic of the Philippines, Réunion, Rwanda, Saint Helena, São Tomé and Príncipe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sri Lanka, Sudan, Tanzania, Togo, Tunisia, Uganda, Western Sahara, Zambia, Zimbabwe
Appliance	A knee brace which is an essential part of a repair to a cruciate (knee) ligament or a spinal support which is an essential part of **surgery** to the spine.
Area of cover	The areas of cover are: Worldwide OR Worldwide, excluding the U.S. OR **Africa Plus**, including **Europe** OR **Africa Plus**. The **main member** chose the **area of cover** which applies to **you**. This is shown on **your** insurance certificate.
Artificial life maintenance	Any medical procedure, technique, medication or intervention delivered to a patient in order to prolong life.
Assisted reproduction technologies	Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction.
Birthing centre	A **medical facility** designed for childbirth in a homelike setting. It is often a part of a **hospital**.
Bupa Global	**Bupa Global** Insurance Limited, the insurer of **your** plan.
Bupa Group	**Bupa Global**, Bupa Insurance Limited, Bupa Insurance Services Limited and all other companies in the **Bupa Group**, and those companies which provide any administration of this plan on behalf of **Bupa Global**.
Complementary medicine practitioner	An acupuncturist, chiropractor, homeopath, osteopath or traditional 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 nationality	The country of **your** nationality. **You** told **us** this when **you** applied to join the plan, or later told **us** in writing.
Country of residence	The country where **you** live. **You** told **us** about this when **you** applied to join the plan or later told **us** in writing. It is shown on **your** insurance certificate. The country where **you** live must be the country in which the relevant authorities (such as tax authorities) consider **you** to be resident while **you** have cover under the plan.
Covered benefits	The **treatment** and benefits shown as covered in this membership guide for **your** level of cover.
Day-case treatment	**Treatment** which for medical reasons requires **you** to stay in a bed in **hospital** during the day only. **We** do not require **you** to occupy a bed for **day-case mental health treatment**.

Defined term	Description
Deductible	The amount **you** have to pay in each **membership year** before **we** will pay for any **covered benefits**. The amount **you** have to pay in each **membership year** before **we** will pay for any **covered benefits**. The amount of **your deductible** is shown on **your** insurance certificate. The annual **deductible** applies separately to each person covered under **your** membership.
Dental practitioner	A person who: ○ is legally qualified to practice dentistry, ○ following attendance at a recognised dental school is recognised by the relevant authorities in the country in which the **treatment** takes place as having a specialised qualification. Examples may include periodontics or paediatric dentistry, and ○ is licensed to practice dentistry by the relevant authorities in the country where the dental **treatment** takes place.
Dependants	The **main member's** spouse or partner. Any children whose biological parent or legal guardian is the **main member**, and who are eligible to join the plan. This includes newborn children. Only **dependants** named on the insurance certificate are covered by the plan.
Diagnostic tests	Investigations, such as X-rays or blood tests, to find the cause of **your** symptoms.
Dietitian	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the **treatment** is received.

Defined term	Description
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 of one. It must result from a disease, illness or injury which arises suddenly. In the judgment of a reasonable person it must need immediate **treatment**, generally within 24 hours of starting, and not having that **treatment** would put **your** health at risk.
Emergency medical condition	**We** mean: ○ a serious injury, or ○ the sudden onset of symptoms of an illness, disease or other serious medical condition which, if not treated immediately, could reasonably be expected to result in: ○ serious impairment of limb, ○ organ or bodily function or use, or ○ death or permanent disability. **We** may request a second medical opinion.
Emergency medical treatment	Appropriate medical **treatment** which takes place in a **hospital** or **medical facility** to treat an **emergency medical condition**.
Europe	All EU countries, plus Andorra, Channel Islands, Iceland, Isle of Man, Liechtenstein, Monaco, Norway, San Marino, Switzerland, Turkey, the **United Kingdom** and Vatican City.

Defined term	Description
Family doctor	A person who: ○ is licensed to practice medicine in the country where **you** have the **treatment**, and ○ is legally qualified in medical practice to provide medical **treatment** which does not need a **specialist's** training. They must have attended a recognised medical school. This is one listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.
Family member	Someone related to **you** by blood or by law (or otherwise). **We** can send **you** a full list of the family members falling within this definition if **you** ask **us**.
Hospital	A centre of **treatment** which is registered, or recognised under the local country's laws. It mainly exists to: ○ carry out major **surgical operations**, or ○ give **treatment** which only **specialists** can give.
In-patient treatment	**Treatment** which for medical reasons normally means that **you** have to stay in a **hospital** bed overnight or longer.
Intensive care	Intensive care includes: ○ High Dependency Unit (HDU). A unit that gives a higher level of medical care and monitoring. For instance **you** might need this in single organ system failure ○ Intensive Therapy Unit / Intensive Care Unit (ITU/ ICU). A unit that gives the highest level of care. For instance **you** might need this in multi-organ failure or in case of intubated mechanical ventilation ○ Coronary Care Unit (CCU). A unit that gives a high level of cardiac monitoring ○ Special care baby unit. A unit that gives the highest level of care for babies.

Defined term	Description
Main member	The first person named on the insurance certificate.
Medical facility	A **hospital** or other facility providing medical **treatment**.
Medical practitioner	A **complementary medicine practitioner**, **specialist**, **dental practitioner**, **family doctor**, **psychologist**, **psychotherapist** or **therapist** who provides **active treatment** of a known condition.
Medically necessary	**Treatment**, medical service or prescribed drugs which are: ○ consistent with the diagnosis and **treatment** for the condition; ○ consistent with generally accepted standards of medical practice; ○ necessary for such a diagnosis or **treatment**; ○ is not given mainly for the convenience of the member or the treating **medical practitioner**.
Membership year	The time during which **your** cover is in place. This is shown on **your** insurance certificate. If this plan renews, a new **membership year** will begin on the **renewal date**.
Mental health treatment	**Treatment** of mental health conditions. This can include eating disorders.
Network	A **hospital**, **pharmacy**, or other facility, or **medical practitioner** which will treat **you** at rates agreed with **Bupa Global** or a **service partner**.
Nurse	A qualified nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the **treatment** takes place.
Out-patient treatment	**Treatment** given at a **hospital**, consulting room, **doctors'** office or **out-patient** clinic where **you** do not go in for **in-patient treatment** or **day-case treatment**.
Ovulation induction treatment	**Treatment** including medication to stimulate production of follicles in the ovary. This includes but is not limited to clomiphene and gonadotrophin therapy.

Defined term	Description
Persistent vegetative state	A deep state of unconsciousness. Someone in a **persistent vegetative state** will: ○ show no sign of being aware or that their mind functions, even if they can open their eyes and breathe without help, and ○ not respond when touched or their name is called. The state of unconsciousness must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.
Pharmacy	A facility where prescribed drugs are prepared or sold.
Post-hospitalisation services	Consultations with **your specialist**, physiotherapy and follow up tests, which are recommended as **medically necessary** and carried out after **your** discharge from **hospital**, which leads to **your** recovery. Post-hospitalisation services are covered up to 90 days after **your** discharge date.
Pre-existing condition	○ any medical condition declared in **your** application for cover which has been noted as a 'personal exclusion' under **your** insurance certificate; or ○ any disease, illness or injury for which **you** received medication, advice or **treatment**, or **you** had experienced symptoms of whether the condition was diagnosed or not, prior to becoming a member which was not disclosed under **your** application for cover. Where **we** have accepted **your** transfer to this plan from another insurance product on a continuous cover basis, the above reference to 'application for cover' shall refer to **your** original application for cover under that previous insurance product.

Defined term	Description
Professional sports activities	Any sport the member takes part in and is compensated for, whether when participating in training practice or in competitive practice.
Prophylactic surgery	**Surgery** to remove an organ or gland that shows no signs of disease. This must be an attempt to prevent development of disease of that organ or gland.
Psychologist and **psychotherapist**	A person who is legally qualified and is permitted to practise as such in the country where they treat **you**.
Reasonable and customary	The 'usual', or 'accepted standard' amount charged in a particular geographical region. This applies to a specific **treatment** or service given by providers of comparable quality and experience. Government or official medical bodies' guidelines in that region may govern the amount charged. Where there are no guidelines, **we** may use **our** experience of usual, and most common, charges in that region to decide it.
Recognised medical practitioner, **hospital** or healthcare facility	Any provider who is not an **unrecognised medical practitioner**, **hospital** or healthcare facility.
Rehabilitation	**Treatment** that aims to restore full function after an acute event. Examples include a stroke, or major trauma. It must combine **treatments** such as physical, occupational and speech therapy.
Renewal date	Each anniversary of the date **you**, the **main member** joined the plan.
Service partner	A company or organisation that acts for **us**. This may include services to approve cover and finding local **medical facilities**.
Sound natural tooth / **sound natural teeth**	A natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally in chewing and speech.

Defined term	Description
Specialist	A surgeon, anaesthetist or physician who: ○ is legally qualified to practise medicine or **surgery**. They must have attended a recognised medical school. This is one listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation ○ the relevant authorities in the country where **you** have the **treatment** recognise as having specialised qualification in the field of, or expertise in, the **treatment** of the disease, illness or injury being treated.
Surgery / **surgical operation**:	A medical procedure that involves the use of instruments or equipment.
Therapist	A physiotherapist, occupational **therapist**, orthoptist, 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 a condition, disease, illness or injury.
UK	The United Kingdom of Great Britain and Northern Ireland.

Defined term	Description
Unrecognised medical practitioner, **hospital** or healthcare facility	○ **Treatment** provided by a **medical practitioner**, **hospital** or healthcare facility which are not recognised by the relevant authorities in the country where the **treatment** takes place as having **specialist** knowledge, or expertise in, the **treatment** of the disease, illness or injury being treated. ○ Self **treatment** or **treatment** provided by anyone with the same residence, **family members** (persons of a family, related to **you** by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ○ **Treatment** provided by a **medical practitioner**, **hospital** or healthcare facility which are to whom **we** have sent a written notice that **we** no longer recognise them for the purposes of **our** health plans. **You** can contact **us** by telephone for details of benefit providers **we** have sent written notice to or visit Facilities Finder at www.bupaglobal.com/en/facilities/finder
You / **your**	Anyone covered by the plan, as shown on the insurance certificate.
We / **our** / **us**	**Bupa Global**.

General services

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We may record or monitor **your** calls.

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