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BlueCross BlueShield Global

A GUIDE TO YOUR ULTIMATE GLOBAL HEALTH PLAN

A COLLABORATION BETWEEN TWO OF THE MOST RESPECTED NAMES IN GLOBAL HEALTHCARE

01 October 2026

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HELLO

Within this **guide**, **you'll** find easy to understand information about **your health plan**, including:

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

To make the most of **your health plan**, please read the 'Table of benefits' and 'General exclusions' sections carefully to get a full understanding of **your** cover, along with **your** 'Terms and conditions' also enclosed in **your** welcome pack.

BEFORE **WE** GET STARTED, THERE ARE A FEW THINGS **WE** WOULD LIKE TO BRING TO **YOUR** ATTENTION...

YOUR INSURER	**Bupa Global** is the sole **insurer** of this plan.
YOUR GEOGRAPHICAL AREA FOR COVERAGE IS SHOWN ON **YOUR** INSURANCE CERTIFICATE	There are two area of cover options. The **policyholder** has chosen one of these. They are: - Worldwide - Worldwide, excluding the U.S. As long as it is covered by **your health plan**, **you** can have **your treatment** at any **recognised medical practitioner**, **hospital** or clinic within **your** area of cover. To view a summary of **hospitals** visit Facilities Finder at **https://bupaglobal.com/facilitiesfinder**
BOLD WORDS	Any words written in **bold** are defined terms that are relevant to **your** cover. **You** can check their meaning in the 'Glossary'.
TREATMENT THAT **WE** COVER	**Your Ultimate Global Health Plan** covers the **treatment** cost for a disease, illness or injury that leads to the conservation of **your** condition, **your** recovery or **you** getting back to **your** previous state of health. This includes **treatment** for chronic, congenital and hereditary conditions that may be covered, depending on underwriting. **Your treatment** is covered if it is: - covered under the **health plan** - at least consistent with generally accepted standards of medical practice in the country in which **treatment** is being received - clinically appropriate in terms of type, duration, location and frequency **Your** Ultimate Global **Health Plan** also provides preventive benefits to help keep **you** healthy. **You** can find these in the 'Table of benefits'.
TWO OF THE BIGGEST, MOST TRUSTED BRANDS IN GLOBAL HEALTHCARE	Two of the most respected names in healthcare, **Bupa Global** and **Blue Cross Blue Shield Global**, have teamed up to deliver high quality healthcare products and services. Customers who have U.S. coverage within their plan can now enjoy even bigger benefits with access to the largest **network** of providers through **our** partnership with **Blue Cross Blue Shield Global**. If **you** would like to upgrade to a higher level of cover, including the ability to access U.S. medical facilities, please contact **us**.
ACCESSING CARE IN THE U.S.	If **you** have worldwide cover, **you** have access to **Blue Cross Blue Shield's networks**. This gives **you** the broadest **network** cover. To find out more, please visit **https://bupaglobalaccess.com**

ANY QUESTIONS? **We'll** be happy to help.

Get in touch using the details printed on **your** insurance cards.

Bupa Global is a trade name of **Bupa**, the international health and care company. **Bupa** is an independent licensee of **Blue Cross and Blue Shield Association**. **Bupa Global** is not licensed by **Blue Cross and Blue Shield Association** to sell **Bupa Global/Blue Cross Blue Shield Global** co-branded products in Argentina, Canada, Panama, Uruguay and US Virgin Islands. In Hong Kong, **Bupa Global** is only licensed to use the **Blue Shield** marks. Please consult **your** policy terms and conditions for coverage availability. **Blue Cross and Blue Shield Association** is an association of independent, community-based and locally operated **Blue Cross and Blue Shield** companies. **Blue Cross Blue Shield Global** is a brand owned by **Blue Cross and Blue Shield Association**. For more information about **Bupa Global**, visit **bupaglobalaccess.com**, and for more information about **Blue Cross and Blue Shield Association**, visit **www.BCBS.com**.

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ROUND THE CLOCK REASSURANCE

Your dedicated personal service team can of course always be depended upon to help take care of any of the practicalities described in this **guide**.

- Any situation or query is immediately dealt with
- All **your** telephone calls, faxes or emails are promptly answered
- A positive dialogue is established and maintained with **you**, **your** medical providers and any other parties who are relevant to **your** needs
- **You** deal with a minimal amount of paperwork
- **Your** needs are dealt with in a sincere and professional manner

Our medical teams and assistance teams are also on hand to provide any support needed. **You** can ask **us** to arrange both medical and non-medical evacuations and repatriations as covered under this **health plan**, including:

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

Our assistance team will handle **your** case from start to finish, so **you** always talk to someone who knows what is happening. **We** believe that every person and situation is different and focus on finding answers and solutions that work specifically for **you**.

You can call **us** at any time of the day or night for healthcare advice, support and assistance by medically trained people who understand **your** situation.

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

- general medical information
- finding local medical facilities
- arranging medical second opinions
- travel information
- security information
- information on inoculation and visa requirements
- **emergency** message transmission
- interpreter and embassy referral

Easier to read information

If **you** would like to receive **your** product literature in large print, audio or Braille format, please contact **us** using the number on **your** membership card.

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

NEED TREATMENT?

We want to make sure everything runs as smoothly as possible when **you** need **treatment**, so we help take care of the practicalities so **you** can focus on getting better.

If **you** contact **us** before going for **treatment**, **we** can explain **your** benefits and confirm that **your treatment** is covered by **your health plan**. If needed **we** can also help with suggesting **hospitals**, clinics and **doctors** and offer any help or advice **you** may need.

In cases where **you** need **hospital treatment**, contacting **us** also gives **us** an opportunity to contact **your 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.

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

The pre-authorisation process

You can pre-authorise **your treatment** by phone or email. Once **we** have the necessary details, **we** send a pre-authorisation statement to **your hospital** or clinic.

We also send **you** a pre-authorisation statement. This can be used as a claim form to send back to **us** if **you** receive any invoices or are asked to pay for any aspect of **your treatment** yourself. More detail is provided on the claims process on the next page.

From time to time **we** may ask **you** for more detailed medical information, for example, to rule out any relation to a **pre-existing condition**.

Remember we can offer a second medical opinion service

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

Our approach to costs

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

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

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

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

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

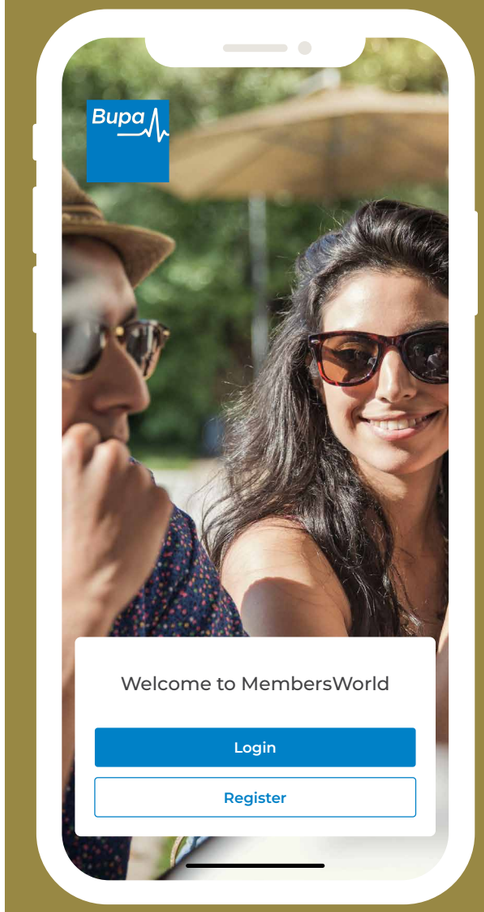
If **you** are taken to an 'out-of-**network**' **benefits provider** in an **emergency**, it is important that **you**, or the **benefits provider**, contact **us** within 48 hours of **your** admission, or as soon as reasonably possible in the circumstances. If it is the best thing for **you**, **we** may arrange for **you** to be moved to a **benefits provider** in **network** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a **benefits provider** in **network** only the **Reasonable and Customary** costs of any **covered benefits** received following the date of the transfer being offered will be paid (after any applicable **co-insurance** or **deductible** has been taken).

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

These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by **our** experience of usual, and most common, charges in that region.

Pre-authorisation complete and now going for treatment?
Always remember to keep **your** insurance cards with **you** and present the appropriate card to **your benefits provider** when **you** arrive.

WELCOME TO MEMBERSWORLD



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

MembersWorld is for everyone on the **policy** aged 16 and over.

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

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

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

How to access MembersWorld

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

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

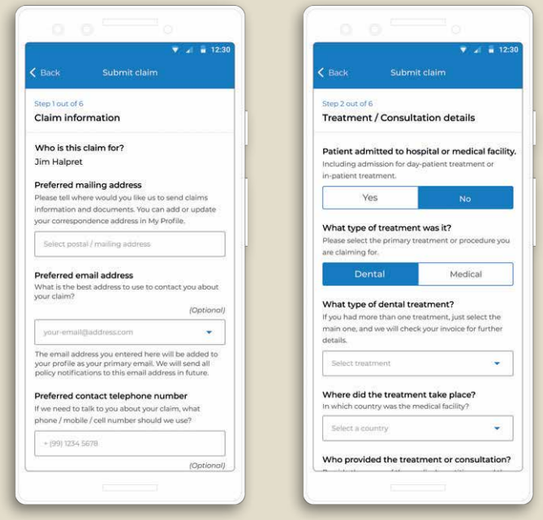
Download on the App Store

GET IT ON Google Play

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

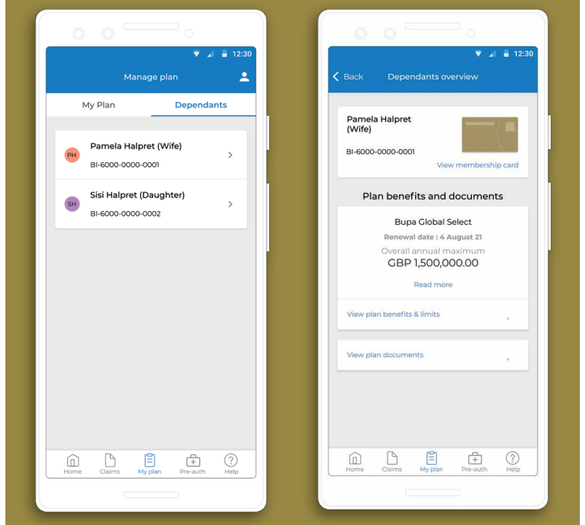
Claims and pre-authorisations

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



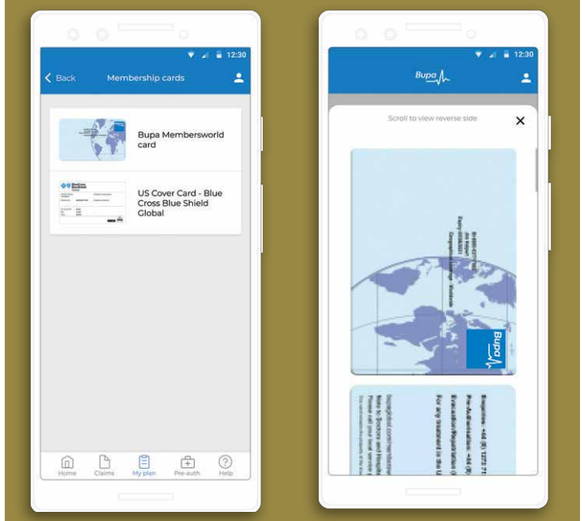
Dependants

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



Membership cards

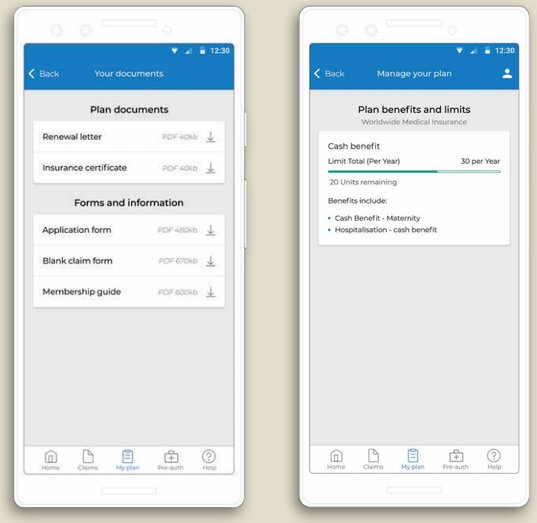
- Access to **your** membership cards whenever **you** need them



The membership cards shown are for illustration purposes only – cards vary depending on the area of cover.

Policy documents

- View and download documents for **your** plan



WELLBEING SERVICES

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

They are free to use as soon as **your** plan starts. Using them does not use any of **your** benefit limits. If **you** have any questions, please contact **us**.

Your Wellbeing

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

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

Second medical opinion*

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

This gives **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 contact the **Bupa Global** Customer Service team on **+44 (0) 1273 323 563** or email **info@bupaglobal.com**

Global Virtual Care*

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

Features include (depending on local regulations):

- Video and telephonic consults
- **Doctor's** notes
- Selfcare
- Referrals
- Prescriptions

Access virtual consultations with a doctor any time of the day or night by signing-in to the MembersWorld app. If **you** haven't registered yet, go to the MembersWorld page to get started.

Virtual Care

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

THE CLAIMING PROCESS

Whether **you** choose direct payment 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, direct settlement can only be arranged for in-patient treatment or day-case treatment. Direct settlement is easier for **us** to arrange if **you** pre-authorise **your treatment** first, or if **you** use a participating **hospital** or healthcare facility

How to make a claim

- The quickest way to submit **your** claim is to log on to **your** MembersWorld account and submit **your** claim electronically. **You** have the choice of submitting an online claim or uploading any completed claims form.
- Make sure **we** have all the information as the biggest delay to paying a claim is normally incomplete, missing or ineligible information.
- Make sure **you** have given **your** correct bank details. Reimbursement by bank transfer is by far the quickest way to receive **your** payment.

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

- Call **us** on **+44 (0) 1273 718 349**
- Email **info@bupaglobal.com**

	1	2	3	4
Direct Payment	**Bupa** pays **your benefits provider** directly. **You** should present **your** insurance card when **you** receive **treatment**.	**We** send **your benefits provider** a pre-authorisation statement. **We** will also send a copy to **you** on request. The **benefits provider** will ask **you** to sign the pre-authorisation statement when **you** arrive for **treatment**.	If **you** have a **co-insurance** on **your** plan, **we** will pay the **benefits provider** in full and collect any **co-insurance** from **you** using the payment details **we** hold for **you,** unless **your treatment** took place in the U.S. For **treatment** in the U.S. **we** may either pay the **benefits provider** in full and collect any share from **you** using the payment details **we** hold for **you**, or **your benefits provider** may request settlement of the balance after **we** have settled the claim with them. If **we** need to collect any payment from **you we** will send **you** a statement showing the amount that **we** will be collecting from **you**.	The **benefits provider** will then send **your** claim to **us**. **We** pay **your benefits provider** directly.
Pay and Claim	**When you** visit **your benefits provider**, **you** should take a claim form with **you** so that the **medical practitioner** can fill in the medical information section. A claim form can be found in **your** membership pack, or found online at **membersworld.bupaglobal.com**	Once **you** have received **treatment** and made a payment to **your benefits provider**, **you** should complete all other sections of the claim form, include the original invoices and send the claim to **us**.	**You** can submit **your** claim online via the MembersWorld app, **membersworld.bupaglobal.com** or email it to **us**.	**We** pay **you**.

We send **your** claim payment statement to **you**.

When **we** settle **your** claim, **your** benefits are paid in line with the limits shown in **your** 'Table of benefits'.

WANT TO ADD MORE PEOPLE TO YOUR HEALTH PLAN?

You can apply to include **dependants**, including newborn children, to this **health plan** by filling in an application form

You can download this easily from **https://membersworld.bupaglobal.com**, If **you** are adding **your** newborn child please complete the 'newborn application form' or **you** can contact **us** and **we** will send one to you.

It is possible to add dependants or newborn children on to a different health plan.

When **you** apply, the **dependant's** medical history will be reviewed by **our** medical team which may result in cover for **pre-existing conditions** or exclusions or **we** may decline to offer cover. The cover will start on the date **our** medical team accept **your** application to join. Any special restrictions or exclusions are personal to the person **you** add and will be shown on **your** insurance certificate.

Children covered at no additional cost

For each parent or legal guardian who is covered on this policy, **we** will also cover two of their children (up to a maximum of four children) at the same level of cover for no additional premium, subject to underwriting provided that:

- the children are aged 15 or under
- the children live at the same address as the covered parent or guardian who has legal custody of the child.

We will review the child's medical history, which may add personal exclusions or restrictions. If underwriting results in a charge, this will be calculated as a percentage of what **your** child's premium would have been and confirmed with **you**.

Adding your newborn child?

Congratulations on **your** new arrival!

To add **your** newborn baby **you** will need to send **us** a completed newborn application form. If:

- either parent has been a **Bupa Global** member for at least 18 months before the baby's birth and
- **we** receive the application form within 30 days of the baby's birth

we will add the baby to the **policy** from their date of birth and not apply any personal exclusions to the baby's cover.

However, if:

- neither parent has been a **Bupa Global** member for at least 18 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.,

the baby's medical history will be reviewed by **our** medical team which may result in cover for pre-existing conditions, special restrictions or exclusions, or **we** may decline to offer cover. This means that if the baby has medical conditions that need **treatment**, these might not be covered by the **policy.** Cover will start on the date that **we** receive the application form.

Where full U.S. cover has not been purchased prior to the mother falling pregnant, **treatment** including newborn care will not be covered by the 28 day **emergency** U.S. cover, unless the baby is born prematurely in unexpected circumstances.

If there are any changes to the information **you** provided in the application form after **you** or **your dependants** sign it and before **we** accept the application, please let **us** know straight away.

YOUR HEALTH PLAN BENEFITS

The 'Table of benefits' provides an explanation of what is covered on **your health plan** and the associated limits.

Benefit limits
There are two kinds of benefit limits shown in this table:

1. Annual limits for a group of benefits – the maximum amount **we** will pay in total for all of the benefits in that group, such as Dental **treatment** and Hearing aid/Optical.

2. Individual benefit limits – the maximum amount **we** will pay for individual benefits such as Health screening.

All benefit limits apply per person. Some apply each **policy year**, which means that once a limit has been reached, the benefit will no longer be available until **you** renew **your health plan**. Others apply per lifetime, which means that once a limit has been reached, no more benefits will be paid, regardless of the **renewal** of **your health plan**.

Currencies
All the benefit limits and notes are set out in three currencies: GBP, EUR and USD. The currency in which **you** pay **your** premium is the currency that applies to **your health plan** for the purpose of the benefit limits.

Waiting periods
You will notice that waiting periods apply to some of the benefits. This means that **you** cannot make a claim for that particular benefit until **you** have been covered for the full duration of the waiting period stated.

TABLE OF BENEFITS
ULTIMATE HEALTH PLAN

BENEFIT AND EXPLANATION	LIMITS
OVERALL ANNUAL POLICY MAXIMUM	Unlimited
MANDATORY PRE-AUTHORISATION There are some benefits for which **you** must receive pre-authorisation. This will be stated in the benefit explanation. Benefits may not be paid unless pre-authorisation has been provided. Please contact **us** for pre-authorisation before proceeding with all **in-patient** and day/case **treatment**. Benefits may not be paid unless pre-authorisation has been provided. **AREA OF COVER OPTIONS** There are two area of cover options. The **policyholder** has chosen one of these. They are: o Worldwide o Worldwide, excluding the U.S. **Your geographical area for coverage is shown on your insurance certificate.** Please read the '**Treatment** outside of area of cover' exclusion in the 'General exclusions' section.	
OUT-PATIENT DAY TO DAY CARE	
OUT-PATIENT SURGICAL OPERATIONS When carried out by a **specialist** or a **doctor**.	Paid in full
PATHOLOGY, SCANS, X-RAY AND **DIAGNOSTIC TESTS** When recommended by **your specialist** or **doctor** to help diagnose or assess **your** condition: ◦ pathology such as blood test(s) ◦ radiology such as ultrasound or X-ray(s) ◦ **diagnostic tests** such as electrocardiograms (ECGs)	
SPECIALIST CONSULTATIONS AND **DOCTOR'S** FEES Consultations with **your specialist** or **doctor**, for example to: ◦ receive or arrange **treatment** ◦ follow up on **treatment** already received ◦ receive routine baby/childhood check-ups ◦ receive pre- and post-**hospital** consultations/**treatment** ◦ receive prescriptions for medicines, or ◦ diagnose **your** symptoms Any vaccinations/immunisations given along with the consultation are paid for from the vaccinations benefit. Such consultations may take place in the **specialist's** or **doctor's** office, by telephone or using the internet.	
QUALIFIED NURSES Costs for nursing care, for example injections or wound dressings by a **qualified nurse**.	

BENEFIT AND EXPLANATION	LIMITS
MENTAL HEALTH Consultation fees with psychiatrists, **psychologists** and **psychotherapists** to: ◦ receive or arrange **treatment** ◦ receive pre- and post-**hospital treatment**, or ◦ diagnose **your** illness	Paid in full
PHYSIOTHERAPISTS, **OSTEOPATHS** AND **CHIROPRACTORS** Consultations and **treatment** with **physiotherapists**, **osteopaths**, **chiropractors** for physical therapies aimed at restoring **your** normal physical function.	
OCCUPATIONAL **THERAPIST** AND ORTHOPTIST Consultations and **treatment** with occupational **therapists** and orthoptists. Note: Occupational therapy for developmental issues, including sensory deficits, is not covered.	
FOOTCARE **Treatment** by a podiatrist, orthopaedic **specialist**, or chiropodist. **Treatment** for corns, calluses or thickened misshapen nails will only be covered if **you** have a medical reason for requiring this **treatment**.	
COMPLEMENTARY THERAPIES: ACUPUNCTURE AND REFLEXOLOGY Consultations and **treatment** with acupuncturists and reflexologists when the practitioners are appropriately qualified and registered to practice in the country where **treatment** is received. Note: **treatments** supplied or carried out on a separate date to a consultation will be treated as a separate consultation. **We** only pay for these complementary therapies and those below.	
COMPLEMENTARY MEDICINES: HOMEOPATHY, NATUROPATHY AND CHINESE MEDICINE Consultations and **treatment** with homeopaths, naturopaths and Chinese medicine practitioners when the practitioners are appropriately qualified and registered to practise in the country where **treatment** is received. Note: should any complementary medicines or **treatments** be supplied or carried out on a separate date to a consultation, these costs will be treated as a separate consultation. **We** only pay for the complementary medicines and therapies above. Exclusions apply to some Chinese medicines as detailed in the 'General exclusions' section.	
PRESCRIBED MEDICINES AND DRESSINGS Medicines and dressings prescribed by **your medical practitioner**, needed to treat a disease, illness or injury. Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit above.	
DURABLE MEDICAL EQUIPMENT Durable medical equipment that: ◦ can be used more than once ◦ is not disposable ◦ is used to serve a medical purpose ◦ is not used in the absence of a disease, illness or injury and ◦ is fit for use in the home For example oxygen supplies or wheelchairs.	

BENEFIT AND EXPLANATION	LIMITS
DIETETIC ADVICE **We** pay for consultations with a **dietician**, needed for dietary advice relating to a medical reason.	Paid in full
PREVENTIVE TREATMENT	
HEALTH SCREENING AND WELLNESS A health screen generally includes various routine tests performed to assess **your** state of health and could include tests to check cholesterol and blood sugar (glucose) levels, liver and kidney function tests, a blood pressure check, and a cardiac risk assessment. **You** may also have the specific screening tests for breast, cervical, prostate, colorectal and skin cancer or bone densitometry, COVID-19 Antibody Test and the following preventive **treatments**: ◦ Vitamin Therapy ◦ Cryotherapy ◦ EMG Test ◦ Stress-related therapies ◦ Sports massages ◦ Colonic irrigation ◦ Therapy for sleep disorders The actual tests **you** have will depend on those supplied by the benefit provider where **you** have **your** screening.	Up to GBP 5,000, EUR 6,250 or USD 8,500 each **policy year**
VACCINATIONS The following are covered: ◦ vaccinations which are recommended as part of the national childhood immunisation programme in the country of residency ◦ human papilloma virus (HPV) vaccination to protect against cervical cancer ◦ influenza (seasonal flu) vaccination ◦ travel vaccinations ◦ anti-malarial medicines ◦ pneumococcal vaccinations	Paid in full
EYE TEST Eye test, which includes the cost of **your** consultation and sight/vision testing.	
GENETIC CANCER SCREENING Cover for costs of genetic cancer testing and one pre and one post consultation, only if: ◦ referred by a **doctor** ◦ there is an immediate family (bloodline) history, and ◦ the tests and consultations are carried out at a **hospital** Please contact **us** for pre-authorisation before proceeding with testing.	
DENTAL TREATMENT AND HEARING AIDS/OPTICAL	

BENEFIT AND EXPLANATION	LIMITS
DENTAL TREATMENT	
PREVENTIVE DENTAL (AFTER A WAITING PERIOD OF 6 MONTHS) Preventive dental **treatment** including: ◦ check-ups/exams ◦ X-rays/bitewing/single view/Orthopantomogram (OPG) ◦ scale and polish/tooth cleaning ◦ gum shield/mouth guard **Treatment** must be provided by a **dental practitioner**.	Paid in full
ACCIDENT RELATED DENTAL **TREATMENT** **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. Until **you** have been covered on this **health plan** for 6 months **we** only pay any accident related dental **treatment** taking place up to 30 days after the accident. **Treatment** must be provided by a **dental practitioner**.	Up to GBP 10,000, EUR 12,500 or USD 17,000 each **policy year**
ROUTINE DENTAL (AFTER A WAITING PERIOD OF 6 MONTHS) Routine dental **treatment** including: ◦ fillings ◦ root canal **treatment** ◦ X-ray ◦ tooth extraction ◦ anaesthesia **Treatment** must be provided by a **dental practitioner**.	
MAJOR RESTORATIVE (AFTER A WAITING PERIOD OF 6 MONTHS) Major restorative dental **treatment** including: ◦ bridges ◦ crowns ◦ dental implants ◦ dentures **Treatment** must be provided by a **dental practitioner**.	
ORTHODONTICS (AFTER A WAITING PERIOD OF 12 MONTHS) Orthodontic **treatment** up to the age of 19, including: ◦ consultations and monthly check-ups ◦ removal of deciduous/baby teeth/milk teeth/primary teeth ◦ **treatment** planning ◦ models/gum impressions ◦ extractions ◦ anaesthesia ◦ X-rays including single/bitewing/periapical (root X-ray)/full-mouth X-rays/Orthopantomogram (OPG) and Cephalometric (CEPH) ◦ digital photography, and ◦ metal braces/retainers **Treatment** must be provided by a **dental practitioner**.	

BENEFIT AND EXPLANATION	LIMITS
HEARING AIDS/OPTICAL	
HEARING AIDS Costs for prescribed hearing aids.	
SPECTACLE FRAMES AND LENSES AND CONTACT LENSES Spectacle and contact lenses which are prescribed to correct a sight/vision problem such as short or long sight.	
REFRACTIVE EYE SURGERY (1 PER EYE PER LIFETIME) Costs of refractive surgery for astigmatism and myopia / hyperopia, depending on **Bupa Global's** medical **policy** criteria, when: ◦ **you** have 3 dioptres or greater on the eye being treated, and ◦ the **treatment** is provided by an accredited recognised practitioner, **hospital** or clinic **We** only pay for one surgery per eye per lifetime. Please contact **us** for pre-authorisation before proceeding with consultations and **treatment**.	Please see previous page for shared limit.
IN-PATIENT CARE: FOR ALL **IN-PATIENT** AND **DAY-PATIENT TREATMENT** COSTS	
HOSPITAL ACCOMMODATION, ROOM AND BOARD When: ◦ there is a medical need to stay in **hospital** ◦ the **treatment** is given or managed by a **specialist** ◦ **you** are staying in **hospital**, and ◦ the length of **your** stay is medically appropriate **In-patient** stays of 5 nights or more need pre-authorisation. **You** or **your specialist** must send **us** a medical report before the fifth night, confirming **your** diagnosis, **treatment** already given, **treatment** planned and discharge date. **We** will also pay up to GBP 10/ EUR 13/ USD 17 each day for personal expenses such as newspapers, television rental and guest meals when **you** have had to stay overnight in **hospital**.	Paid in full Standard private suite
PARENT ACCOMMODATION IN **HOSPITAL** **We** pay room and board costs for a 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 **you**, ◦ the child is under the age of 18 years old, and ◦ the child is receiving **treatment** that is covered	Paid in full
ROOM AND BOARD FOR ACCOMPANYING **FAMILY MEMBERS** Room and board at the **hospital** or nearby hotel, including the cost of local transport to the hotel for up to 3 accompanying **family members** in case of **hospital** stays longer than 5 nights. **We** may also pay in certain circumstances for **hospital** stays less than 5 nights, so if **you** are unsure whether this benefit applies, please contact **us**.	Up to GBP 10,000, EUR 12,500 or USD 17,000 each **policy year**

BENEFIT AND EXPLANATION	LIMITS
OPERATING ROOM, MEDICINES AND SURGICAL DRESSINGS Costs of the: ◦ operating room ◦ recovery room ◦ medicines and dressings used in the operating or recovery room ◦ medicines and dressings used during **your hospital** stay	
INTENSIVE CARE Costs for **treatment** in an **intensive care** unit when it is **medically necessary** or an essential part of **treatment**.	
SURGERY, INCLUDING SURGEONS' AND ANAESTHETISTS' FEES Surgery, including surgeons' and anaesthetists' fees, as well as **treatment** needed immediately before and after the surgery on the same day.	
SPECIALISTS CONSULTATION FEES When **you** require medical **treatment** during **your** stay in **hospital**.	
PATHOLOGY, RADIOLOGY AND **DIAGNOSTIC TESTS**: ◦ pathology such as blood test(s) ◦ radiology such as ultrasound or X-ray(s) ◦ **diagnostic tests** such as electrocardiograms (ECGs) when recommended by **your specialist** to help diagnose or assess **your** condition when **you** are in **hospital**.	Paid in full
MENTAL HEALTH **Mental health treatment**, where it is **medically necessary** for **you** to be treated as a **day-patient** or **in-patient** to include room, board and all **treatment** costs related to the mental health condition. Any **mental health treatment** overnight in **hospital** and as a **day-patient** for 5 days or more will need pre-authorisation.	
PHYSIOTHERAPISTS, OCCUPATIONAL **THERAPISTS**, **SPEECH THERAPISTS** AND **DIETICIANS** **Treatment** provided by **therapists** (such as occupational **therapists**), physiotherapy and **dietician** or speech therapy if it is needed as part of **your treatment** in **hospital**, meaning this is not the sole reason for **your hospital** stay.	

BENEFIT AND EXPLANATION	LIMITS
OBESITY SURGERY (AFTER A WAITING PERIOD OF 24 MONTHS) **We** may pay, depending on **Bupa Global's** medical **policy** criteria, for bariatric surgery if **you**: ◦ have a body mass index (BMI) of 40 or over and have been diagnosed as being morbidly obese ◦ can provide documented evidence of other methods of weight loss which have been tried over the past 24 months and ◦ have been through a psychological assessment which has confirmed that it is appropriate for **you** to undergo the procedure The bariatric surgery technique needs to be evaluated by **our** medical teams and is depending on **Bupa Global's** medical **policy** criteria. In some cases, **you** may qualify for weight-loss surgery if **your** BMI is between 35 and 40 and **you** have a serious weight-related health problem, such as type 2 diabetes. The decision for **Bupa Global** to cover this will be entirely made by **our** medical teams. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.	
PROPHYLACTIC SURGERY **We** may pay depending on **Bupa Global's** medical **policy** criteria, for example, a mastectomy when there is a significant family history and/or **you** have a positive result from genetic testing. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.	
PROSTHETIC DEVICES 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 needed 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 needed for a **pre-existing condition**. **We** will pay for the initial and up to two replacements per device for children under the age of 18.	Paid in full
PROSTHETIC IMPLANTS AND APPLIANCES Covered prosthetic implants and appliances shown in the following lists. Prosthetic implants: ◦ to replace a joint or ligament ◦ to replace a heart valve ◦ to replace an aorta or an arterial blood vessel ◦ to replace a sphincter muscle ◦ to replace the lens or cornea of the eye ◦ to control urinary incontinence or bladder control ◦ to act as a heart pacemaker (internal cardiac defibrillator may be available depending on **Bupa Global's** medical **policy** criteria. Please contact **us** for pre-authorisation) ◦ to remove excess fluid from the brain ◦ cochlear implant – provided the initial implant was provided when **you** were under the age of five, **we** will pay ongoing maintenance and replacements ◦ to restore vocal function following surgery for cancer Appliances: ◦ a knee brace which is an essential part of a **surgical operation** for the repair to a cruciate (knee) ligament ◦ a spinal support which is an essential part of a **surgical operation** to the spine ◦ an external fixator such as for an open fracture or following surgery to the head or neck	

BENEFIT AND EXPLANATION	LIMITS
RECONSTRUCTIVE SURGERY **Treatment** to restore **your** appearance after an illness, injury or surgery. **We** may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during **your** current continuous cover. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.	Paid in full
ACCIDENT RELATED DENTAL **TREATMENT** **We** pay for dental **treatment** that is needed in **hospital** after a serious accident.	
HOSPICE AND REHABILITATION	
HOME NURSING Following **treatment** in **hospital** which is covered under this **health plan**, when it: ◦ is prescribed by **your specialist** ◦ starts immediately after **you** leave **hospital** ◦ reduces the length of **your** stay in **hospital** ◦ is provided by a **qualified nurse** in **your** home, and ◦ is needed to provide medical care, not personal assistance Please contact **us** for pre-authorisation before proceeding with **treatment**.	Paid in full Up to 30 days each **policy year**
HOSPICE AND PALLIATIVE CARE Hospice and palliative care services if **you** have received a terminal diagnosis and can no longer have **treatment** which will lead to **your** recovery: ◦ **hospital** or hospice accommodation ◦ nursing care ◦ prescribed medicines ◦ physical, psychological, social and spiritual care	Paid in full
REHABILITATION (MULTIDISCIPLINARY REHABILITATION) **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 90 days **treatment** per **policy year**. For **treatment** in **hospital** one day is each overnight stay and for **day-patient** 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 multidisciplinary **rehabilitation** where it: ◦ starts within 6 weeks after the end of **your treatment** in **hospital** for a condition which is covered by **your health plan** (such as trauma or stroke), and ◦ arises as a result of the condition which needed the hospitalisation 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** stayed in **hospital** to receive **rehabilitation**. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.	Paid in full Up to 90 days each **policy year**

BENEFIT AND EXPLANATION	LIMITS
REHABILITATION AT HEALTH RESORTS Costs for medically prescribed stays at recognised health resorts following serious illness. Please contact **us** for pre-authorisation before proceeding. To claim this benefit, **you** must meet all the criteria for the **Rehabilitation** benefit above.	Paid in full Up to 30 days each **policy year**
IN-PATIENT AND/OR **OUT-PATIENT** CARE	
ADVANCED IMAGING Such as: ◦ magnetic resonance imaging (MRI) ◦ computed tomography (CT) ◦ positron emission tomography (PET) when recommended by **your specialist** to help diagnose or assess **your** condition.	Paid in full
CANCER **TREATMENT** 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.	

BENEFIT AND EXPLANATION	LIMITS
TRANSPLANT SERVICES All medical expenses, including consultations with a **doctor** or **specialist** and medical **treatments** whether staying in **hospital** overnight, as a **day-patient** or an **out-patient** for the following transplants, if the organ has come from a relative or a certified and verified source of donation: ◦ cornea ◦ small bowel ◦ kidney ◦ kidney/pancreas ◦ liver ◦ heart ◦ lung, or ◦ heart/lung transplant Costs for anti-rejection medicines and medical expenses for bone marrow transplants and peripheral stem cell transplants, with or without high dose chemotherapy when treating cancer, are covered under the cancer **treatment** benefit. Donor expenses, for each condition needing a transplant whether the donor is insured or not, including: ◦ the harvesting of the organ, whether from a live or deceased donor ◦ all tissue matching fees ◦ **hospital**/operation costs of the donor, and ◦ any donor complications, but to a maximum of 30 days post-operatively only Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.	Paid in full
KIDNEY DIALYSIS Provided as an **in-patient**, **day-patient** or as an **out-patient**.	

ADVANCED THERAPY MEDICINAL PRODUCTS (ATMPS)
 	
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**. Benefit may not be paid unless pre-authorisation has been provided.
	Paid in full, one course of **treatment** for each condition per lifetime

BENEFIT AND EXPLANATION	LIMITS
TREATMENT FOR OR RELATED TO GENDER DYSPHORIA This benefit is paid instead of any other benefit for all hormonal and surgical **treatment** for or related to gender dysphoria. Any **mental health treatment** for or related to gender dysphoria is paid from the mental health benefit to the limits that apply to the mental health benefit. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided. Please refer to the '**Your** Exclusions' section.	Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people Paid in full Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people Paid in full

ASSISTED FERTILITY **TREATMENT** (AFTER A WAITING PERIOD OF 18 MONTHS)
 	
We pay towards the cost of:
◦ **diagnostic tests** to look into fertility issues
 	
Assisted fertility **treatment** to help **you** conceive, for example:
◦ IVF (in-vitro fertilisation)
◦ artificial insemination (AI)
◦ for intracytoplasmic sperm injections (ICSI)
 	
This includes drugs, **diagnostic tests**, consultations, and surgery which **your specialist** prescribes. So that **we** can check that the **policy** covers **you**, **you** must contact **us** for pre-authorisation for fertility tests and **treatment**.
 	
We do not pay towards the cost of:
◦ tests or **treatment** for surrogates or donors
◦ tests or **treatment** for **your** partner if they are not covered on this **policy**
◦ tests or **treatment** for anyone aged 17 or under
◦ the travel costs for the transport of eggs, sperm, or embryos from one place to another. For example, the transport of an egg or embryo which was fertilised in one place and implanted in another
◦ **treatment you** need after **you** have chosen to be sterilised
◦ the harvesting, storage or freezing of eggs, sperm, or embryos. However, **we** will pay:
  ◦ if **you** have this because **you** need **treatment** for another condition, for example cancer
  ◦ for harvesting when part of **your** assisted fertility **treatment**.
	Up to
	
	GBP 10,000,
	
	EUR 12,500 or
	
	USD 17,000
	
	each **policy year**

MATERNITY/CHILDBIRTH (AFTER A WAITING PERIOD OF 18 MONTHS):

Pregnancy and childbirth after the mother has been covered on this **health plan** for 18 months including pregnancy and childbirth complications.

Treatment for conditions such as hydatiform mole and ectopic pregnancy and other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered from the maternity/childbirth benefit but will be covered under **your** other benefits, for example, **out-patient** day to day care or **in-patient** care.

Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided

BENEFIT AND EXPLANATION	LIMITS
NORMAL DELIVERY/**BIRTHING CENTRE**/HOME DELIVERY (AFTER A WAITING PERIOD OF 18 MONTHS) Maternity **treatment** and childbirth, including: ◦ **hospital** charges, obstetricians and midwives fees for normal childbirth ◦ post-natal care needed by the mother immediately following normal childbirth, such as stitches ◦ up to 7 days' routine care for the baby	Paid in full
CAESAREAN SECTION (AFTER A WAITING PERIOD OF 18 MONTHS) **Hospital**, obstetricians' and other medical fees for the cost of the delivery of **your** baby by caesarean section, when it is medically essential for a caesarean section for example as a result of non-progression during labour (for example dystocia, foetal distress, haemorrhage). Note: if **we** are unable to determine that **your** caesarean section was medically essential, it will be paid from **your** normal delivery benefit limit.	Paid in full
PRE- AND POST-NATAL **TREATMENT** (AFTER A WAITING PERIOD OF 18 MONTHS) Maternity care and **treatment** before and after the birth.	Paid in full
COMPLICATIONS OF MATERNITY AND CHILDBIRTH (AFTER A WAITING PERIOD OF 18 MONTHS) **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. This benefit depends on **Bupa Global's** medical **policy** criteria. 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.	Paid in full
NEWBORN CARE If **your** newborn is added to the **policy**, all eligible **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 contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.	Up to GBP 50,000, EUR 60,000 or USD 62,500 maximum benefit for all **treatment** received during the first 90 days following birth each **policy year**

BENEFIT AND EXPLANATION	LIMITS
TRANSPORTATION/TRAVEL	
Evacuation covers **you** for reasonable transport costs to the nearest appropriate place of **treatment**, when the **treatment you** need is not available nearby. Repatriation gives **you** the added option of returning to **your specified country of residence** or **specified country of nationality**, to be treated in familiar surroundings, when the **treatment you** need is not available nearby. For all medical transfers: ◦ **you** must contact **us** for pre-authorisation before **you** travel ◦ the **treatment** must be recommended by **your specialist** or **doctor** ◦ the **treatment** is not available locally ◦ the **treatment** must be covered under **your health plan** ◦ **we** must agree the arrangements with **you**, and ◦ benefit is applicable for **hospital treatment**, either overnight or as a **day-patient** Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided. Evacuation may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy. **We** will only pay if all arrangements are agreed and approved in advance by **Bupa Global**. Should **you** arrange transportation covered under the **health plan** yourself **we** shall only compensate **your** expenses to the equivalent cost if **we** had arranged **your** transportation. Note: ◦ **we** do not pay for extra nights in **hospital** when **you** are no longer receiving **active treatment** which requires **you** to be hospitalised, for example when **you** are awaiting **your** return flight. ◦ **we** will not approve a transfer which in **our** reasonable opinion is inappropriate based on established clinical and medical practice, and **we** are entitled to conduct a review of **your** case, when it is reasonable for **us** to do so. Evacuation or repatriation will not be authorised if it is against the advice of the **Bupa Global** medical team. ◦ **we** will not arrange evacuation or repatriation in cases where the local situation, including geography, makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. Such intervention depends upon local and/or international resource availability and must remain within the scope of national and international law and regulations. Interventions may depend on the attainment of necessary authorisations issued by the various authorities concerned, which may be outside of the reasonable control or influence of **Bupa Global** or **our service partners**. ◦ **we** cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond **our** control. ◦ **Bupa Global** is not the provider of the transportation and other services set out in the transportation/travel section, but will arrange those services on **your** behalf. In some countries **we** may use **service partners** to arrange these services locally, but **Bupa Global** will always be here to support **you**.	
EVACUATION Transport costs for an evacuation: ◦ to the nearest appropriate place where the necessary **treatment** is available (this could be to another part of the country that **you** are in or to another country), and ◦ for the return journey to the place **you** were transferred from When this is authorised in advance by **us**. The costs **we** pay for the return journey will be either: ◦ the reasonable cost of the return journey by land or sea, or ◦ the cost of a business class air ticket whichever is the lesser amount **We** do not pay any other costs related to the evacuation such as travel costs or hotel accommodation. In some cases, it may be more appropriate for **you** to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, **we** will pay for taxi fares.	Paid in full

BENEFIT AND EXPLANATION	LIMITS
REPATRIATION Transport costs for a repatriation: ◦ to **your specified country of nationality** as given on **your** application form, or **your specified country of residence**, and ◦ the return journey to the place **you** were transferred from when: ◦ this is authorised in advance by **Bupa Global** The costs **we** pay for the return journey will be either: ◦ the reasonable cost of the return journey by land or sea, or ◦ the cost of a business class air ticket whichever is the lesser amount **We** do not pay any other costs related to the repatriation such as travel costs or hotel accommodation. In some cases, it may be more appropriate for **you** to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, **we** will pay for taxi fares. In some cases **you** may request a medical repatriation when contacting **Bupa Global** for authorisation, but this may not be medically appropriate. In these cases, **we** will first evacuate **you** to the nearest appropriate place where **treatment** is available. Once **you** have been stabilised, **we** may then repatriate **you** to **your specified country of nationality** or **your specified country of residence**.	
TRAVEL COST FOR AN ACCOMPANYING PERSON Reasonable travel costs for up to three close relatives (spouse/partner, parent, child, brother or sister) to accompany **you** if there is a reasonable need for **you** to be accompanied. By 'reasonable need' **we** mean that **you** need someone to accompany **you** for one of the following reasons: ◦ **you** need assistance to board or disembark from transport ◦ **you** need to be transferred over a long distance (over at least 1000 miles or 1600 KM) ◦ there is no medical escort ◦ in the case of **serious acute illness** The accompanying person may travel in a different class from the person receiving **treatment** depending on medical requirements. Reasonable travel costs for the return journey to the place **you** were transferred from when this is authorised in advance by **Bupa Global**. The costs **we** pay for the return journey will be either: ◦ the reasonable cost of the return journey by land or sea, or ◦ the cost of a business class air ticket whichever is the lesser amount **We** do not pay for someone to travel with **you** when the evacuation is for **you** to receive **out-patient treatment**.	Paid in full
TRAVEL COST FOR THE TRANSFER OF CHILDREN Reasonable travel costs for children to be transferred with **you** in the event of an evacuation or repatriation, provided they are under the age of 18 when: ◦ it is **medically necessary** for **you** as their parent or guardian to be evacuated or repatriated ◦ **your** spouse, partner, or other joint guardian is accompanying **you**, and ◦ they would otherwise be left without a parent or guardian	

BENEFIT AND EXPLANATION	LIMITS
COMPASSIONATE VISIT TRANSPORT COSTS AND COMPASSIONATE VISIT LIVING ALLOWANCE The cost of business class travel for up to three close relatives (spouse/partner, parent, child, brother or sister) who are in another country to visit **you** if **you** have a sudden accident or illness and are going to be hospitalised for at least five days or **you** have received a short-term terminal prognosis. This includes business class costs of **your** relative's return journey to their home country. This benefit is only paid when authorised in advance by **Bupa Global**. Costs towards living expenses for **your** relative: ◦ following a covered compassionate visit only, and ◦ for up to 10 days while away from their usual **specified country of residence** This benefit is not paid when either an evacuation or repatriation has taken place. In the event of an evacuation or repatriation taking place during a compassionate visit, no more benefits as described in benefit section 'Travel cost for an accompanying person', 'Travel cost for the transfer of children' or 'Living allowance' will be payable.	
COMPASSIONATE **EMERGENCY** REPATRIATION If **you** are outside of **your** country of residence and have to terminate **your** journey prematurely due to death, **serious acute illness** or injury resulting in hospitalisation of a relative **we** pay for reasonable travel expenses. Relative for this benefit means spouse/partner, parent, child, brother, sister, brother in-law, sister in-law, son in-law, daughter in-law, grandchild, parent in-law. The costs **we** pay will be either: ◦ the reasonable cost of the return journey by land or sea, or ◦ the cost of a business class air ticket whichever is the lesser amount Only: ◦ one transportation in connection with one course of an illness ◦ if the relative in question is not a fellow insured traveller who has already been repatriated ◦ if the compassionate **emergency** repatriation would cause **you** to arrive at least 12 hours earlier than was originally planned	Paid in full
LIVING ALLOWANCE Costs towards living expenses for a relative (spouse/partner, parent, child, brother or sister) who is authorised to travel with **you**: ◦ following an evacuation, and ◦ for up to 10 days, or **your** date of discharge whichever is the earlier, while away from their usual **specified country of residence** **We** do not pay for someone to travel with **you** when evacuation is for **out-patient treatment** only.	10 days each **policy year** up to GBP 10,000, EUR 12,500 or USD 17,000
LOCAL AIR AMBULANCE: ◦ from the location of an accident to a **hospital**, or ◦ for a transfer from one **hospital** to another When a local air ambulance is: ◦ **medically necessary** ◦ used for short distances of up to 100 miles/160 KM, and ◦ related to **treatment** that is covered that **you** need to receive in **hospital** A local air ambulance may not always be available in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. **We** do not pay for mountain rescue.	Paid in full

BENEFIT AND EXPLANATION	LIMITS
LOCAL ROAD AMBULANCE: ◦ from the location of an accident to a **hospital** ◦ for a transfer from one **hospital** to another, or ◦ from **your** home to the **hospital** When a local road ambulance is: ◦ **medically necessary**, and ◦ related to **treatment** that is covered that **you** need to receive in **hospital**	
NON-MEDICAL EVACUATION IN CASE OF CONFLICTS AND NATURAL DISASTERS Costs for evacuation if **your** return ticket cannot be used due to: ◦ war, civil commotion, civil war, terrorist incidents, martial law, revolution or other similar situations in the region where **you** staying, if such a situation was declared and documented by the Ministry of Foreign Affairs, embassy, or similar institution of the country **you** are in and arose after **you** left for the region ◦ destructive natural disasters, including but not limited to tsunamis, hurricanes, earthquakes, volcanic eruptions, where the solution overwhelms the local capacity, necessitating a request of a national or international level for external assistance, and only if **you** are travelling outside **your specified country of residency** and the situation arose after **you** left for the region If **you** are detained by the authorities in a country due to war or impending war or **you** cannot be evacuated due to a natural disaster, **we** will provide coverage for up to 3 months for reasonable and documented extra expenses for accommodation and meals, plus the costs of necessary domestic transport due to enforced relocation in country or to meet the cost of higher security travel, if the situation requires so. Cover is provided under the condition that **you** have not previously neglected to follow an evacuation recommendation from the Ministry of Foreign Affairs, embassy, or similar institution of the country **you** are in. **We** cannot be held responsible for the extent to which transportation may be carried out, but will co-operate with the Ministry of Foreign Affairs, embassy, or similar institution of the country **you** are in, in such cases where assistance is necessary. Please contact **us** as soon as possible after the event. Note: exclusions apply as detailed in the 'General exclusions' section	Paid in full
REPATRIATION OF MORTAL REMAINS Reasonable costs for the transportation of **your** body or cremated mortal remains to **your** home country or to **your specified country of residence**: ◦ in the event of **your** death while **you** are away from home, and ◦ depending on airline requirements and restrictions **We** will only pay statutory arrangements, such as cremation and an urn or embalming and a zinc coffin, if this is needed by the airline authorities to carry out the transportation. **We** do not pay for any other costs related to the burial or cremation, the cost of burial caskets or the transport costs for someone to collect or accompany **your** mortal remains.	

YOUR EXCLUSIONS

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

Do you have cover for pre-existing conditions?

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

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

If **we** have not applied a personal exclusion or restriction to **your** insurance certificate, this means that any **pre-existing conditions** that **you** told **us** about in **your** application are covered under **your health plan**.

General exclusions

The exclusions in this section apply as well as and alongside any personal exclusions and restrictions explained above.

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

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

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.

Please note that, should **you** choose to have **treatment** or services with a benefit provider who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. Other rules may apply in respect of **covered benefits** received from an 'out-of-**network**' benefit provider in certain specific countries. This applies whether **we** pay the benefit provider directly, or **you** pay the costs and claim this back from **us**.

GENERAL EXCLUSIONS	
Administration / registration fees	Administration and/or registration fees (unless **we**, at **our** reasonable discretion, agree that such fees are proper and usual accepted practice in the relevant country).
Advance payments / deposits	Advance payments and/or deposits towards the costs of any **covered benefits**.
Antenatal classes	**We** will not pay for antenatal classes from **your** maternity benefits or any other benefits.
Artificial life maintenance	**We** will not pay for **artificial life maintenance** for more than 90 days - 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 days.
Birth control	Contraception, sterilisation, vasectomy, termination of pregnancy (unless there is a threat to the mother's health), family planning, such as meeting **your doctor** to discuss becoming pregnant or contraception. **We** will not pay for a pregnancy or HCG test if this is carried out solely to determine if **you** are pregnant or not.
Chinese medicine	Any of the following traditional Chinese medicines: cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American Ginseng; Radix Ginseng Silvestris; antelope horn powder; placenta hominis; Agaricus blazei murill; musk; and pearl powder, rhinoceros horn and substances from Asian Elephant, Sun Bear, and Tiger or other endangered species.
Conflict and disaster	**We** shall not be liable for any claims which concern, are due to or are incurred as a result of **treatment** for sickness or injuries directly or indirectly caused by **you** putting yourself in danger by entering a known area of conflict (as listed below) and/or if **you** were an active participant or **you** have displayed a blatant disregard for **your** personal safety in a known area of conflict: ◦ 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
Convalescence and admission for **treatment** that could take place as a day-case or **out-patient**, general care, or staying in **hospital** for	◦ convalescence, pain management, supervision, or ◦ receiving only general nursing care, or ◦ **therapist** or **complementary therapist** services, or ◦ domestic/living assistance such as bathing and dressing
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.
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

Experimental or unproven **treatment**	Clinical tests, **treatments**, equipment, medicines, devices or procedures that are considered to be 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 considered to be in standard clinical use but is (or should, in **Bupa**'s reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy. ◦ **We** do not pay for any tests, **treatment**, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by **Bupa Global** in line with its criteria for standard clinical use. 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. **US** 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 considered appropriate evidence to demonstrate a test, **treatment**, equipment, medicine, device or procedure should be used in standard clinical use. ◦ Where licensing authority approval to market tests, **treatment**, equipment, medicines, devices or procedures does not, in **Bupa**'s reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.
Harmful or hazardous use of alcohol, drugs and/or medicines	◦ 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 a health hydro, nature cure clinic, spa, or any similar establishment that is not a **hospital**. Note: **we** may cover costs associated with **rehabilitation** at recognised health resorts as detailed in the 'Table of benefits', once pre-authorisation is given. **We** also may cover costs associated with preventive **treatments** under **our** Health Screening and Wellness Benefit where these are not provided at a **hospital** provided that the **treatment** is provided by a **Recognised medical practitioner**, **hospital or healthcare facility**.

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.
Mechanical or animal donor organs	Mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function while awaiting transplant, purchase of a donor organ from any source or harvesting or storage of stem cells when a preventive measure against possible future disease.
Obesity and weight management	**Treatment** for or as a result of obesity and weight managemen such as: ◦ slimming aids or drugs, or ◦ slimming classes Note: **We** may cover costs associated with obesity surgery as detailed in the 'Table of benefits', depending on **Bupa Global's** medical **policy** criteria.
Persistent vegetative state (PVS) and neurological damage	**We** will not pay for **treatment** while staying in **hospital** for more than 90 continuous days for permanent neurological damage or if **you** are in a **persistent vegetative state**.
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**
Sexual problems	Sexual problems, such as impotence, whatever the cause.
Sleep disorders	**Treatment**, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem. Note: **We** may cover costs associated with **treatment** for sleep disorders as detailed in the Health Screening and Wellness Benefit.
Stem cells	Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage. Note: **We** pay for bone marrow transplants and peripheral stem cell transplants when carried out as part of the **treatment** for cancer. This is covered under the cancer **treatment** benefit.
Surrogacy	**Treatment** directly related to surrogacy. This applies to **you** if **you** act as a surrogate, or to anyone else acting as a surrogate for **you**.
Temporomandibular joint (TMJ) disorders	Disorders of the Temporomandibular joint (TMJ) and related complications.

Treatment for or related to gender dysphoria	**We** do not pay for:
	
	◦ any surgical **treatment** (including cosmetic **treatment**) for or related to gender dysphoria unless:
	  ◦ **you** have lived continuously for at least 12 months in the gender role that is congruent with **your** gender identity; and
	  ◦ **we** have received referral letters from two independent **psychologists** and/or psychiatrists detailing **your** personal and **treatment** history, progress and eligibility and confirming that such **treatment** is **medically necessary** for treating gender dysphoria; and, in any event
	
	◦ any **treatment** (surgical or non-surgical) for or related to gender dysphoria where such **treatment** is unlawful and/or gender dysphoria is not a clinically recognised condition in the country of **treatment**.

Treatment outside of area of cover	If **you** have bought cover for Worldwide, excluding the U.S., then any **treatment** or services, received in the U.S. are not covered when: ◦ this takes place after the 28th day of **your** visit to the U.S.; or ◦ this relates to any condition where symptoms of the condition were apparent to **you** before **your** visit to the U.S.; or ◦ **we** know or have reasonable grounds to conclude that **you** travelled to the U.S. for the purpose of receiving **treatment** or services - this applies whether or not **your treatment** or services were the main or sole purpose of **your** visit; or ◦ these relate to the delivery of a baby, other than in the case of unexpected premature delivery; or ◦ these relate to a newborn baby born in the U.S., other than in the case of an unexpected premature delivery. (In the case of unexpected premature delivery the newborn must have been validly added to the membership) or ◦ when arrangements for **treatment** or services were not pre-authorised by **our** agents in the U.S. Note: in order to claim for unexpected **treatment** or services received within 28 days of **your** arrival in the U.S., **you** must send a photocopy of **your** airline ticket and stamped passport as evidence of **your** arrival date with **your** claim. Please see terms around adding newborn babies in the 'WANT TO ADD MORE PEOPLE TO **YOUR HEALTH PLAN**?' section of this membership guide.
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 bupaglobal.com/en/facilities/finder.

TERMS AND CONDITIONS

No	CLAUSE
1.	**Your policy**
1.1	The definitions set out in the "Glossary" in the Guide to **your Bupa Global Health Plan** apply to these Terms and Conditions and are marked in bold.
1.2	This **policy** is an insurance contract between **you the policyholder** and **Bupa Global** for each **policy year**. If the **policy** is renewed a new insurance contract is formed on the same terms as the previous **policy year** but with a new premium and any amendments **we** have notified **you the policyholder** of at the time of **renewal**.
1.3	No other persons, including any **dependants**, may enforce any legal rights under this insurance contract. **Dependants** may use **our** complaints process set out in clause 15 below.
1.4	This insurance contract is set out in: ◦ these Terms and Conditions; ◦ the Guide to **your Bupa Global health plan**; ◦ the information and declarations in **your** application form; and ◦ the insurance certificate.
1.5	If **you the policyholder** add **dependants** to this **policy**, those **dependants** will be covered by this **policy** from the date shown on the updated insurance certificate sent to **you the policyholder**.
2.	**Your cover**
2.1	**We** will pay for the cost of any **covered benefits** in accordance with the terms of this **policy**.
2.2	**Your health plan** may include a mandatory annual deductible, which will be shown in the Guide to **your Bupa Global health plan**. **You** may also have an optional annual deductible, if available and selected by **you the policyholder** in **your** application form. **Your** deductibles will be shown on **your** insurance certificate. All annual deductibles apply to **you the policyholder** and each of the **dependants** separately. **You the policyholder** and each **dependant** may have different annual deductible amounts. **You** will have a new annual deductible if this **policy** renews. If an annual deductible applies, **you** must pay the cost of any **covered benefits** received directly to the provider until **you** have reached the level of **your** annual deductible. Costs in excess of the maximums shown in the Guide to **your Bupa Global health plan** will not count towards **your** annual deductible. The cost of any **covered benefits you** receive which are covered by **your** annual deductible (excluding costs in excess of the maximums shown in the Guide to **your Bupa Global health plan**), count towards the maximum cover limits shown in the Guide to **your Bupa Global health plan**. Even if the amount **you** are claiming is less than the amount of **your** annual deductible, **you** should still submit a claim to **us** so **we** know when **you** have reached the level of **your** annual deductible. As this is an annual deductible, if **your** first claim is towards the end of the **policy year** and **your covered benefits** continue over **your renewal** date, the annual deductible is payable separately for the **covered benefits** received in each **policy year**.
2.3	**Your health plan** may include a mandatory co-insurance, which will be shown in the Guide to **your Bupa Global health plan**. **You** may also have an optional co-insurance, if available and selected by **you the policyholder** in **your** application form. **Your** co-insurance will be shown on **your** insurance certificate. **You** must pay for the co-insurance proportion of the cost of any **covered benefits** to which the co-insurance applies directly to the **benefits provider**.

No	CLAUSE
2.4	Should **we** have to, for any reason, pay a **benefits provider** an amount which is covered by any annual deductible or co-insurance **we** will then collect payment from **you** for that amount. **You** authorise **us** to take this payment from **you** under the direct debit agreement or credit card authority **you** have given to **us** in **your** application form or as updated. If this **policy** has an annual deductible or co-insurance **you** must make sure that **we** always have a valid direct debit agreement or credit card authority that allows **us** to take payment of any annual deductible or coinsurance **we** have paid. **You** must update the direct debit agreement or credit card authority **you** have given to **us** when necessary or when requested by **us**. Otherwise it may cause delays in **our** paying claims. **We** will not pay claims until **we** have received any outstanding annual deductible or co-insurance payments.
2.5	**You** must obtain pre-authorisation for any **covered benefits** where it is stated that this is needed in the Guide to **your Bupa Global health plan**. Details of how to pre-authorise **covered benefits** are available in the Guide to **your Bupa Global health plan**.
2.6	Before **we** pre-authorise any **covered benefits** or pay any claim, **we** are entitled to request more information, such as medical reports, and **we** may require that **you** have a medical examination by an independent **medical practitioner** appointed by **us** (at **our** cost) who will then provide **us** with a medical report. If this information is not provided in time once requested this may result in a delay in pre-authorisation and to **your** claims being paid. If this information is not provided to **us** at all this may result in **your** claims not being paid.
2.7	If **we** make a payment to **you** for a benefit **you** are not covered for, it does not mean that **we** will pay identical or similar costs in the future. Any payment that **we** may make on this basis will still count towards the overall annual maximum limit that applies to this **policy**.
3.	**Premium and Payment**
3.1	**You** should pay **your** premiums direct to **Bupa Global**. If **you** pay **your** premiums to anyone else, such as an intermediary, **we** are not responsible for ensuring those persons pass the premium on to **us**. Premiums are collected by **Bupa** Insurance Services Limited who act as **our** intermediary for the purpose of receiving and holding premiums, making claims and refunds. **Your** premiums are protected by an agreement between **us** and **Bupa** Insurance Services Limited. The amount and method of payment is shown in **your** insurance certificate.
3.2	If **we** do not receive **your** premium (or any instalment) or any other payment **you** owe **us** under this **policy** by the due date, **we** will write to **you the policyholder** requesting payment by a specific date, which will be not less than 30 days after the date **we** issue **our** letter or email to **you**. If **we** do not receive payment by that date, this **policy** will be cancelled and all rights under this **policy** will cease from the original date on which **your** premium (or the first missed instalment) or other payment should have been received. **We** will not pay any claims until all overdue payments have been paid, unless the reason for non-payment is an error outside of **your** control, such as a bank error.
3.3	If **we** incorrectly make any payment to either a **benefits provider** for **treatment** or benefits received by **you** but not covered by this **policy**, or to **you**, **we** may deduct the amount **we** incorrectly paid from **your** future claims or seek repayment from **you**.
4.	**Where another person has caused your condition or you hold other insurance cover**
4.1	If any person is to blame for any injury, disease, illness, condition or other event where **you** receive any **covered benefits**, **we** may make a claim in **your** name. **You** must provide **us** with any assistance **we** reasonably require to help make such a claim, for example: ◦ providing **us** with any documents or witness statements; ◦ signing court documents; and ◦ submitting to a medical examination. **We** may exercise **our** rights to bring a claim in **your** name before or after **we** have made any payment under the **policy**. **You** must not take any action, settle any claim or otherwise do anything which adversely affects **our** rights to bring a claim in **your** name.

No	CLAUSE
4.2	If **you** have other insurance which also covers **your covered benefits you** must let **us** know and provide details of the other insurance company, including on pre-authorisation and when making a claim. **We** will only pay for **our** share of the cost of any **covered benefits**.
5.	**Making a claim**
5.1	**We** aim to pay the **benefits provider** directly for any **covered benefits** covered by this **policy** whenever possible. Otherwise **you** must pay the **benefits provider** and then send a completed claim form to **us**, with copies of all valid invoices, relevant letters and other documents relating to the **covered benefits you** are claiming for. Where requested, original invoices must be provided to **us**. **We** are not obliged to pay for any **covered benefits** if the claim form is received by **us** more than 2 years after the **covered benefits** were provided to **you**, unless there is a good reason why it was not possible for **you** to make the claim earlier. **We** cannot return any original documents, but **we** can send **you** copies if **you** request.
5.2	Where **you** have paid the **benefits provider** and **you** have made a valid claim, **we** will pay **you the policyholder**. **We** may pay a **dependant** only where the **dependant** received the **covered benefits**, they are over 16 and **we** have their current bank details. **We** only pay by electronic transfer direct to **your** bank account or by cheque payable to **you**. **We** pay the administration costs for making electronic transfers. If **your** local bank charges **you** an administration fee, **we** will refund **you** on receipt of proof **you** have paid such fees. All other bank charges or fees, such as currency exchange, are **your** responsibility, unless **you** are charged because **we** made a mistake.
5.3	**We** will reimburse **you** in the currency: ◦ in which **we** receive the premium ◦ of the invoices **you** send **us**, or ◦ of **your** bank account. Sometimes banking rules may not let **us** pay **you** in the currency **you** would like. So, **we** will pay **you** in the currency **we** receive the premium in. Very rarely, paying in a certain currency may be illegal or expose **us** (or the **Bupa Group**) to United Nations sanctions. If so: ◦ **we** may not be able to pay **you** immediately, or ◦ will pay **you** in a currency which **we** are allowed to and able to. **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.
5.4	**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.

No	CLAUSE
6.	**Renewal**
6.1	**We** will write to let **you** know if this **policy** will renew for the next year in advance of the **renewal** date. Each **policy year we** may change how **we** calculate **your** premiums, how **we** determine premiums, what **you** have to pay and the method of payment. **We** may also change the Guide to **your Bupa Global health plan** (including which **covered benefits** are covered and the limits for **covered benefits**) and the terms this **policy**. **We** will issue **you** a notice in advance of the **renewal** date, with details of the new premium, any changes to the renewed **policy** and the reasons for those changes. If **you** do not want to renew this **policy you** must contact **us** within 30 days following the start of the renewed **policy**. Unless **you** contact **us** to tell **us** not to, **we** will continue to take payment of the new premium using the payment details **you** have given **us**.
6.2	**We** may not renew this **policy** at **our** discretion for any reason. If so, **we** will issue **you** a notice at least 30 days before the end of the **policy year**.
6.3	If **we** decide to renew this **policy**, **we** won't add any new personal restrictions or exclusions (those that appear on **your** insurance certificate) to **your** renewed **policy**. However, should **you** move to a different **health plan**, **we** may add new personal restrictions or exclusions.
6.4	Please contact **us** before **your renewal** date if **you** or **your dependants** have personal exclusion(s) or cover for **pre-existing conditions** and would like **us** to review this. **We** may remove **your** exclusion or the increased premium applied for the **pre-existing condition** 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 consultant. Any costs incurred in obtaining these details are not covered under **your** plan and are **your** responsibility
7.	**Changes to your policy**
7.1	Only **we** and the **policyholder** can agree to make changes. Changes will take effect only when **we** confirm them in writing.
7.2	This **policy** lasts one year: ◦ the **policyholder** can only make changes at **renewal** ◦ any waiting periods would not re-start.
7.3	**We** may make changes to the **policy** before **renewal**: ◦ if laws or regulators say **we** must, or ◦ to improve cover for all members with the same product. If so, **we** will write to tell **you** about the changes.
7.4	If **we** reasonably consider that by continuing this **policy we** or **you** may breach any: ◦ law ◦ regulation ◦ code or ◦ court order **we** can end the **policy** immediately. This **policy** does not provide cover if this would expose **us** (or the **Bupa group**) to any: ◦ sanction, prohibition or restriction under United Nations resolutions or ◦ trade or economic sanctions, laws or regulations of the European Union, **UK** or U.S.
7.5	If **you** ask to add a new **dependant** to this **policy**, **we** will review that person's medical history. **We** may not agree to add the person to this **policy**, or **we** may add special restrictions or exclusions to the cover for that new **dependant**. **We** may, at **our** discretion, agree to provide cover for certain **pre-existing conditions** of the new **dependant**. **You** must pay any additional premium. Children may be added without medical history or additional premium being required where this is provided for (and in accordance with any relevant requirements) in **your** Guide to **your Bupa Global health plan**. For certain **health plans**, **we** may not be able to add **dependants** who are over a certain age at the time **we** receive the request for them to be added to this **policy**.

No	CLAUSE
8.	**Your country of residence**
8.1	**You** must tell **us** straight away if **you** move to a different country or **your specified country of residence** or **specified country of nationality** changes. This **policy** will terminate if the law of the country in which **you** are located, or **your** country of residence or nationality, or any other law which applies to **us** or this **policy**, prohibits the provision of healthcare cover by **us** to local nationals, residents or citizens. Without limitation to the foregoing, **we** will not be able to renew **your health plan** at the next **policy renewal** if **you** become a permanent resident of the U.S., and, if any other people covered under **your policy** become a resident of the U.S., **we** will not be able to renew their cover under their **health plan** at the next **policy renewal** date. 'Permanent resident' shall mean a person residing in the U.S. who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in the U.S., and 'U.S.' shall include the Commonwealth of Puerto Rico for this purpose.
8.2	**You** must tell **us** straight away if **you** change **your** correspondence address or other contact details as **we** will use the last address and contact details **you** gave **us** until **you** tell **us** otherwise.
9.	**Ending this policy**
9.1	The **policyholder** can at any time: ◦ cancel the entire **policy**, which will end cover for everyone; or ◦ cancel cover for a **dependant**. To do this, please tell **us** by telephone, email or post. The change will take effect 14 days after the **policyholder** tells **us** about the change. Please note: 1. **we** will not back-date the cancellation date and 2. will not pay claims for **treatment** which takes place after the **policy** ends.

No	CLAUSE
9.2	The refund of any premium will depend on the date the **policyholder** cancels the entire **policy** or the **policy** of a **dependant**. There are two scenarios: A. Cancellation within the first 30 days of the **policy**; or B. Cancellation after the first 30 days of taking out the **policy**. **A. Cancellation within the first 30 days of cover:** If the **policyholder** cancels the entire **policy**: ◦ within the first 30 days of cover starting for that **policy 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 **policy year**. If the **policyholder** cancels cover for a **dependant**: ◦ within the first 30 days of cover starting for that **dependant** for that **policy 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 **policy year**. Important: In either case, where a claim has been made in the first 30 days of cover either by the **policyholder** or a **dependant**, **we** will treat this as acceptance to have a **policy** with **us**. This means if **you** wish to cancel the **policy**, 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 **policyholder** cancels the entire **policy**: ◦ after the first 30 days of cover for that **policy year**, or ◦ there have been claims for **treatment** which took place in the first 30 days of cover **we** will cancel the **policy** 14 days from the date the **policyholder** asked **us** (as mentioned in section 9.1 above). And **we** will refund any premiums already paid for after the 14-day cancellation period. For example, if the **policyholder** cancels the entire **policy** on 1 March, **we** will refund any premium paid for 15 March onwards. If the **policyholder** cancels cover for a **dependant**: ◦ after the first 30 days of cover for that **policy 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 **policyholder** cancels the cover for a **dependant** on 1 March, **we** will refund any premium paid for 15 March onwards.
9.3	**We** will refund **you** on the same method **you** used to pay premium. This means the refund will go back into **your** bank account, credit card, debit card or via a cheque. Please be aware that if **you** have any outstanding payments with **us**, **we** may deduct this from the refund.
9.4	If: ◦ a **dependant** dies – The **policyholder** should tell **us** within 30 days. ◦ the **policyholder** dies – Any **dependants** on the **policy**, or **family members** of the **policyholder**, should tell **us** within 30 days. After **we** have been informed of the death, **we** will end the **policy**. Where the **policyholder** has died, a **dependant** aged 18 or over can apply to be the **policyholder** and can add more **dependants** to the **policy**. If there is no new **policyholder**, the **policy** will end. In either case, where there have been no claims, **we** will refund the premium for the period after the **policy** ended.
9.5	**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**.

No	CLAUSE
10.	**Our role under this policy and appointment as your intermediary**
10.1	**Our** role under this **policy** is to provide **you** with insurance cover and sometimes to make arrangements (on **your** behalf) for **you** to receive any **covered benefits**. It is not **our** role to provide **you** with the actual **covered benefits**.
10.2	**You the policyholder**, on behalf of yourself and the **dependants**, appoint **us** to act as intermediary for **you**, to make appointments or arrangements for **you** to receive **covered benefits** which **you** request. **We** will use reasonable care when acting as **your** intermediary.
10.3	**You the policyholder**, on behalf of yourself and the **dependants**, authorise **us** as **your** intermediary, if for any reason **you** are not available to give **us** instructions with regard to any **covered benefits** (for example if **you** are incapacitated), to: ◦ take such action as **we** reasonably believe to be in **your** best interests (in accordance with the cover **you** have under this **policy**); ◦ provide any information about **you** to **your benefits provider** as **we** reasonably believe to be appropriate 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).
10.4	When acting as **your** intermediary **we** may act via **our Bupa group of companies and administrators**.
11.	**Our liability to you**
11.1	**We** (and **our Bupa group of companies and administrators**) shall not be liable to **you** or anyone else for any loss, damage, illness and/or injury that may occur as a result of **your** receiving any **covered benefits**, nor for any action or failure to act of any **benefits provider** or other person providing **you** with any **covered benefits**. **You** should be able to bring a claim directly against such **benefits provider** or other person.
11.2	**Your** statutory rights are not affected.
12.	**Fraudulent Claims**
12.1	In this clause 12, where **we** refer to '**you**' or '**you the policyholder**' this includes anyone acting on **your** behalf, where **we** refer to '**dependant**' this includes anyone acting on behalf of any **dependant**.
12.2	**You the policyholder** and any **dependant** must not: ◦ make a fraudulent or exaggerated or falsely stated claim under this **policy**; ◦ send **us** fake or forged documents or other false evidence, or make a false statement in support of a claim(s); and/or ◦ provide **us** with information which **you the policyholder** or any **dependant** knows would otherwise allow **us** to refuse to pay a claim(s) under this **policy**; and/or ◦ refuse to cooperate or fail to provide information/documents reasonably requested by **us** to validate **your** claim(s), whether outstanding or paid (including but not limited to proof of payment, medical reports and original invoices).
12.3	In the event of failure to comply with clause 12.2 above, **we** may: ◦ refuse to pay the whole of the claim and any other claim(s) submitted since the date of that claim; and/or ◦ recover any payments **we** have already made in respect of the claim and/or other claim(s) submitted since that claim. In addition, if **you the policyholder** breach clause 12.2 then **we** will let **you**, the **policyholder**, know that this **policy** has terminated from the date of the breach of clause 12.2, and not refund any premium for the **policy**. If only a particular **dependant** has breached clause 12.2 then **we** will let **you**, the **policyholder**, know that the cover under this **policy** for that particular **dependant** has terminated from the date of the breach of clause 12.2 above, and not refund any premium for that cover under the **policy**.
13.	**Provision of accurate and complete information**
13.1	In this clause 13, where **we** refer to '**you**' or '**you the policyholder**' this includes anyone acting on **your** behalf, where **we** refer to any '**dependant**' this includes anyone acting on behalf of any **dependant**.

No	CLAUSE
13.2	**You** and any **dependant** must take reasonable care to make sure that all information provided to **us** is accurate and complete, at the time **you** take out this plan, and at each **renewal** and variation of this plan. **You** and any **dependant** must also tell **us** if any of the answers to the questions in the application form change prior to this plan starting. Otherwise, the following apply with effect from the date the plan was taken out, renewed or varied (depending on when **we** were provided with inaccurate or incomplete information). A. **We** may treat this plan as if it had not existed if **you** deliberately or recklessly give **us** inaccurate or incomplete information. B. Where **you** negligently or carelessly give **us** inaccurate or incomplete information, or where A. applies but **we** choose not to rely on **our** rights under A, **we** may treat the plan and any claims in a way which reflects what **we** would have done if **we** had been provided with accurate and complete information, as follows: ◦ if **we** would have refused to cover **you** at all, **we** may treat this plan as if it had not existed; ◦ if **we** would have provided **you** with cover on different terms, then **we** may apply those different terms to this plan. This means a claim will only be paid if it is covered by and/or if **you** have complied with such different terms - for example **your** plan may contain new personal restrictions or exclusions; and/or ◦ if **we** would have charged **you** a higher premium, **we** may reduce the amount payable on any claim by comparing the higher premium to the original premium. For example, **we** will only pay half of a claim, if **we** would have charged double the premium.
13.3	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 plan which applies to the **dependant**, or to claims made by that **dependant**. The same rules apply if someone else provides **us** with information on **your** behalf or any **dependant's** behalf.
14.	**Data Processing Notice**
14.1	Please see **Bupa Global's** Privacy Notice.
15.	**Complaints**
15.1	How can I make a complaint? ◦ call **us**: +44 (0) 1273 323 563 ◦ email: info@bupaglobal.com ◦ write to: **Bupa Global**, Victory House, Trafalgar Place, Brighton, BN1 4FY, **UK**. **You** can also ask for a copy of **our** complaints process.

15.2	If **we** can't settle **your** complaint within eight weeks or **you** don't agree with **our** final decision, **you** may be able to refer it to the Financial Ombudsman Service:
	◦ write to them:
	  ◦ Financial Ombudsman Service, Exchange Tower, London, E14 9SR, **UK**
	
	◦ call them:
	  ◦ 0800 023 4 567 (free from most landlines)
	  ◦ 0300 123 9 123
	  ◦ from outside the **UK** +44 (0) 20 7964 0500
	  ◦ for text relay (18002) 020 7964 1000
	
	◦ Email them:
	  ◦ complaint.info@financial-ombudsman.org.uk
	
	For more details go to: www.financial-ombudsman.org.uk

16.	**Financial Services Compensation Scheme**
16.1	**We** are covered by the Financial Services Compensation Scheme (FSCS). In the unlikely event that **we** cannot meet **our** financial obligations, **you** may be entitled to compensation from the FSCS, if **you** are usually resident in the EEA (European Economic Area), the Channel Islands or the Isle of Man. More information is available from the FSCS by calling the Freephone number: 0800 678 1100 or 020 7741 4100 or on its website fscs.org.uk.
17.	**The law of this policy and where you can bring court action**
17.1	This **policy** is governed by English law. Any dispute that cannot otherwise be resolved may be dealt with by courts in England and Wales.

No	CLAUSE
17.2	If any dispute arises as to the interpretation of this **policy** as between different language versions, then the English version shall be treated as conclusive and take precedence over any other versions.
17.3	**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).

PRIVACY NOTICE

Last updated: September 2023

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you and how we use and protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at: www.bupaglobal.com/privacypolicy. If you do not have access to the internet and would like a paper copy of the full privacy notice, or if you have any questions about how we handle your information, please contact the Bupa Global service team on +44 (0) 1273 323 563. Alternatively, you can email or write to the team via info@bupaglobal.com or Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom.

Information about Bupa Global

In this privacy notice, "we" "us" and "our" means the Bupa companies trading as Bupa Global. For details of these companies visit www.bupaglobal.com/legal-notices

The Bupa companies that process your information will depend on which of our products and services you ask us about, buy or use. For our insurance policies, your information will be processed by the insurer and the lead administrator of your policy who may share it with other Bupa companies as set out in the 'Sharing your information section'. Please refer to your policy documentation for confirmation of the insurer and lead administrator.

1. What this privacy notice covers

This privacy notice applies to anyone who interacts with us about our products and services ("you", "your"), in any way (for example email, website, phone, app and so on).

2. How we collect personal information

We collect personal information from you and from other organisations (for example those acting on your behalf, like brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

3. Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example information we use to contact you, identify you or manage our relationship with you), special categories of information (for example health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks or other background screening activity).

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

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Profiling and automated decision making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

6. Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example brokers and other intermediaries) and with others who help us provide services to you (for example healthcare providers) or who we need information from to handle or check claims or entitlements (for example professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

7. International transfers

We work with companies that we partner with, or that provide services to us (such as healthcare providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries including transfers from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data protection laws.

8. How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice.

9. Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used, to ask us to transfer information you have made available to us, to withdraw your permission for us to use your information and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

10. Data protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at info@bupaglobal.com. You can also use this address to contact our Data Protection Officer.

You also have the right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner's Office (www.ico.org.uk) who can be contacted at, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, United Kingdom. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

GLOSSARY

Active treatment	**Treatment** from a **medical practitioner** of a disease, illness or injury that leads to **your** recovery, conservation of **your** condition or to restore **you** to **your** previous state of health as quickly as possible.
Advanced therapy medicinal products (ATMPs)	**Treatments** that are based on genes, tissues or cells, for example Chimeric Antigen Receptor (CAR) T-cell **treatment**.
Artificial life maintenance	Any medical procedure, technique, medication or intervention delivered to a patient in order to prolong life.
Benefits provider	The **recognised medical practitioner**, **hospital** or clinic, or any other service provider, which provides **you** with any **covered benefits**.
Birthing centre	A medical facility often associated with a **hospital** that is designed to provide a homelike setting during childbirth.
Blue Cross Blue Shield Association / Blue Cross Blue Shield Global / BCBSA	**Bupa Global** is a trade name of **Bupa**, the international health and care company. **Bupa** is an independent licensee of **Blue Cross and Blue Shield Association**. **Bupa Global** is not licensed by **Blue Cross and Blue Shield Association** to sell **Bupa Global/Blue Cross Blue Shield Global** co-branded products in Argentina, Canada, Panama, Uruguay and **US** Virgin Islands. In Hong Kong, **Bupa Global** is only licensed to use the Blue Shield marks. Please consult **your policy** terms and conditions for coverage availability. **Blue Cross and Blue Shield Association** is an association of independent, community-based and locally operated **Blue Cross and Blue Shield** companies. **Blue Cross Blue Shield Global** is a brand owned by **Blue Cross and Blue Shield Association**. For more information about **Bupa Global**, visit bupaglobalaccess.com, and for more information about **Blue Cross and Blue Shield Association**, visit www.BCBS.com.
Bupa	The British United Provident Association Limited, a **UK** limited liability company limited by guarantee, registered in England and Wales with company number 00432511, with registered office at **Bupa**,1 Angel Court, London, EC2R 7HJ, England.
Bupa Global, **we**, **us**, **our**	**Bupa** Insurance Limited (a company registered in England and Wales, with company no. 3956433) of **Bupa**,1 Angel Court, London, EC2R 7HJ, England. - the sole insurer of this plan.
Bupa Group	**Bupa Global**, **Bupa** Insurance Services Limited and all other companies in the **Bupa Group**, and those companies which provide any administration of this **policy** on behalf of **Bupa Global**.
Complementary therapist	Such as an acupuncturist, homeopath, reflexologist, naturopath or Chinese medicine practitioner who is fully trained and legally qualified and permitted to practise by the relevant authorities in the country in which the **treatment** is received.
Covered benefits	The **treatment** and benefits shown as covered in the Guide to **your Bupa Global health plan**.
Day-patient	**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-patient mental health treatment**.

Dental practitioner	A person who: ◦ is legally qualified to practice dentistry, ◦ is recognised by the relevant authorities in the country in which the **treatment** takes place as having a specialised qualification following attendance at a recognised dental school, and ◦ is permitted to practice dentistry by the relevant authorities in the country where the dental **treatment** takes place Examples of a specialised qualification in the field of dentistry may include (but are not limited to) periodontics or paediatric dentistry.
Dependants	Any other people covered by this **policy**, as named on the insurance certificate.
Diagnostic tests	Investigations, such as X-rays or blood tests, to find the cause of **your** symptoms.
Dietician	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the **treatment** is received.
Doctor	A person who: is legally qualified in medical practice following attendance at a recognised medical school to provide medical **treatment**, does not need a **specialist's** training, and is licensed to practise medicine in the country where the **treatment** is received. By recognised medical school **we** mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.
Emergency	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgment of a reasonable person, requires immediate **treatment**, generally within 24 hours of onset, and which would otherwise put **your** health at risk.
Epidemic	An outbreak of a contagious and infective disease that spreads quickly, affecting more persons than expected in a given time period, in a locality where the disease is not permanently prevalent or its normal prevalence have been exceeded.
Family Members	Persons of a family relationship (related to **you** by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
Guide to your Ultimate Global Health Plan	The booklet entitled "**Guide to your Ultimate Global Health Plan**" for the **health plan** which is stated to apply to **you** on **your** insurance certificate. This sets out which **treatments** and benefits are included under and any exclusions that apply to this **policy**. Where **you the policyholder** have a different **health plan** to the **dependants**, a different "Guide to **your** Elite Global **Health Plan**" will apply to each of **you**.
Health plan	Any insurance plans made available by **Bupa Global** from time to time.
Hospital	A centre of **treatment** which is registered, or recognised under the local country's laws, as existing primarily for carrying out major **surgical operations**, or providing **treatment** which only **specialists** can provide.
In-patient	**Treatment** which for medical reasons normally means that **you** have to stay in **hospital** bed overnight or longer.
Intensive care	**Intensive care** includes; High Dependency Unit (HDU): a unit that provides a higher level of medical care and monitoring, for example in single organ system failure. Intensive Therapy Unit/**Intensive Care** Unit (ITU/ICU): a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation. Coronary Care Unit (CCU): a unit that provides a higher level of cardiac monitoring. Special care baby unit: a unit that provides the highest level of care for babies.

Medical practitioner	A **specialist**, **doctor**, **psychologist**, **psychotherapist**, **physiotherapist**, **osteopath**, **chiropractor**, **dietician**, **speech therapist**, **complementary therapist** or **therapist** who provides **active treatment** of a known condition.
Medically necessary:	**treatment**, medical service or prescribed drugs/medication which is: (a) consistent with the diagnosis and medical **treatment** for the condition; (b) consistent with generally accepted standards of medical practice; (c) necessary for such a diagnosis or **treatment**; (d) not being undertaken primarily for the convenience of the member or the treating **medical practitioner**
Mental health treatment	**Treatment** of mental conditions, including eating disorders.
Network	**Hospitals**, pharmacies or similar facilities, or **Medical practitioner's** that have an agreement in effect with **Bupa Global** or a **service partner** to provide **you** with covered **treatment**.
Out-patient	**Treatment** given at a **hospital**, consulting room, **doctor's** office or **out-patient** clinic where **you** do not stay overnight or as a **day-patient** to receive **treatment**.
Ovulation induction treatment	**Treatment** including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.
Pandemic	An **epidemic** occurring over a widespread area (multiple countries or continents) and usually affecting a substantial proportion of the population.
Persistent vegetative state:	A state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and the person does not respond to stimuli such as calling their name, or touching. The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.
Pharmacy	A facility where prescribed drugs are prepared or sold.
Physiotherapists, **osteopaths** and **chiropractors**	Practitioners must be fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the **treatment** is received.
Policy	**Your** contract of insurance with **Bupa Global** as described in Clause 1 of the Terms and Conditions.
Policy year	The 12 month period for which this **policy** is effective, as first shown on **your** insurance certificate and, if this **policy** is renewed, each 12 month period which follows the **renewal** date.
Policyholder	The main applicant set out in the application form and who will be the first person named on the insurance certificate.
Pre-existing condition	◦ Any medical condition declared in **your** application for cover which has been noted on **your** insurance certificate as a 'personal exclusion' or covered **pre-existing condition**. ◦ Any medical condition declared in **your** application for cover which has been accepted with no 'personal exclusion' or underwriting loading applied ◦ 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 on **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 mean **your** original application for cover under that previous insurance product.

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, in an attempt to prevent development of disease of that organ or gland.
Psychologist and **psychotherapist**	A person who is legally qualified and is permitted to practice as such in the country where the **treatment** is received.
Qualified nurse	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the **treatment** is received.
Reasonable and Customary	**Reasonable and Customary** means the 'usual', or 'accepted standard' amount payable for a specific healthcare **treatment**, procedure or service in a particular geographical region, and provided by **benefits providers** of comparable quality and experience.
Recognised medical practitioner, **hospital or healthcare facility**	Any provider who is not an **unrecognised medical practitioner**, **hospital or healthcare facility**.
Rehabilitation (Multidisciplinary rehabilitation)	**Treatment** in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.
Renewal	Each anniversary of the date **you** joined the **health plan**.
Serious acute illness	A medical condition, or symptoms resulting from a disease, illness or injury which arises suddenly and in the reasonable opinion of the attending **specialist** and **our** medical consultants, requires immediate **treatment**, generally within 24 hours of onset, and which would otherwise put **your** health at serious risk.
Service partner	A company or organisation that provides services on behalf of **Bupa Global**. These services may include pre-authorisation of cover and location of local medical facilities.
Specialist	A surgeon, anaesthetist or **specialist** who: is legally qualified to practise medicine or surgery following attendance at a recognised medical school, is recognised by the relevant authorities in the country in which the **treatment** is received as having specialised qualification in the field of, or expertise in, the **treatment** of the disease, illness or injury being treated. By 'recognised medical school' **we** mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.
Specified country of nationality	The country of nationality specified by **you** in **your** application form or as advised to **us** in writing, which ever is the later.
Specified country of residence	The country of residence specified by **you** in **your** application and shown in **your** insurance certificate, or as advised to **us** in writing, whichever is the later. The country **you** specify must be the country in which the relevant authorities (such as tax authorities) believe **you** to be resident for the duration of the **policy**.
Speech therapist	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the **treatment** is received.
Surgical operation	A medical procedure that involves the use of instruments or equipment.
Therapists	An occupational **therapist** or 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 disease, illness or injury.

UK	Great Britain and Northern Ireland.
Unrecognised medical practitioner, provider or 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 bupaglobal.com/en/facilities/finder
We/us/our	**Bupa Global**
You the policyholder	Just the **policyholder**.
You/your	The **policyholder** and/or any **dependants**.

General services:

+44 (0) 1273 718 349

Your calls may be recorded or monitored.

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Global medical plans for individuals and groups
Assistance, repatriation and evacuation cover
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For services in the U.S.

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