

WORLDWIDE HEALTH OPTIONS



Membership Guide

This booklet explains the terms and conditions of the Worldwide Health Options plan. Detailed information such as prior approval, making a claim and moving country can be found in this booklet.

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Pre-authorisation

Please remember to pre-authorise your treatment

What is pre-authorisation?

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

Why it's important:

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

How do I request a pre-authorisation?

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

- Web chat – log into MembersWorld and select the web chat option from the menu.

- Completing the form in MembersWorld
- Call us on +44 (0) 1273 333 911
- Email preauth@bupaglobal.com

How long does it take?

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

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

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

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

- the **treatment** is medically necessary, and
- the **treatment** takes place within 31 days after pre-authorisation is given.

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