

# 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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# Table of Benefits

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

## Core cover: Worldwide Medical Insurance

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

Worldwide Medical Insurance gives **you** the reassurance of covering essential **hospital treatment you** may need, whether in an **emergency** or a planned visit. All surgery, cancer **treatment** and advanced imaging, whether received whilst staying in **hospital** or as an **out-patient**, are also included.

This also includes **surgical operations** that do not require a **hospital** stay, for example **surgical operations/procedures** in a **specialist's** or **doctor's treatment** room as well as **surgical operations**, in **hospital** overnight, as a **day-case** or as an **out-patient**.

**You** may have chosen this cover on its own, or together with any combination of **our** options.

Benefits	Level	Explanation of benefits
Overall annual maximum - GBP 1,700,000 / USD 2,890,000 / EUR 2,125,000*		* It is possible that not all currencies will be available to <b>you</b> . Please see <b>your</b> membership certificate for the currency applicable to <b>your</b> contract.
Staying in <b>hospital</b> overnight or as a <b>day-case</b>	Paid in full	<p><b>We</b> pay <b>hospital</b> room and board costs when:</p> <ul style="list-style-type: none"> <li>○ there is a medical need to stay in <b>hospital</b></li> <li>○ <b>your treatment</b> is given or managed by a <b>specialist</b></li> <li>○ <b>you</b> are staying in <b>hospital</b></li> <li>○ the length of <b>your</b> stay is medically appropriate for the procedure that <b>you</b> are admitted for. For example, unless medically essential, <b>we</b> do not pay for <b>day-case</b> accommodation for <b>out-patient treatment</b>, and <b>we</b> do not pay for in-patient accommodation for <b>day-case treatment</b>.</li> <li>○ <b>you</b> occupy a standard single room with private bathroom. (This means <b>we</b> will not pay the extra costs of a deluxe, executive or VIP suite, etc)</li> <li>○ if <b>treatment</b> fees are charged in line with the room type, <b>we</b> will pay for <b>treatment</b> at the cost which would have been charged if <b>you</b> had stayed in a standard single room with private bathroom</li> </ul> <p>If <b>you</b> need to stay in <b>hospital</b> for longer than <b>we</b> have given prior approval, or if <b>your treatment</b> plan changes, <b>your specialist</b> must send <b>us</b> a medical report as soon as possible telling <b>us</b>:</p> <ul style="list-style-type: none"> <li>○ <b>your</b> diagnosis</li> <li>○ <b>treatment you</b> have already had</li> <li>○ <b>treatment that you</b> need to have</li> <li>○ how long <b>you</b> need to stay in <b>hospital</b></li> </ul> <p><b>We</b> will also pay up to GBP 10/USD 17/EUR 13 each day for personal expenses such as newspapers, television rental and guest meals when <b>you</b> have had to stay overnight in <b>hospital</b>.</p> <p><b>We</b> do not pay <b>hospital</b> room and board charges if <b>you</b> are staying in <b>hospital</b> for any of the following reasons:</p> <ul style="list-style-type: none"> <li>○ convalescence</li> <li>○ general supervision</li> <li>○ pain management</li> <li>○ general nursing care without <b>specialist treatment</b>, except when in a hospice and receiving palliative care</li> <li>○ services from a <b>therapist</b> or <b>complementary therapist</b>, physiotherapist, osteopath, <b>chiropractor</b>, <b>dietician</b> or <b>speech therapist</b></li> <li>○ domestic services such as help in walking, bathing or preparing meals, or</li> <li>○ receiving <b>treatment</b> that could have taken place as an <b>out-patient</b></li> </ul>

## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Parent accommodation	Paid in full	<p><b>We</b> pay room and board costs for a parent staying in <b>hospital</b> with their child when:</p> <ul style="list-style-type: none"> <li>○ the costs are for one parent or legal guardian only</li> <li>○ the parent or guardian is staying in the same <b>hospital</b> as <b>you</b>,</li> <li>○ the child is under the age of 18 years old, and</li> <li>○ the child is receiving <b>treatment</b> that is covered</li> </ul>
Nursing care	Paid in full	<p><b>We</b> pay for reasonable costs of a <b>qualified nurse</b> for <b>your treatment</b> if the <b>hospital</b> does not provide nursing staff.</p> <p><b>We</b> do not pay for nurses hired in addition to the <b>hospital's</b> own staff.</p>
Operating room, medicines and surgical dressings	Paid in full	<p><b>We</b> pay for the costs of the:</p> <ul style="list-style-type: none"> <li>○ operating room</li> <li>○ recovery room</li> <li>○ medicines and dressings used in the operating or recovery room</li> <li>○ medicines and dressings for use during <b>your hospital</b> stay</li> </ul> <p><b>We</b> do not pay medicines and dressings prescribed for use at home unless <b>you</b> have bought the Worldwide Medicines and Equipment option.</p>
<b>Intensive care</b> , intensive therapy, coronary care and high dependency unit	Paid in full	<p><b>We</b> pay room and board costs if <b>you</b> are treated in an <b>intensive care</b>/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when it is the most appropriate place for <b>you</b> to receive <b>treatment</b> and:</p> <ul style="list-style-type: none"> <li>○ it is an essential part of <b>your treatment</b> and is required routinely by patients undergoing the same type of <b>treatment</b> as <b>you</b>, or</li> <li>○ it is <b>medically necessary</b> in the event of unexpected circumstances, for example if <b>you</b> have an allergic reaction during surgery</li> </ul>
In-patient, <b>day-case</b> and <b>out-patient surgical operations</b> , including surgeons' and anaesthetists' fees	Paid in full	<p><b>We</b> pay for in-patient, <b>day-case</b> and <b>out-patient surgical operations</b> and procedures including surgeons' and anaesthetists' fees, as well as <b>treatment</b> and consultations needed immediately before and after the surgery on the same day. This includes <b>surgical operations</b>/procedures such as dialysis performed whether staying in <b>hospital</b> overnight, as a <b>day-case</b> or as an <b>out-patient</b>.</p> <p><b>We</b> also pay for investigative procedures (e.g. endoscopy) that use instruments and equipment and are provided at a <b>hospital</b> /consulting room, <b>doctors</b> office, <b>out-patient</b> clinic facility, whether staying in <b>hospital</b> overnight, as a <b>day-case</b> or as an <b>out-patient</b>.</p> <p><b>We</b> do not pay for <b>out-patient treatment</b> received prior to surgery or as a follow-up afterwards unless <b>you</b> have bought the Worldwide Medical Plus option.</p> <p>Note: If <b>you</b> are not admitted as a <b>day-case</b> or as in-patient then pathology (e.g checking blood and urine samples), radiology (e.g. x-rays) and <b>diagnostic tests</b> (e.g. ECGs) are only covered if <b>you</b> have bought the Worldwide Medical Plus option.</p>
<b>Specialists'</b> consultation fees	Paid in full	<p><b>We</b> pay for <b>specialists'</b> consultation fees during <b>your</b> stay in <b>hospital</b> when <b>you</b> have:</p> <ul style="list-style-type: none"> <li>○ medical <b>treatment</b>, for example if <b>you</b> have pneumonia</li> <li>○ meetings with <b>your specialist</b>, for example to discuss <b>your</b> surgery</li> <li>○ <b>specialist</b> attendance when <b>medically necessary</b>, for example in the unlikely event that <b>you</b> have a heart attack during surgery</li> </ul>

## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Pathology, X-rays and <b>diagnostic tests</b>	Paid in full	<p><b>We</b> pay for:</p> <ul style="list-style-type: none"> <li>○ pathology, such as checking blood and urine samples</li> <li>○ radiology, such as X-rays</li> <li>○ <b>diagnostic tests</b> such as electrocardiograms (ECGs)</li> </ul> <p>if recommended by <b>your specialist</b> to help diagnose or assess <b>your</b> condition when <b>you</b> are in <b>hospital</b></p>
<b>Physiotherapy, chiropractor</b> and <b>osteopathy, therapists, complementary therapists, dietician</b> and <b>speech therapist</b>	Paid in full	<p><b>We</b> pay for <b>treatment</b> provided by <b>therapists</b> (such as occupational <b>therapists</b>), <b>complementary therapists</b> (such as acupuncturists), <b>physiotherapy, osteopathy, chiropractor</b> and <b>dietician</b> or <b>speech therapist</b> if it is needed as part of <b>your treatment</b> in <b>hospital</b>, as long as this <b>treatment</b> is not the primary reason for <b>your hospital</b> stay.</p>
<b>Rehabilitation</b>	<p><b>We</b> pay in full for up to 42 days each condition (which may be in-patient <b>treatment</b> or daycase <b>treatment</b>) each <b>membership year</b></p>	<p><b>We</b> pay for <b>rehabilitation</b>, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. <b>We</b> do not pay for room and board for <b>rehabilitation</b> when the <b>treatment</b> being given is solely <b>physiotherapy</b>.</p> <p><b>We</b> pay for <b>rehabilitation</b>; only when <b>you</b> have received <b>our</b> pre-authorization before the <b>treatment</b> starts, for up to 42 days <b>treatment</b> for each separate condition requiring <b>rehabilitation</b>. For <b>treatment</b> in <b>hospital</b> one day is each overnight stay and for <b>day-case</b> and <b>out-patient treatment</b>, one day is counted as any day on which <b>you</b> have one or more appointments for <b>rehabilitation treatment</b>.</p> <p><b>We</b> only pay for <b>rehabilitation</b> where it:</p> <ul style="list-style-type: none"> <li>○ starts within 6 weeks after the end of <b>your treatment</b> in <b>hospital</b> for a condition which is covered by <b>your</b> membership (such as trauma or stroke), and</li> <li>○ arises as a result of the condition which required the hospitalisation or is needed as a result of such <b>treatment</b> given for that condition</li> </ul> <p>Note: in order to give pre-authorization, <b>we</b> must receive full clinical details from <b>your</b> consultant; including <b>your</b> diagnosis, <b>treatment</b> given and planned, and proposed discharge date if <b>you</b> stayed in <b>hospital</b> to receive <b>rehabilitation</b>.</p>
Advanced imaging	Paid in full	<p><b>We</b> pay for advanced imaging such as:</p> <ul style="list-style-type: none"> <li>○ magnetic resonance imaging (MRI)</li> <li>○ computed tomography (CT)</li> <li>○ positron emission tomography (PET)</li> </ul> <p>if recommended by <b>your specialist</b> to help diagnose or assess <b>your</b> condition, whether <b>you</b> need this during a <b>hospital</b> stay overnight, as a <b>day-case</b> or as an <b>out-patient</b>.</p>
<b>Mental health treatment</b> overnight in <b>hospital</b> , including room, board and <b>treatment</b> costs	Paid in full	<p><b>We</b> pay for <b>mental health treatment</b> overnight in <b>hospital</b> or as a <b>day-case</b>, to include room, board and <b>treatment</b> costs related to the mental health condition.</p> <p><b>We</b> also pay for <b>mental health treatment</b> received as a <b>day-case</b> in <b>hospital</b>.</p>
<b>Mental health treatment</b> as a <b>day-case</b> , including room, board and <b>treatment</b> costs	Paid in full	

## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Prosthetic implants and appliances	Paid in full	<p><b>We</b> pay for prosthetic implants and appliances shown in the following lists.</p> <p><b>Prosthetic implants:</b></p> <ul style="list-style-type: none"> <li>○ to replace a joint or ligament</li> <li>○ to replace a heart valve</li> <li>○ to replace an aorta or an arterial blood vessel</li> <li>○ to replace a sphincter muscle</li> <li>○ to replace the lens or cornea of the eye</li> <li>○ to control urinary incontinence or bladder control</li> <li>○ to act as a heart pacemaker</li> <li>○ to remove excess fluid from the brain</li> <li>○ cochlear implant – provided the initial implant was provided to the member when under the age of five, <b>we</b> will pay ongoing maintenance and replacements</li> <li>○ breast reconstruction following surgery for cancer when the reconstruction was carried out as part of the original <b>treatment</b> for the cancer and <b>you</b> have obtained <b>our</b> written consent before receiving the <b>treatment</b></li> <li>○ to restore vocal function following surgery for cancer</li> </ul> <p><b>Appliances:</b></p> <ul style="list-style-type: none"> <li>○ a knee brace which is an essential part of a <b>surgical operation</b> for the repair to a cruciate (knee) ligament</li> <li>○ a spinal support which is an essential part of a <b>surgical operation</b> to the spine</li> <li>○ an external fixator such as for an open fracture or following surgery to the head or neck</li> </ul>
Prosthetic devices	Each device, up to GBP 2,000, USD 3,400 or EUR 2,500	<p><b>We</b> pay for the initial prosthetic device needed as part of <b>your treatment</b>. By this <b>we</b> mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of <b>your</b> surgical procedure.</p> <p><b>We</b> do not pay for any replacement prosthetic devices for adults including any replacement devices required in relation to a <b>pre-existing condition</b>. <b>We</b> will pay for the initial and up to two replacements per device for children under the age of 16.</p>

## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Childbirth and <b>treatment</b> in <b>hospital</b>	Each <b>membership year</b> , up to GBP 8,000, USD 13,600 or EUR 10,000	<p><b>We</b> pay for maternity <b>treatment</b> and childbirth after the mother has been a member of this plan for 24 months, including:</p> <ul style="list-style-type: none"> <li>○ <b>hospital</b> charges, obstetricians' and midwives' fees for normal childbirth</li> <li>○ post-natal care required by the mother immediately following normal childbirth, such as stitches</li> </ul> <p><b>Treatment</b> for</p> <ul style="list-style-type: none"> <li>○ abnormal cell growth in the womb (hydatiform mole)</li> <li>○ foetus growing outside the womb (ectopic pregnancy)</li> </ul> <p>are not covered from this benefit but may be covered by <b>your</b> other benefits.</p> <p>(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by <b>your</b> other benefits).</p> <p><b>Note: routine care for your baby</b>  <b>We</b> pay for routine care for the baby, for up to seven days following birth, from the mother's maternity benefit. Any non-routine care, if eligible, is paid from the baby's newborn care benefit, not from the mother's maternity benefit.</p> <p><b>Your</b> baby is also covered for up to seven days routine care following birth if <b>your</b> baby was born to a surrogate mother and <b>you</b>, as the intended parent, have been covered on the plan for 24 months when the baby is born.</p> <p>Please see surrogate parenting in the 'What is not covered?' section.</p> <p>Please read the 'Adding members to <b>your</b> plan' section.</p>
Childbirth at home or <b>birthing centre</b>	Each <b>membership year</b> , up to GBP 650, USD 1,105 or EUR 810	<p><b>We</b> pay for midwives' or other <b>specialists'</b> fees for childbirth at home or <b>birthing centre</b> after the mother has been a member for 24 months.</p> <p>Please see surrogate parenting in the 'What is not covered?' section.</p> <p>Please read the 'Adding members to <b>your</b> plan' section.</p>
Complications of maternity and childbirth	Paid in full	<p>Once <b>you</b> have been covered on this health plan for 24 months:</p> <p><b>Treatment</b> which is <b>medically necessary</b> as a direct result of pregnancy and childbirth complications.</p> <p>By complications <b>we</b> mean those conditions which only ever arise as a direct result of pregnancy or childbirth for example pre-eclampsia, threatened miscarriage, gestational diabetes, still birth.</p> <p>Please contact <b>us</b> for pre-authorisation where possible. If <b>you</b> require an <b>emergency</b> admission as a direct result of pregnancy and childbirth complications, please contact <b>us</b> within 48 hours of <b>your</b> admission.</p> <p>Please see surrogate parenting in the 'What is not covered?' section.</p> <p>Please read the 'Adding members to <b>your</b> plan' section.</p>

## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Medically essential Caesarean section	Each <b>membership year</b> , up to GBP 13,000, USD 22,100 or EUR 16,250	<p><b>We</b> pay for <b>hospital</b>, obstetricians' and other medical fees for the cost of the delivery of <b>your</b> baby by Caesarean section, after the mother has been a member of this plan for 24 months, when it is medically essential for a Caesarean section for example as a result of non progression during labour (eg dystocia, foetal distress, haemorrhage).</p> <p>Note: if <b>we</b> are unable to determine that <b>your</b> Caesarean section was medically essential, it will be paid from <b>your</b> maternity and childbirth benefit limit.</p> <p><b>We</b> do not pay for <b>treatment</b> received as an <b>out-patient</b> before or after the birth unless <b>you</b> have bought the Worldwide Medical Plus option.</p> <p>Please see surrogate parenting in the 'What is not covered?' section.</p> <p>Please read the 'Adding members to <b>your</b> plan' section.</p>
Cancer <b>treatment</b>	Paid in full	<p><b>We</b> pay for <b>treatment</b> of cancer, once it has been diagnosed, including:</p> <ul style="list-style-type: none"> <li>○ fees that are related specifically to planning and carrying out <b>treatment</b> for cancer. This includes tests, scans, consultations and drugs (such as cytotoxic drugs or chemotherapy).</li> </ul>

## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Transplant services	Each condition, up to GBP 150,000, USD 255,000 or EUR 187,500	<p><b>We</b> pay medical expenses for the following transplants if the organ has come from a relative or a certified and verified source of donation:</p> <ul style="list-style-type: none"> <li>○ cornea</li> <li>○ small bowel</li> <li>○ kidney</li> <li>○ kidney/pancreas</li> <li>○ liver</li> <li>○ heart</li> <li>○ lung, or</li> <li>○ heart/lung transplant</li> </ul> <p><b>We</b> will also pay medical expenses for bone marrow transplants (either using <b>your</b> own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy when carried out for conditions other than cancer.</p> <p><b>We</b> pay donor expenses, for each condition needing a transplant whether the donor is a member or not, including:</p> <ul style="list-style-type: none"> <li>○ the harvesting of the organ, whether from live or deceased donor</li> <li>○ all tissue matching fees</li> <li>○ <b>hospital</b>/operation costs of the donor, and</li> <li>○ any donor complications, but to a maximum of 30 days post-operatively only</li> </ul> <p><b>We</b> do not pay for <b>treatment</b> received as an <b>out-patient</b> before or after the transplant for either <b>you</b> or <b>your</b> donor unless <b>you</b> have bought the Worldwide Medical Plus option.</p> <p><b>We</b> do not pay for anti-rejection medicines unless <b>you</b> have bought the Worldwide Medicines and Equipment option three or more years before needing these medicines.</p> <p><b>We</b> do not pay medical costs for <b>you</b> to have an organ harvested, when the intended recipient is not a member of a <b>Bupa Global</b> administered plan.</p> <p>Please read about transplant services under Worldwide Medical Plus.</p> <p>Please also read about donor organs in the 'What is not covered' section.</p>
Hospice and palliative care	Lifetime limit of GBP 20,000, USD 34,000 or EUR 25,000	<p><b>We</b> pay for the following hospice and palliative care services if <b>you</b> have received a terminal diagnosis and can no longer have <b>treatment</b> which will lead to <b>your</b> recovery:</p> <ul style="list-style-type: none"> <li>○ <b>hospital</b> or hospice accommodation</li> <li>○ nursing care</li> <li>○ prescribed medicines</li> <li>○ physical, psychological, social and spiritual care</li> </ul> <p>The amount shown here is the total amount <b>we</b> shall pay for these expenses during the whole of <b>your</b> lifetime of Bupa, whether continuous or not.</p>
Kidney dialysis	Paid in full	<b>We</b> pay for kidney dialysis - provided as In-patient, <b>day-case</b> or as on <b>out-patient</b> .

## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Local road ambulance	Paid in full	<p><b>We</b> pay for a local road ambulance:</p> <ul style="list-style-type: none"> <li>○ from the location of an accident to a <b>hospital</b></li> <li>○ for a transfer from one <b>hospital</b> to another, or</li> <li>○ from <b>your</b> home to the <b>hospital</b></li> </ul> <p>When a local road ambulance is:</p> <ul style="list-style-type: none"> <li>○ <b>medically necessary</b>, and</li> <li>○ related to <b>treatment</b> that is covered that <b>you</b> need to receive in <b>hospital</b></li> </ul>
Local air ambulance	Each <b>membership year</b> , up to GBP 5,000, USD 8,500 or EUR 6,250	<p><b>We</b> pay for a local air ambulance:</p> <ul style="list-style-type: none"> <li>○ from the location of an accident to a <b>hospital</b>, or</li> <li>○ for a transfer from one <b>hospital</b> to another</li> </ul> <p>When a local air ambulance is:</p> <ul style="list-style-type: none"> <li>○ <b>medically necessary</b></li> <li>○ used for short distances of up to 100 miles/160 kilometres, and</li> <li>○ related to <b>treatment</b> that is covered that <b>you</b> need to receive in <b>hospital</b></li> </ul> <p>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.</p> <p><b>We</b> do not pay for mountain rescue.</p> <p><b>We</b> do not pay for evacuation or repatriation if the <b>treatment you</b> need is not available locally unless <b>you</b> have bought the Worldwide Evacuation option.</p>
Home nursing	Paid in full for 30 days each <b>membership year</b>	<p><b>We</b> pay for home nursing if <b>you</b> have had <b>treatment</b> in <b>hospital</b> which is covered under this plan, when it:</p> <ul style="list-style-type: none"> <li>○ is prescribed by <b>your specialist</b></li> <li>○ starts immediately after <b>you</b> leave <b>hospital</b></li> <li>○ reduces the length of <b>your</b> stay in <b>hospital</b></li> <li>○ is provided by a <b>qualified nurse</b> in <b>your</b> home and</li> <li>○ is needed to provide medical care, not personal assistance</li> </ul>
Hospitalisation cash benefit	Up to 30 nights each <b>membership year</b> , up to GBP 100, USD 170 or EUR 125 per night	<p><b>We</b> pay <b>hospital</b> cash benefit if <b>you</b>:</p> <ul style="list-style-type: none"> <li>○ have received <b>treatment</b> in <b>hospital</b> which is covered under this plan</li> <li>○ have not been charged for <b>your</b> room and board, and</li> <li>○ have not been charged for <b>your treatment</b></li> </ul>

## Core cover: Worldwide Medical Insurance (continued)

Benefits	Level	Explanation of benefits
Emergency dental <b>treatment</b>	Paid in full	<p><b>We</b> pay for <b>emergency</b> dental <b>treatment</b> when:</p> <ul style="list-style-type: none"> <li>○ the <b>treatment</b> is needed as part of <b>your</b> overall <b>treatment</b> following a serious accident causing <b>you</b> to stay in <b>hospital</b>, and</li> <li>○ it is not the primary reason for <b>you</b> to be in <b>hospital</b></li> </ul> <p>This benefit is paid instead of any other dental benefits <b>you</b> may have, when <b>you</b> need <b>treatment</b> as a result of a serious accident requiring hospitalisation.</p>
Treatment of congenital and hereditary conditions	Each <b>membership year</b> , up to GBP 20,000, USD 34,000 or EUR 25,000	<p><b>We</b> pay for <b>treatment</b> of congenital and hereditary conditions:</p> <ul style="list-style-type: none"> <li>○ by congenital conditions <b>we</b> mean any abnormalities, deformities, diseases, illnesses or injuries present at birth,</li> <li>○ by hereditary conditions <b>we</b> mean any abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of <b>your</b> family</li> </ul> <p>If <b>you</b> have bought Worldwide Medical Plus, Worldwide Medicines and Equipment, Worldwide Wellbeing or Worldwide Evacuation the stated limits will apply for benefits included under those options. If <b>you</b> are unsure whether <b>your</b> condition may be classed as congenital or hereditary, please contact <b>us</b> for further information.</p>
Newborn care	Each <b>membership year</b> up to GBP 75,000, USD 127,500, EUR 93,750 maximum benefit for all <b>treatment</b> received during the first 90 days following birth	<p>All <b>treatment</b> (including routine preventive care, check-ups and immunisations) required for a newborn during the first 90 days' following birth shall be covered by this newborn care benefit. The newborn care benefit is paid instead of any other benefit.</p> <p>Newborn children must have their own membership and must be registered on a <b>Bupa Global</b> plan before this benefit can be claimed.</p> <p>Please see the 'Adding dependants' section.</p>

## Option: Worldwide Medical Plus

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

Worldwide Medical Plus covers **you** for consultations with a **doctor** or **specialist** and medical **treatments** that do not require a **hospital** stay. These may include **osteopathy** or complementary therapies, for example. Some of these **treatments** or consultations may take place before or after a **hospital** stay, but many will be totally independent.

Please note: some **out-patient treatment** is paid for from the Core cover: Worldwide Medical Insurance and not from this option. These include newborn care, **out-patient surgical operations/procedures** and Dialysis. Please see benefit explanations in Worldwide Medical Insurance for details of these benefits.

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

Benefits	Level	Explanation of benefits
Overall annual maximum - GBP 25,000 / USD 42,500 / EUR 31,250* (excluding transplant services benefits)		* It is possible that not all currencies will be available to <b>you</b> . Please see <b>your</b> membership certificate for the currency applicable to <b>your</b> contract.
<b>Specialists'</b> consultation and <b>doctors'</b> fees	Paid in full up to 35 visits each <b>membership year</b>	<p><b>We</b> pay for consultations or meetings with <b>your specialist</b> or <b>doctor</b> to:</p> <ul style="list-style-type: none"> <li><input type="radio"/> receive <b>treatment</b></li> <li><input type="radio"/> arrange <b>treatment</b></li> <li><input type="radio"/> as a follow-up to <b>treatment</b> already received, or</li> <li><input type="radio"/> diagnose <b>your</b> illness or interpret <b>your</b> symptoms</li> </ul> <p>Such meetings may take place in the <b>specialist's</b> or <b>doctor's</b> office, by telephone or using the internet.</p>
<b>Physiotherapy, osteopathy</b> and <b>chiropractor treatment</b>	Paid in full up to 30 visits each <b>membership year</b>	<b>We</b> pay for <b>physiotherapy, osteopathy</b> and <b>chiropractor treatments</b> , which are physical therapies aimed at restoring <b>your</b> normal physical functions.
Consultations and <b>treatment</b> with <b>therapists, complementary therapists</b> and <b>qualified nurses</b>	Paid in full up to 15 visits each <b>membership year</b>	<p><b>We</b> pay for nursing charges for general nursing care, for example injections or wound dressings by a <b>qualified nurse</b> and consultations and <b>treatment</b> with <b>therapists</b> and <b>complementary therapists</b> when they are appropriately qualified and registered to practice in the country where <b>treatment</b> is received.</p> <p>This includes the cost of both consultation and <b>treatment</b>, including any complementary medicines prescribed or administered as part of <b>your treatment</b>.</p> <p>Example: should any complementary medicines or <b>treatments</b> be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate visit.</p>
Psychiatrists', <b>psychologists'</b> and <b>psychotherapist</b> fees	Paid in full up to 35 visits each <b>membership year</b>	<p><b>We</b> pay for psychiatrists', <b>psychologists'</b> and <b>psychotherapist</b> fees for:</p> <ul style="list-style-type: none"> <li><input type="radio"/> meeting with <b>your specialist</b> to assess <b>your</b> condition, or</li> <li><input type="radio"/> <b>treatment</b> provided by a psychiatrist or <b>psychologist</b> or <b>psychotherapist</b></li> </ul>

## Option: Worldwide Medical Plus (continued)

Benefits	Level	Explanation of benefits
Speech therapy	Paid in full	<p><b>We</b> pay for speech therapy only when it is:</p> <ul style="list-style-type: none"> <li>○ short term for a condition such as a stroke and</li> <li>○ part of the <b>treatment</b> for that condition</li> <li>○ taking place during or immediately following <b>treatment</b> for that condition, and</li> <li>○ recommended by <b>your specialist</b></li> </ul> <p><b>We</b> do not pay for <b>treatment</b> of speech or language disorders such as stammering or resulting from learning difficulties or developmental studies.</p>
Pathology, X-rays and <b>diagnostic tests</b>	Paid in full	<p><b>We</b> pay for the following if recommended by <b>your specialist</b> or <b>doctor</b> to help diagnose or assess <b>your</b> condition:</p> <ul style="list-style-type: none"> <li>○ pathology, such as checking blood and urine samples</li> <li>○ radiology (such as X-rays)</li> <li>○ <b>diagnostic tests</b> such as electrocardiograms (ECGs) or hearing tests</li> </ul> <p>Note: Advanced Imaging (such as MRI, CET or PET scans) is covered from the Worldwide Medical Insurance module, and not from this module'</p>
Young child care	Each <b>membership year</b> , up to GBP 1,000, USD 1,700 or EUR 1,250	<p><b>We</b> pay the following young child benefits for children from the age of 91 days up to the age of five covered under this plan:</p> <ul style="list-style-type: none"> <li>○ routine preventive care and check-ups, and</li> <li>○ immunisations</li> </ul>

## Option: Worldwide Medical Plus (continued)

Benefits	Level	Explanation of benefits
Maternity	Each <b>membership year</b> , up to GBP 3,000, USD 5,100 or EUR 3,750	<p><b>We</b> pay for maternity care and <b>treatment</b> after <b>you</b>, the mother, have been covered on this option for 24 months including:</p> <ul style="list-style-type: none"> <li>○ <b>treatment</b> before and after the birth,</li> <li>○ home nurse following delivery</li> </ul> <p><b>We</b> also pay for pregnancy and childbirth complications, by which <b>we</b> mean those conditions which only ever arise as a direct result of pregnancy or childbirth.</p> <p>These include:</p> <ul style="list-style-type: none"> <li>○ pre-eclampsia</li> <li>○ miscarriage</li> <li>○ threatened miscarriage, gestational diabetes, when the foetus has died and remains with the placenta in the womb</li> <li>○ still birth</li> <li>○ heavy bleeding in the hours and days immediately after childbirth (post partum haemorrhage)</li> <li>○ afterbirth left in the womb after delivery of the baby (retained placental membranes)</li> <li>○ complications following any of the above conditions</li> </ul> <p><b>Treatment</b> for</p> <ul style="list-style-type: none"> <li>○ abnormal cell growth in the womb (hydatiform mole)</li> <li>○ foetus growing outside the womb (ectopic pregnancy)</li> <li>○ are not covered from this benefit but may be covered by <b>your</b> other benefits.</li> </ul> <p>(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by <b>your</b> other benefits).</p> <p><b>Note: routine care for your baby</b>  <b>We</b> pay for routine care for the baby, for up to seven days following birth, from the mother's maternity benefit. Any non-routine care, if eligible, is paid from the baby's newborn care benefit, not from the mother's maternity benefit.</p> <p><b>Your</b> baby is also covered for up to seven days routine care following birth if <b>your</b> baby was born to a surrogate mother and <b>you</b>, as the intended parent, have been covered on the plan for 24 months when the baby is born.</p> <p>Please see surrogate parenting in the 'What is not covered?' section.</p> <p>Please read the 'Adding members to <b>your</b> plan' section.</p>
Accident-related dental <b>treatment</b>	Each <b>membership year</b> , 80% up to GBP 500, USD 850 or EUR 625	<p><b>We</b> pay for accident-related dental <b>treatment</b> that <b>you</b> receive from a dental practitioner for <b>treatment</b> during an <b>emergency</b> visit following accidental damage to any tooth.</p> <p><b>We</b> only pay any accident-related dental <b>treatment</b> which takes place up to 30 days after the accident.</p>

**Option: Worldwide Medical Plus (continued)**

Benefits	Level	Explanation of benefits
Transplant services	Each condition, up to GBP 50,000, USD 85,000 or EUR 62,500	<p><b>We</b> pay for all costs for <b>treatment</b> received by <b>you</b> or <b>your</b> donor for, or related to, a covered transplant which has not been provided during a stay in <b>hospital</b>, such as:</p> <ul style="list-style-type: none"> <li>○ <b>specialists'</b> and <b>doctors'</b> fees</li> <li>○ pathology, X-rays and <b>diagnostic tests</b></li> <li>○ <b>physiotherapy, osteopathy</b> and <b>chiropractor treatment</b>, or</li> <li>○ any donor complications, but to a maximum of 30 days post-operatively only</li> </ul> <p><b>We</b> do not pay for anti-rejection medicines unless <b>you</b> have bought the Worldwide Medicines and Equipment option three or more years before needing these medicines.</p> <p>Please read about transplant services under Worldwide Medical Insurance.</p>

## Option: Worldwide Medicines and Equipment

### For prescribed medicines and medical equipment

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

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

Benefits	Level	Explanation of benefits
Prescribed medicines and dressings	Each <b>membership year</b> , up to GBP 1,500, USD 2,550 or EUR 1,875	<p><b>We</b> pay for medicines and dressings:</p> <ul style="list-style-type: none"> <li><input type="radio"/> prescribed by <b>your medical practitioner</b>, and</li> <li><input type="radio"/> that are only used if <b>you</b> have a disease, illness or injury</li> </ul> <p>If <b>you</b> are staying in <b>hospital</b>, medicines and dressings will be covered under <b>your</b> Worldwide Medical Insurance benefits – read note 'Operating room, medicines and surgical dressings'.</p> <p>Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit 'Consultations and <b>treatment</b> with <b>therapists</b> and <b>complementary therapists</b>'.</p>
Durable medical equipment - up to 45 days rental each condition		<p><b>We</b> pay for durable medical equipment that:</p> <ul style="list-style-type: none"> <li><input type="radio"/> can be used more than once</li> <li><input type="radio"/> is not disposable</li> <li><input type="radio"/> is used to serve a medical purpose</li> <li><input type="radio"/> is not used in the absence of a disease, illness or injury, and</li> <li><input type="radio"/> is fit for use in the home</li> </ul>
Long-term prescription medicines	<p>Each <b>membership year</b>, 80% up to GBP 10,000, USD 17,000 or EUR 12,500</p> <p>Lifetime limit of GBP 60,000, USD 102,000 or EUR 75,000</p>	<p><b>We</b> pay for long-term prescribed medicines:</p> <ul style="list-style-type: none"> <li><input type="radio"/> after <b>you</b> have been covered on this option for three years, and</li> <li><input type="radio"/> which have been prescribed for a period of at least six months</li> </ul> <p>A medical report from <b>your specialist</b> or <b>doctor</b> is required confirming:</p> <ul style="list-style-type: none"> <li><input type="radio"/> the condition <b>you</b> need the medicines for, and</li> <li><input type="radio"/> that <b>you</b> need to take these medicines for at least six months</li> </ul>

## Option: Worldwide Wellbeing

### For a range of health screenings, vaccinations, dental and optical treatment

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

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

Benefits	Level	Explanation of benefits
Overall annual maximum - GBP 5,000 / USD 8,500 / EUR 6,250*		* It is possible that not all currencies will be available to <b>you</b> . Please see <b>your</b> membership certificate for the currency applicable to <b>your</b> contract.
Full health screen	Each <b>membership year</b> , up to GBP 600, USD 1,020 or EUR 750	<p><b>We</b> pay for a full health screening:</p> <ul style="list-style-type: none"> <li><input type="radio"/> after <b>you</b> have been covered on this option for one <b>membership year</b></li> <li><input type="radio"/> then each alternate <b>membership year</b></li> </ul> <p>A full health screening generally includes various routine tests performed to assess <b>your</b> state of health and could include tests such as high cholesterol, high blood pressure, diabetes, anaemia and lung function, liver and kidney function and cardiac risk assessment. In addition, <b>you</b> may also have the specific screenings as part of a full health screening. The actual tests <b>you</b> have will depend on those supplied by the <b>treatment</b> provider where <b>you</b> have <b>your</b> screening.</p>
Mammogram		<p><b>We</b> pay for mammogram, PAP (also known as a smear test), prostate cancer screening (which may include a prostate-specific antigen (PSA) test and/or physical examination), colon cancer screening and bone densitometry.</p> <p>These tests and/or screenings:</p> <ul style="list-style-type: none"> <li><input type="radio"/> do not have a waiting period, and</li> <li><input type="radio"/> may take place independently of full health screening</li> </ul>
Papanicolaou (PAP) test		
Prostate cancer screen		
Colon cancer screen		
Bone densitometry		
Four dietetic consultations		<p><b>We</b> pay for dietetic consultations when required for dietary advice relating to a diagnosed disease or illness, such as diabetes.</p> <p><b>We</b> do not pay for slimming classes, slimming aids and weight management.</p>

## Option: Worldwide Wellbeing (continued)

Benefits	Level	Explanation of benefits
Vaccinations		<p><b>We</b> pay for vaccinations and immunisations such as:</p> <ul style="list-style-type: none"> <li>○ travel vaccinations</li> <li>○ malaria tablets</li> <li>○ pneumococcal vaccinations, or</li> <li>○ vaccinations to aid the prevention of cancer, such as human papilloma virus (HPV), as and when these are complete medical trials and are approved for use in the country of <b>treatment</b></li> </ul> <p><b>We</b> do not pay for immunisations for newborns or for children up to the age of five from this benefit.</p> <p>If <b>you</b> have bought the Worldwide Medical Plus option <b>we</b> will pay immunisations for children aged 91 days up to the age of 5 from the young child care benefit. Immunisations within the first 90 days are paid from the newborn care benefit (if eligible).</p> <p>Please read about newborn care under Worldwide Medical Insurance.</p>
Dental benefits		<p><b>We</b> pay for <b>treatment you</b> receive from <b>your</b> dental practitioner. Certain dental/oral <b>treatments</b> will not be paid from this benefit, but from the Worldwide Medical Insurance and/or Worldwide Medical Plus benefits if <b>you</b> bought this option (please read notes under those benefits).</p> <p>These conditions are those which are more specialised and need to be performed by a maxillofacial or oral <b>specialist in hospital</b>, such as:</p> <ul style="list-style-type: none"> <li>○ put a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident</li> <li>○ surgically remove a complicated, buried or impacted tooth, teeth or root</li> <li>○ benign gum cysts/jaw cysts</li> <li>○ chronic (large) mouth ulcers</li> <li>○ facial deformity such as cleft palate or lip</li> <li>○ facial injuries such as after an accident or cancer, or</li> <li>○ salivary gland diseases</li> </ul> <p>This benefit is paid instead of any other dental benefits <b>you</b> may have, when <b>you</b> need preventive, routine or orthodontic <b>treatment</b>.</p>
Dental - Preventive - 100%	Each <b>membership year</b> , up to GBP 3,500, USD 5,950 or EUR 4,375	<p>Dental – preventive, after <b>you</b> have been covered on this option for six months includes:</p> <ul style="list-style-type: none"> <li>○ two check-ups/exams each <b>membership year</b></li> <li>○ X-rays/bitewing/single view/Orthopantomogram (OPG)</li> <li>○ scale and polish</li> <li>○ gum shield/mouth guard, and</li> <li>○ night guard</li> </ul>
Dental - Routine and major restorative - 80%		<p>Dental – routine and major restorative, after <b>you</b> have been covered on this option for six months includes:</p> <ul style="list-style-type: none"> <li>○ all fillings—either amalgam (silver) or composite (white)</li> <li>○ root canal <b>treatment</b></li> <li>○ crowns/bridge</li> <li>○ dental implant, and</li> <li>○ anaesthesia costs</li> </ul>

## Option: Worldwide Wellbeing (continued)

Benefits	Level	Explanation of benefits
Dental - Orthodontic - 50%	Please see previous page for shared limit.	Dental - orthodontic <b>treatment</b> up to the age of 19, after <b>you</b> have been covered on this option for two years includes: <ul style="list-style-type: none"> <li>○ consultations and monthly check-ups</li> <li>○ removal of deciduous/baby teeth/milk teeth/primary teeth</li> <li>○ <b>treatment</b> planning</li> <li>○ models/gum impressions</li> <li>○ extractions</li> <li>○ anaesthesia</li> <li>○ X-rays including single/bitewing/periapical (root X-ray)/full-mouth X-rays/Orthopantomogram (OPG) and Cephalometric (CEPH)</li> <li>○ digital photography, and</li> <li>○ metal braces/retainers</li> </ul>
Eye test (including consultation)	One each <b>membership year</b> , 100%	<b>We</b> pay for one eye test each <b>membership year</b> , which includes the cost of <b>your</b> consultation and sight/vision testing.
Spectacle lenses	80%	<b>We</b> pay for spectacle and contact lenses which are prescribed to correct a sight/vision problem such as short or long sight.
Contact lenses	80%	
Spectacle frames	Once every two <b>membership years</b> , 80% up to GBP 150, USD 255 or EUR 185	<b>We</b> pay for spectacle frames. This benefit is payable: <ul style="list-style-type: none"> <li>○ once every two <b>membership years</b></li> <li>○ only if <b>you</b> have been prescribed spectacle lenses</li> </ul> <b>Your</b> spectacle lens prescription or invoice will be required in support of <b>your</b> claim for spectacle frames.

## Option: Worldwide Evacuation

### For when you cannot get the treatment you need in a local hospital

When the **treatment you** need is not available locally, the Worldwide Evacuation option covers **you** for reasonable transport costs to the nearest appropriate place of **treatment**, when the **treatment you** need is not available nearby. Repatriation, which is also included, 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** is not available locally.

For all medical transfers, either evacuation or repatriation:

- **you** must contact **our service partner** for authorisation before **you** travel, on +44 (0) 1273 333 911
- **our service partners** must agree the arrangements with **you**
- **your** Worldwide Evacuation benefit is applicable for **hospital treatment**, either overnight or as a **day-case**. Evacuation only (not repatriation) may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy
- the **treatment** must be recommended by **your specialist** or **doctor**
- the **treatment** is not available locally
- the **treatment** must be eligible under **your** plan
- **you** must have cover for the country **you** are going to be treated in, for example the U.S.
- **you** must have Worldwide Evacuation Cover in place before **you** need the **treatment**.

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

**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 would be against medical advice.

The costs of any **treatment you** receive either before or after an evacuation or repatriation will be paid from Worldwide Medical Insurance or any options **you** have bought as appropriate, provided this is covered under **your** plan.

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

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

**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**.

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

## Option: Worldwide Evacuation (continued)

Benefits	Level	Explanation of benefits
Evacuation	Paid in full	<p><b>We</b> pay the <b>Reasonable and Customary</b> transport costs for an evacuation:</p> <ul style="list-style-type: none"> <li><input type="radio"/> to the nearest place where the required <b>treatment</b> is available when the <b>treatment</b> is not available locally. (This could be to another part of the country that <b>you</b> are in or to another country), and</li> <li><input type="radio"/> for the return journey to the place <b>you</b> were transferred from</li> </ul> <p>when this is authorised in advance by <b>our service partners</b>.</p> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"> <li><input type="radio"/> the reasonable cost of the return journey by land or sea, or</li> <li><input type="radio"/> the cost of an economy class air ticket</li> </ul> <p>whichever is the lesser amount.</p> <p><b>We</b> do not pay any other costs related to the evacuation such as travel costs outside of the actual evacuation which are not authorised by <b>us</b> or hotel accommodation.</p>
Repatriation	Paid in full	<p><b>We</b> pay the <b>Reasonable and Customary</b> transport costs for a repatriation:</p> <ul style="list-style-type: none"> <li><input type="radio"/> to <b>your specified country of nationality</b> as given on <b>your</b> application form, or <b>your specified country of residence</b>, when the <b>treatment</b> is not available locally, and</li> <li><input type="radio"/> the return journey to the place <b>you</b> were transferred from</li> </ul> <p>when this is authorised in advance by <b>Bupa Global's service partners</b>.</p> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"> <li><input type="radio"/> the reasonable cost of the return journey by land or sea, or</li> <li><input type="radio"/> the cost of an economy class air ticket</li> </ul> <p>whichever is the lesser amount.</p> <p><b>We</b> do not pay any other costs related to the repatriation such as taxis or hotel accommodation.</p> <p>In some cases, it may be more appropriate for <b>you</b> to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, <b>we</b> will pay for taxi fares.</p> <p>In some cases <b>you</b> may request a repatriation when contacting <b>Bupa Global's service partners</b> for authorisation, but this may not be medically appropriate. In these cases, <b>we</b> will first evacuate <b>you</b> to the nearest place where <b>treatment</b> is available. Once <b>you</b> have been stabilised, <b>we</b> may then repatriate <b>you</b> to <b>your specified country of nationality</b> or <b>your specified country of residence</b>.</p>

## Option: Worldwide Evacuation (continued)

Benefits	Level	Explanation of benefits
Travel cost for an accompanying person	Paid in full	<p><b>We</b> pay reasonable travel costs for a relative or partner to accompany <b>you</b>:</p> <ul style="list-style-type: none"> <li><input type="radio"/> if there is a reasonable need for <b>you</b> to be accompanied, and</li> <li><input type="radio"/> the return journey to the place <b>you</b> were transferred from</li> </ul> <p>when:</p> <ul style="list-style-type: none"> <li><input type="radio"/> this is authorised in advance by <b>Bupa Global's service partners</b>, and</li> <li><input type="radio"/> the return journey is within 14 days of the end of the <b>treatment</b></li> </ul> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"> <li><input type="radio"/> the reasonable cost of the return journey by land or sea, or</li> <li><input type="radio"/> the cost of an economy class air ticket</li> </ul> <p>whichever is the lesser amount.</p> <p><b>We</b> do not pay for someone to travel with <b>you</b> when the evacuation is for <b>you</b> to receive <b>out-patient treatment</b>.</p> <p>By 'reasonable need' <b>we</b> mean that <b>you</b> need someone to accompany <b>you</b> for one of the following reasons:</p> <ul style="list-style-type: none"> <li><input type="radio"/> <b>you</b> need assistance to board or disembark from transport</li> <li><input type="radio"/> <b>you</b> need to be transferred over a long distance (1000 miles or 1600 KM)</li> <li><input type="radio"/> there is no medical escort</li> <li><input type="radio"/> <b>you</b> are very seriously ill</li> </ul> <p>The accompanying person may travel in a different class from the member receiving <b>treatment</b> depending on medical requirements.</p>
Travel cost for the transfer of minor children	Paid in full	<p><b>We</b> pay reasonable travel costs for minor children to be transferred with <b>you</b> in the event of an evacuation or repatriation, provided they are under the age of 18 when:</p> <ul style="list-style-type: none"> <li><input type="radio"/> it is <b>medically necessary</b> for <b>you</b> as their parent or guardian to be evacuated or repatriated</li> <li><input type="radio"/> <b>your</b> spouse, partner, or other joint guardian is accompanying <b>you</b>, and</li> <li><input type="radio"/> they would otherwise be left without a parent or guardian</li> </ul>
Living allowance	For a maximum of 10 days each <b>membership year</b> , each day up to GBP 100, USD 170 or EUR 125	<p><b>We</b> pay towards living expenses for the relative or partner who is authorised to travel with <b>you</b>:</p> <ul style="list-style-type: none"> <li><input type="radio"/> following an evacuation only, and</li> <li><input type="radio"/> for up to 10 days, or <b>your</b> date of discharge whichever is the earlier, whilst away from their usual <b>specified country of residence</b></li> </ul> <p><b>We</b> do not pay for someone to travel with <b>you</b> when evacuation is for <b>out-patient treatment</b> only.</p>

## Option: Worldwide Evacuation (continued)

Benefits	Level	Explanation of benefits
Repatriation of mortal remains	Maximum benefit of GBP 6,500, USD 11,050 or EUR 8,125	<p><b>We</b> pay for reasonable costs for the transportation only of <b>your</b> body or cremated mortal remains to <b>your</b> home country or to <b>your specified country of residence</b>:</p> <ul style="list-style-type: none"> <li><input type="radio"/> in the event of <b>your</b> death while <b>you</b> are away from home, and</li> <li><input type="radio"/> subject to airline requirements and restrictions</li> </ul> <p><b>We</b> do not pay for burial or cremation, the cost of burial caskets, etc, or the transport costs for someone to collect or accompany <b>your</b> mortal remains.</p>
Compassionate visit and return	<p>For a maximum of five trips per lifetime.</p> <p>Each visit up to GBP 800, USD 1,360 or EUR 1,000</p>	<p><b>We</b> pay for economy class travel costs for one close relative (spouse/partner, parent, child, brother or sister) who is in another country to visit when <b>you</b> have a sudden accident or illness and are going to be hospitalised for at least five days or <b>you</b> have received a short-term terminal prognosis. This includes the equivalent of economy class costs of <b>your</b> relative's return journey to their home country.</p> <p><b>We</b> pay:</p> <ul style="list-style-type: none"> <li><input type="radio"/> a maximum of five trips for the lifetime of <b>your</b> membership</li> <li><input type="radio"/> only when authorised in advance by <b>Bupa Global's service partners</b></li> </ul> <p><b>We</b> also pay towards living expenses for <b>your</b> relative:</p> <ul style="list-style-type: none"> <li><input type="radio"/> following an eligible compassionate visit only, and</li> <li><input type="radio"/> for up to 10 days whilst away from their usual <b>specified country of residence</b></li> </ul> <p><b>We</b> do not pay this benefit when either an evacuation or repatriation has taken place. In the event of an evacuation or repatriation taking place during a compassionate visit, no further benefits as described in notes 'Travel cost for an accompanying person', 'Travel cost for the transfer of minor children' or 'Living allowance' will be payable.</p>
Compassionate visit living allowance	<p>For a maximum of 10 days each visit, each day up to GBP 100, USD 170 or EUR 125</p>	

# What is not covered?

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

## Important - please read

### General exclusions

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

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

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

### Important note:

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

Exclusion	Notes	Rules
Artificial life maintenance		<p>Including mechanical ventilation, where such <b>treatment</b> will not or is not expected to result in <b>your</b> recovery or restore <b>you</b> to <b>your</b> previous state of health.</p> <p>Example: <b>We</b> will not pay for artificial life maintenance when <b>you</b> are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days.</p>
Birth control		<ul style="list-style-type: none"> <li>○ contraception</li> <li>○ sterilisation</li> <li>○ vasectomy</li> <li>○ termination of pregnancy unless there is a threat to the mother's health</li> <li>○ family planning, such as meeting <b>your doctor</b> to discuss becoming pregnant or contraception</li> </ul>
Conflict and disaster		<p><b>We</b> shall not be liable for any claims which concern, are due to or are incurred as a result of <b>treatment</b> for sickness or injuries directly or indirectly caused by <b>you</b> putting yourself in danger by entering a known area of conflict (as listed below) and/or if <b>you</b> were an active participant or <b>you</b> have displayed a blatant disregard for <b>your</b> personal safety in a known area of conflict:</p> <ul style="list-style-type: none"> <li>○ nuclear or chemical contamination</li> <li>○ war, invasion, acts of a foreign enemy</li> <li>○ civil war, rebellion, revolution, insurrection</li> <li>○ terrorist acts</li> <li>○ military or usurped power</li> <li>○ martial law</li> <li>○ civil commotion, riots, or the acts of any lawfully constituted authority</li> <li>○ hostilities, army, naval or air services operations whether war has been declared or not</li> </ul>
Convalescence and admission for general care, or staying in <b>hospital</b> for		<ul style="list-style-type: none"> <li>○ convalescence, pain management, supervision</li> <li>○ receiving only general nursing care</li> <li>○ <b>therapist</b> or <b>complementary therapist</b> services</li> <li>○ domestic/living assistance such as bathing and dressing, and</li> <li>○ <b>treatment</b> that could take place as a <b>day-case</b> or <b>out-patient</b></li> </ul>

Exclusion	Notes	Rules
Cosmetic <b>treatment</b>		<p><b>Treatment</b> to improve <b>your</b> appearance such as:</p> <ul style="list-style-type: none"> <li>○ facelift or re-modelled nose, abdominoplasty</li> <li>○ cosmetic dentistry such as the replacement of a sound, natural tooth with an implant, veneers, etc</li> <li>○ orthodontic <b>treatment</b> over the age of 19 (<b>we</b> pay for orthodontic <b>treatment</b> under the age of 19 if <b>you</b> have bought the Worldwide Wellbeing option)</li> <li>○ <b>treatment</b> related to or arising from the removal of non-diseased, or surplus or fat tissue, such as liposuction, whether or not it is needed for medical or psychological reasons</li> <li>○ hair transplants for any reason</li> <li>○ surgery to change the shape, enhance or reduce <b>your</b> breast(s) for any reason, except reconstruction following <b>treatment</b> for cancer</li> </ul> <p>Examples: <b>we</b> do not pay for breast reduction for backache, or gynaecomastia (the enlargement of breasts in men).</p> <p><b>We</b> may pay for <b>prophylactic surgery</b> (surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland) when:</p> <ul style="list-style-type: none"> <li>○ there is a significant family history of the disease, for example ovarian cancer, which is part of a genetic cancer syndrome, and/or</li> <li>○ <b>you</b> have positive results from genetic testing (please note that <b>we</b> will not pay for the genetic testing)</li> </ul> <p>Please contact <b>us</b> for prior approval before proceeding with <b>treatment</b>. It may be necessary for <b>us</b> to seek a second opinion as part of <b>our</b> approval process. Benefit will not be paid unless prior approval has been received. The limit shown under Worldwide Medical Insurance will apply for <b>prophylactic surgery</b> for congenital and hereditary conditions other than cancer.</p>
Developmental problems		<ul style="list-style-type: none"> <li>○ learning difficulties, such as dyslexia.</li> <li>○ developmental problems treated in an educational environment or to support educational development.</li> </ul>
Donor organs		<ul style="list-style-type: none"> <li>○ mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant</li> <li>○ purchase of a donor organ from any source, or</li> <li>○ harvesting and storage of stem cells, when this is carried out as a preventive measure against possible future disease</li> </ul>
<b>Epidemics and pandemics:</b>		<p><b>We</b> do not pay for <b>treatment</b> for or arising from any <b>epidemic</b> disease and/or <b>pandemic</b> disease and <b>we</b> do not pay for vaccinations, medicines or preventive <b>treatment</b> for or related to any <b>epidemic</b> disease and/or <b>pandemic</b> disease.</p>

Exclusion	Notes	Rules
Experimental or unproven <b>treatment</b>		<p>Clinical tests, <b>treatments</b>, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy.</p> <ul style="list-style-type: none"> <li>○ <b>We</b> do not pay for any test, <b>treatment</b>, 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.</li> <li>○ <b>We</b> do not pay for any tests, <b>treatment</b>, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by <b>Bupa Global</b> in line with its criteria for standard clinical use.</li> </ul> <p>Standard clinical use includes:</p> <ul style="list-style-type: none"> <li>○ <b>treatment</b> agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved through the <b>UK</b> Cancer Drugs Fund), Royal Colleges or equivalent national <b>specialist</b> bodies in the country of <b>treatment</b>;</li> <li>○ 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 <b>treatment</b> is safe and effective;</li> <li>○ where the <b>treatment</b> has received full regulatory approval by the licensing authority (e.g. <b>US</b> Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency, etc.) in the location where the member has requested <b>treatment</b>, 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</li> <li>○ tests, <b>treatments</b>, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which <b>treatment</b> is requested.</li> </ul> <p>Notes:</p> <ul style="list-style-type: none"> <li>○ 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, <b>treatment</b>, equipment, medicine, device or procedure should be used in standard clinical use.</li> <li>○ Where licensing authority approval to market tests, <b>treatment</b>, 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.</li> </ul>
Eyesight		<p><b>Treatment</b>, equipment or surgery to correct eyesight, such as laser <b>treatment</b>, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Exceptions: If <b>you</b> have bought Worldwide Wellbeing cover, <b>your</b> optical benefits will be shown.</p>
Footcare		<p><b>Treatment</b> for:</p> <ul style="list-style-type: none"> <li>○ corns</li> <li>○ calluses, or</li> <li>○ thickened or misshapen nails</li> </ul>
Genetic testing		<p>Genetic tests, when such tests are solely performed to determine whether or not <b>you</b> may be genetically likely to develop a medical condition.</p> <p>Example: <b>we</b> do not pay for tests used to determine whether <b>you</b> may develop Alzheimer's disease, when that disease is not present.</p>
Harmful or hazardous use of alcohol, drugs and/or medicines		<p><b>Treatment</b> for or arising:</p> <ul style="list-style-type: none"> <li>○ directly or indirectly, from the deliberate, reckless (including where <b>you</b> have displayed a blatant disregard for <b>your</b> 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</li> <li>○ in any event, from the illegal use of any such substance</li> </ul>

Exclusion	Notes	Rules
Health hydros, nature cure clinics etc.		<p><b>Treatment</b> or services received in a:</p> <ul style="list-style-type: none"> <li>○ health hydro</li> <li>○ nature cure clinic</li> <li>○ spa, or</li> <li>○ any similar establishment that is not a <b>hospital</b></li> </ul>
Illegal activity		<p><b>We</b> will not pay for <b>treatment</b> which arises, directly or indirectly, as result of <b>your</b> deliberate or reckless participation (whether actual or attempted) in any illegal act, including road traffic offenses.</p>
Infertility <b>treatment</b>		<p><b>Treatment</b> to assist reproduction such as:</p> <ul style="list-style-type: none"> <li>○ in-vitro fertilisation (IVF)</li> <li>○ gamete intrafallopian transfer (GIFT)</li> <li>○ zygote intrafallopian transfer (ZIFT)</li> <li>○ artificial insemination (AI)</li> <li>○ prescribed drug <b>treatment</b></li> <li>○ embryo transport (from one physical location to another), or</li> <li>○ donor ovum and/or semen and related costs</li> </ul> <p><b>We</b> pay for investigations into the cause of infertility when <b>your specialist</b> believes there are symptoms and/or evidence to suggest a medical cause. <b>We</b> will only pay when:</p> <ul style="list-style-type: none"> <li>○ <b>you</b> have been a member of this plan (or any Bupa administered plan which includes this cover) for two years before the investigations start, and</li> <li>○ <b>you</b> were unaware and had not been suffering any symptoms prior to joining</li> </ul>
Obesity		<p><b>Treatment</b> for or as a result of obesity such as:</p> <ul style="list-style-type: none"> <li>○ slimming aids or drugs</li> <li>○ slimming classes, or</li> <li>○ obesity surgery</li> </ul>
<b>Persistent vegetative state</b> (PVS) and neurological damage		<p><b>We</b> will not pay for <b>treatment</b> whilst staying in <b>hospital</b> for more than 90 continuous days for permanent neurological damage or if <b>you</b> are in a <b>persistent vegetative state</b>.</p>

Exclusion	Notes	Rules
Personal exclusions		<p>Please check <b>your</b> membership certificate to see if <b>you</b> have any personal exclusions or restrictions on <b>your</b> plan. The exclusions in this section apply in addition to and alongside any such personal exclusions and restrictions.</p> <p>For all exclusions in this section, and for any personal exclusions or restrictions shown on <b>your</b> membership certificate, please note that:</p> <ul style="list-style-type: none"> <li>○ <b>we</b> do not pay for conditions which are directly related to excluded conditions or <b>treatments</b></li> <li>○ <b>we</b> do not pay for any additional or increased costs arising from excluded conditions or <b>treatments</b></li> <li>○ <b>we</b> do not pay for complications arising from excluded conditions or <b>treatments</b>.</li> </ul> <p>Example:</p> <p><b>You</b> have a personal exclusion for diabetes</p> <ul style="list-style-type: none"> <li>○ If <b>your</b> diabetes were to cause kidney problems, <b>we</b> would not pay for the <b>treatment</b> of such kidney problems.</li> <li>○ If while receiving <b>treatment</b> for another condition, <b>you</b> need to stay extra nights in <b>hospital</b> because of <b>your</b> diabetes <b>we</b> would not pay for these extra nights.</li> </ul> <p>Exceptions</p> <p>This section describes some circumstances where exceptions can be made to exclusions or restrictions. Where this is the case, benefit is payable up to the limits set out in <b>your</b> Table of Benefits.</p>
Pre-existing conditions		<p>Any <b>treatment</b> for a <b>pre-existing condition</b>, related symptoms, or any condition that results from or is related to a <b>pre-existing condition</b>.</p> <p>Please contact <b>us</b> before <b>your</b> renewal date if <b>you</b> or <b>your</b> dependants have personal exclusion(s) and would like <b>us</b> to review a personal exclusion. <b>We</b> may remove <b>your</b> exclusion if, in <b>our</b> opinion, no further <b>treatment</b> will be either directly or indirectly required for the condition, or for any related condition.</p> <p>There are some personal exclusions that, due to their nature, <b>we</b> will not review.</p> <p>To carry out a review, <b>we</b> may ask for an up to date medical report from <b>your</b> family <b>doctor</b> or consultant. Any costs incurred in obtaining these details are not covered under <b>your</b> plan and are <b>your</b> responsibility</p>
Preventive <b>treatment</b>		<p>Health screening, including routine health checks and vaccinations, or any preventive <b>treatment</b>, except if <b>you</b> have bought the Worldwide Wellbeing option.</p> <p><b>We</b> may pay for <b>prophylactic surgery</b> when:</p> <ul style="list-style-type: none"> <li>○ there is a significant family history of the disease, for example ovarian cancer, which is part of a genetic cancer syndrome, and/or</li> <li>○ <b>you</b> have positive results from genetic testing (please note that <b>we</b> will not pay for the genetic testing)</li> </ul> <p>The limit shown under Worldwide Medical Insurance will apply for <b>prophylactic surgery</b> for congenital and hereditary conditions other than cancer.</p> <p>Please contact <b>us</b> for prior approval before proceeding with <b>treatment</b>. It may be necessary for <b>us</b> to seek a second opinion as part of <b>our</b> approval process. Benefit will not be paid unless prior approval has been received.</p>

Exclusion	Notes	Rules
Reconstructive or remedial surgery		<p><b>Treatment</b> to restore <b>your</b> appearance after an illness, injury or surgery.</p> <p><b>We</b> may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during <b>your</b> current continuous membership.</p> <p>Please contact <b>us</b> for prior approval before proceeding with <b>treatment</b>. It may be necessary for <b>us</b> to seek a second opinion as part of <b>our</b> approval process. Benefit will not be paid unless prior approval has been received.</p>
Sexual problems/gender issues		<ul style="list-style-type: none"> <li>○ sexual problems, such as impotence, whatever the cause, or</li> <li>○ sex changes or gender reassignments</li> </ul>
Sleep disorders		<ul style="list-style-type: none"> <li>○ insomnia</li> <li>○ snoring</li> <li>○ sleep-related disorders including sleep apnoea, or</li> <li>○ participation in sleep studies beyond the initial study</li> </ul> <p><b>We</b> may pay for <b>treatment</b> of sleep apnoea when <b>your specialist</b> believes this to be life-threatening. <b>We</b> will only pay for:</p> <ul style="list-style-type: none"> <li>○ an initial sleep study</li> <li>○ surgery, if medically appropriate, and</li> <li>○ equipment hire, such as a Continuous Positive Airway Pressure (CPAP) machine (only if <b>you</b> have bought the Worldwide Medicines and Equipment option)</li> </ul> <p>Please contact <b>us</b> for prior approval before proceeding with <b>treatment</b>. It may be necessary for <b>us</b> to seek a second opinion as part of <b>our</b> approval process. Benefit will not be paid unless prior approval has been received.</p>
Stem cells		<p><b>We</b> do not pay for the harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.</p>
Surrogate parenting	Please also see maternity cover in the table of benefits.	<p><b>Treatment</b> directly related to surrogacy. This applies:</p> <ul style="list-style-type: none"> <li>○ to <b>you</b> if <b>you</b> act as a surrogate, and</li> <li>○ to anyone else acting as a surrogate for <b>you</b></li> </ul>
Temporomandibular joint (TMJ) disorders		Temporomandibular joint (TMJ) disorders
Travel costs for <b>treatment</b>		<p>Any travel costs related to receiving <b>treatment</b>.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>○ <b>we</b> do not pay for taxis or other travel expenses for <b>you</b> to visit a <b>medical practitioner</b></li> <li>○ <b>we</b> do not pay for travel time or the cost of any transport expenses charged by a <b>medical practitioner</b> to visit <b>you</b></li> </ul> <p>Exceptions:</p> <ul style="list-style-type: none"> <li>○ Road Ambulance cover</li> <li>○ Air Ambulance cover</li> <li>○ <b>you</b> have bought Worldwide Evacuation cover and <b>your</b> travel meets the qualifying conditions of that cover</li> </ul>

Exclusion	Notes	Rules
U.S. treatment		<p>If <b>you</b> have not bought cover for the U.S., then <b>we</b> will not pay for <b>treatment</b> or services, received in the U.S.</p> <p>If <b>you</b> have bought cover for the U.S., <b>we</b> will not pay for <b>treatment</b> or services, received there:</p> <ul style="list-style-type: none"> <li>○ when arrangements were not pre-authorized by <b>our</b> agents in the U.S. where required (see 'Pre-authorization – <b>Treatment</b> in the U.S.' section of this membership guide); or</li> <li>○ when <b>we</b> know or have reasonable grounds to conclude, that <b>you</b> purchased cover for and travelled to the U.S. for the purpose of receiving <b>treatment</b> or services for a condition, including pregnancy when the symptoms of the condition were apparent to <b>you</b> before buying the cover. This applies whether or not <b>your treatment</b> or services were the main or sole purpose of <b>your</b> visit and even if the <b>treatment</b> or services were pre-authorized.</li> </ul> <p><b>Our Service Partner</b> in the U.S. operates a national <b>network</b> of <b>hospitals</b>, clinics and <b>medical practitioners</b>. This is the U.S. provider <b>network</b>. <b>You</b> must contact <b>our</b> dedicated team before <b>you</b> have <b>treatment</b>, and they can help to find a suitable <b>network</b> provider for <b>you</b>.</p> <p>For eligible <b>treatment</b> that takes place in the U.S. using the U.S. provider <b>network</b>, benefit is paid at 100 percent, once any co-insurance or <b>deductible</b> amount which may apply, and which <b>you</b> are responsible to pay, has been deducted from the claimed amount. When eligible <b>treatment</b> takes place in the U.S. but outside the provider <b>network</b>, benefit is paid at <b>Reasonable and Customary</b> costs. Please see the "<b>Our</b> approach to costs" section of this membership guide.</p> <p>Please note: If <b>you</b> have chosen to include cover for <b>pre-existing conditions</b>, this is not extended to <b>treatment</b> received in the U.S., even when <b>you</b> have bought cover for <b>treatment</b> in the U.S. Therefore, <b>you</b> will see a specific exclusion on <b>your</b> membership certificate for the costs of <b>treatment</b> in the U.S. for these <b>pre-existing conditions</b>.</p>
Unrecognised medical practitioner, hospital or healthcare facility		<ul style="list-style-type: none"> <li>○ <b>Treatment</b> provided by a <b>medical practitioner, hospital or healthcare facility</b> which are not recognised by the relevant authorities in the country where the <b>treatment</b> takes place as having <b>specialist</b> knowledge, or expertise in, the <b>treatment</b> of the disease, illness or injury being treated.</li> <li>○ Self <b>treatment</b> or <b>treatment</b> provided by anyone with the same residence, <b>Family Members</b> (persons of a family, related to <b>you</b> by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request.</li> <li>○ <b>Treatment</b> provided by a <b>medical practitioner, hospital or healthcare facility</b> which are to whom <b>we</b> have sent a written notice that <b>we</b> no longer recognise them for the purposes of <b>our</b> health plans. <b>You</b> can contact <b>us</b> by telephone for details of <b>treatment</b> providers <b>we</b> have sent written notice to or visit Facilities Finder at <a href="http://bupaglobal.com/en/facilities/finder">bupaglobal.com/en/facilities/finder</a></li> </ul>

