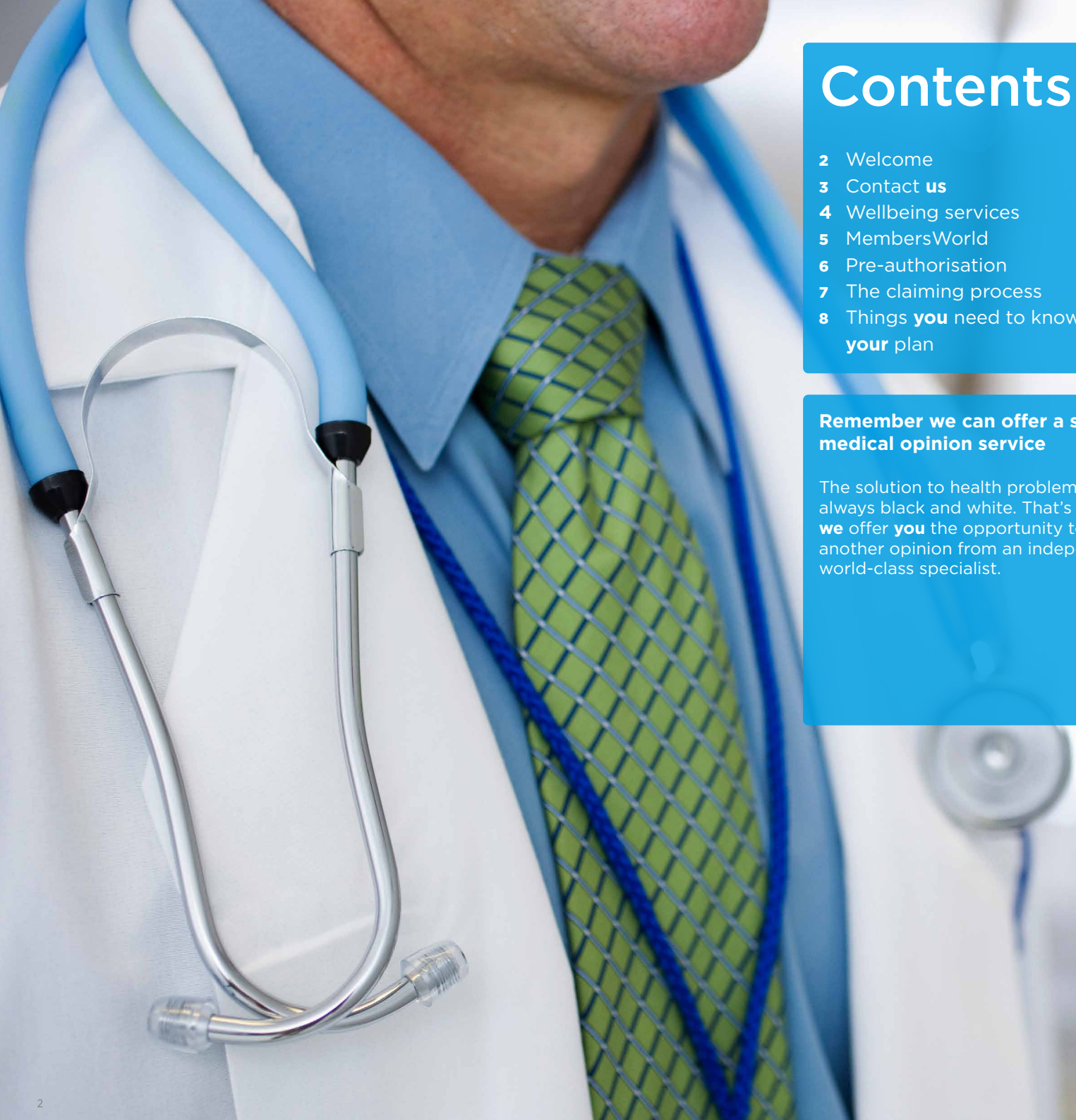
LIFELINE

Membership Guide

This booklet explains the terms and conditions of the Lifeline Plan. Detailed information such as pre-authorising **treatment**, making a claim and moving country can be found in this booklet.

From 1 April 2020

bupaglobal.com



Contents

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 an independent world-class specialist.

Welcome

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

This includes:

- guidance on what to do when **you** need **treatment**
- simple steps to understanding the claims process
- a 'Table of Benefits' and list of '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

This membership guide must be read alongside **your** membership certificate and **your** application for cover, as together they set out the terms and conditions of **your** membership and form **your** plan documentation. To make the most of **your** plan, please read the 'Table of Benefits', 'Exclusions' and '**Your** Membership' sections carefully to get a full understanding of **your** cover.

Please keep **your** membership guide in a safe place. If **you** need another copy, **you** can call **us**, or view and download it any time on **bupaglobal.com/membersworld**. Alternatively you can call us.

Bold words
Words in bold have particular meanings in this membership guide. Please check their definition in the Glossary before **you** read on. **You** will find the Glossary in the back of this membership guide.

Contact us

Open 24 hours a day, 365 days a year

You can access details about **your** plan any time of the day or night through MembersWorld.
Alternatively **you** can call us anytime for advice, support & assistance by people who understand **your** situation.

Healthline* +44 (0) 1273 333 911

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

- general medical information
- finding local medical facilities
- arranging and booking appointments
- access to a second medical opinion
- travel information
- security information
- information on inoculation and visa requirements
- **emergency** message transmission
- interpreter and embassy referral

You can ask **us** to arrange medical evacuations and repatriations, if covered under **your** plan, including:

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

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

General enquiries

MembersWorld is the first place to go for information about:

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

It's often the quickest way to contact **us** too, using web chat.

Web: bupaglobal.com/membersworld

Alternatively:

Phone: +44 (0) 1273 323 563
Fax: +44 (0) 1273 820517
Email: info@bupaglobal.com

Post: Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom

Please note that **we** cannot guarantee the security of email as a method of communication. Some companies, employers and/or countries do monitor email traffic, so please bear this in mind when sending **us** confidential information.

Your calls may be recorded or monitored.

* **We** obtain 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.

Easier to read information

Braille, large print or audio
We want to make sure that members with special needs are not excluded in any way. **We** also offer a choice of Braille, large print or audio for **our** letters and literature. Please let **us** know which **you** would prefer.

Contact details changed?

It's very important that **you** let **us** know when **you** change **your** contact details (correspondence address, email or telephone). **We** need to keep in touch with **you** so **we** can provide **you** with important information regarding **your** plan or **your** claims. Simply log onto MembersWorld or call, email or write to **us**.

Making a complaint

We're always pleased to hear about aspects of **your** plan that **you** have particularly appreciated, or that **you** have had problems with.

If something does go wrong, this membership guide outlines a simple procedure to ensure **your** concerns are dealt with as quickly and effectively as possible. Please see the 'Making a Complaint' section for more details.

If **you** have any comments or complaints, the quickest way to contact **us** is using web chat. Log into **your** MembersWorld account and click the web chat option in the menu.

Alternatively **you** can contact us via one of the following methods:

Phone: +44 (0) 1273 323 563
Fax: +44 (0) 1273 820 517
Email: info@bupaglobal.com
Post:
Bupa Global,
Victory House,
Trafalgar Place,
Brighton,
BN1 4FY,
United Kingdom

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 available to you from the very start of your policy at no additional cost. The use of the services listed on this page does not impact your policy premiums or erode benefits from your plan. For more information on any of these services please contact Customer Services.

Wellbeing Quiz

We do not always have time to take care of ourselves properly. So, take a moment to understand your current state of wellbeing.

Our short Wellbeing Quiz will help you to understand and measure your overall wellbeing and create a personalised report with a range of suggestions to help you live a longer, healthier, happier life. Perhaps there is a change or two you could make today.

Try the wellbeing quiz today:
bupaglobal.com/en/wellbeing-quiz

Your Wellbeing

Explore Bupa Global's ever-growing health and lifestyle webpages at **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*

As a Bupa Global customer, you can access a second medical opinion from a team of world leading international specialist doctors.

This virtual service can give you added reassurance and confidence in your diagnosis or treatment recommendation to help you take the most appropriate steps with regards to your health. An independent team of doctors will review your previous medical history, along with any proposed treatment and issue you with a detailed report including recommendations for the best approach towards optimal recovery. And, access to an online portal and dedicated case manager enables you to review your case every step of the way.

To request a second medical opinion, complete an online referral form via the MembersWorld website, or contact the Bupa Global Customer Service team on **+44 (0) 1273 323 563**
info@bupaglobal.com

Bupa Family Plus*

Bupa Global provides you and your partner with an engaging and accessible maternity and family health programme in the form of an easy to use phone app.

Bupa Family Plus supports you during pregnancy, the early years of parenting and right through to those tricky teen years. Receive daily pregnancy tips for every trimester, seamlessly track your baby's feedings, learn about your toddler's developmental milestones and stay on top of your teen's immunisations, all in one place.

To discover all the app has to offer, download Bupa Family Plus from either App Store or Google Play.

Bupa Family Plus

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 are subject to third party availability. Bupa Global assumes no liability and accepts no responsibility for information provided by the services detailed above

Your website: MembersWorld

We want to put you in control of your health insurance.

That's why **we** give **you** access to MembersWorld, an exclusive and secure website where **you** can manage **your** health plan in an easier and faster way.

We want to make **your** experience as simple and stress free as possible, so **you** can spend **your** time on the things that matter to **you**.

In just a few clicks, it's easy to:

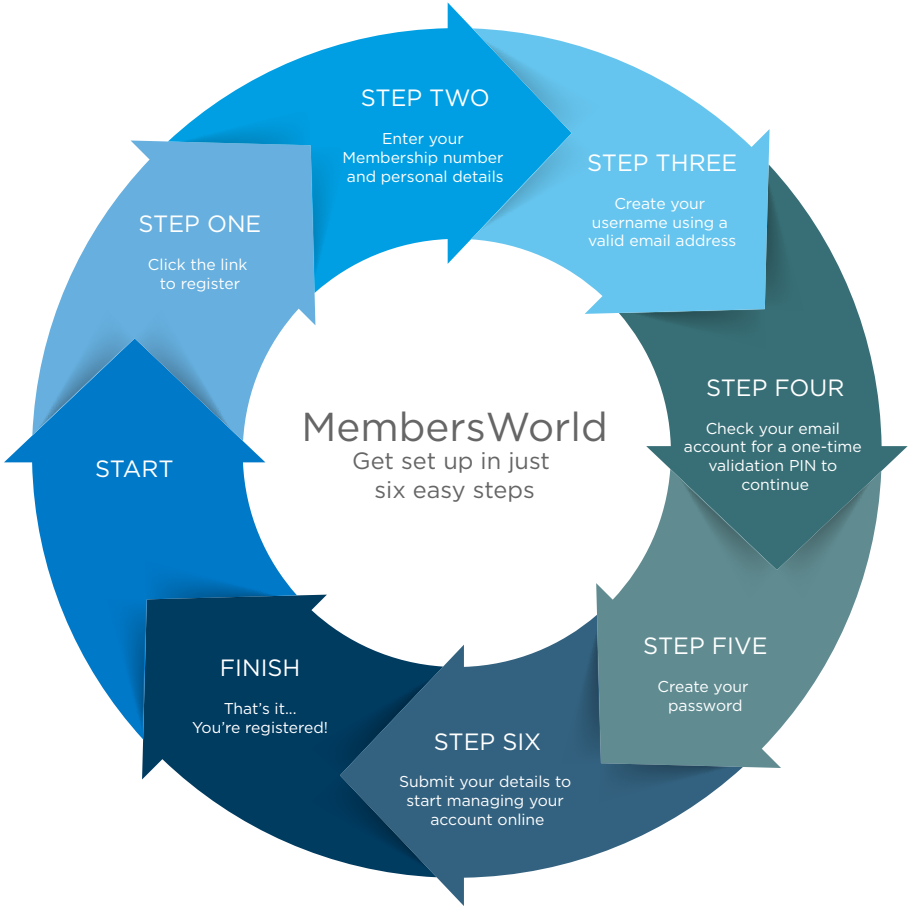
- check **your** benefits
- update **your** details and read documents
- pre-authorise **in-patient** and **day-case treatment**
- submit and track **your** claims*
- request a second medical opinion at no extra cost
- if **your** sponsor has purchased **your health plan** via a broker, **you** can allow them access to view **your health plan** information (except claim related documents)
- specify a preferred address for claim reimbursements – useful if **you** have multiple addresses or are travelling.

There are many more benefits online; log in to see for yourself.

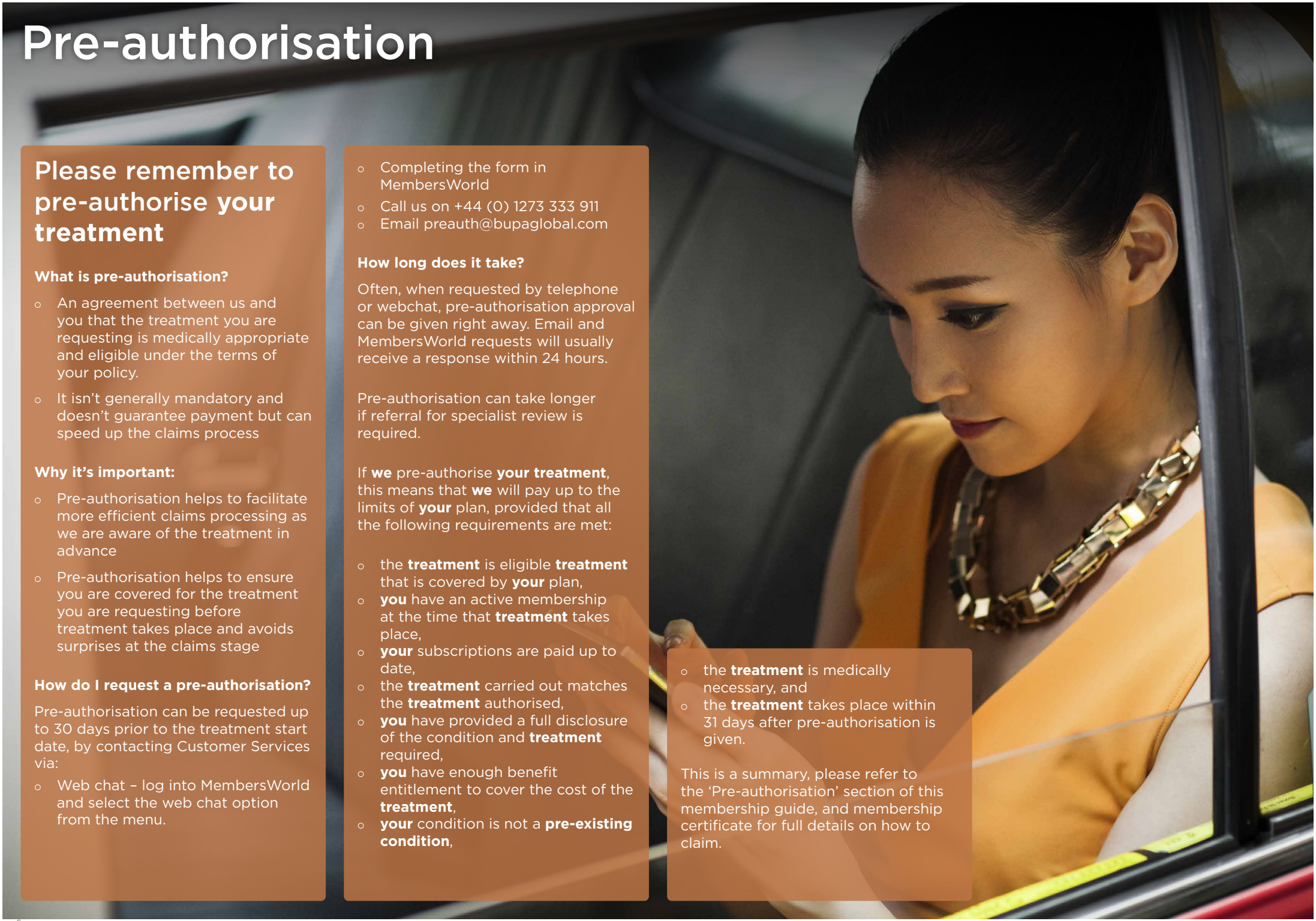
* MembersWorld may not be able to track claims in the U.S. as a third party is used here.

Registering for MembersWorld is easy. All **you** need is **your** email address, **your** customer number and a few personal details.

Go to **www.bupaglobal.com/membersworld** to register.



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.

The claiming process

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

- Go online at **bupaglobal.com/membersworld** and web chat with us
- Call us on **+44 (0) 1273 323 563**
- Email **info@bupaglobal.com**

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 on-line claim or uploading any completed claims form.
- Make sure **we've** got 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.

	1	2	3	4	5
Direct Settlement Direct settlement is where the provider of **your treatment** claims directly from **us**, making things easier for **you**.	**You** should present **your** membership card when **you** receive **treatment**.	**We** send **your treatment** provider a pre-authorisation statement. **We** will also send a copy to **you** on request. The **treatment** provider will ask **you** to sign the pre-authorisation statement when **you** arrive for **treatment** including the patient declaration.	If **you** have a co-insurance on a benefit or any remaining deductible, **we** will pay the provider in full and collect any co-insurance or remaining **deductible** 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 provider in full and collect any share from **you** using the payment details **we** hold for **you**, or **your treatment** 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 treatment provider will then send **your** claim to **us**. **We** pay the **treatment** provider directly.	**We** will 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'. If **you** have a an **annual deductible** please refer to the '**Annual deductible**' section in this guide for further details. It is important that **you** send all **your** claims to **us**, even if the value of the claim is less than the remaining deductible.
Pay and Claim The alternative is for **you** to pay and then claim back the costs from **us**.	When **you** visit **your treatment** 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 bupaglobal.com/membersworld	Once **you** have received **treatment** and made a payment to **your treatment** 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 **our** website, bupaglobal.com/membersworld or send it to **us**.	**We** pay **you**. If **you** have an **annual deductible** or a co-insurance applied to **your** claim **we** will pay **you** the cost of the claim minus the percentage of the co-insurance or the amount of the remaining **annual deductible**.	

Things you need to know about your Lifeline plan

How to use your plan

Step 1: Where to get treatment

As long as it is covered by **your** plan, **you** can have **your treatment** at any recognised **hospital** or clinic. If **you** don't know where to go, please contact **our** Healthline service for help and advice.

Participating hospitals

To help **you** find a facility quickly and easy, visit bupaglobal.com/en/facilities/finder. **We** can normally arrange direct settlement with these facilities too.

Getting treatment in the U.S.

You must call **our** dedicated team on 844 369 3797 (from inside the U.S.), or +1 844 369 3797 (from outside the U.S.) to arrange any **treatment** in the U.S.

Step 2: Contact us

If **you** know that **you** may need **treatment**, please contact **us** first. This gives **us** the chance to check **your** cover, and to make sure that **we** can give **you** the support of **our** global **networks**, **our** knowledge and **our** experience.

Pre-authorising in-patient treatment and day-case treatment

You must contact **us** whenever possible before **in-patient treatment** or **day-case treatment**, for pre-authorisation. This means that **we** can confirm to **you** and to **your hospital** that **your treatment** will be covered under **your** plan.

Pre-authorisation puts **us** directly in touch with **your hospital**, so that **we** can look after the details while **you** concentrate on getting well.

The 'Pre-authorisation' section contains all of the rules and information about this.

When **you** contact **us**, please have **your** membership number ready. **We** will ask some or all of the following questions:

- what condition are **you** suffering from?
- when did **your** symptoms first begin?
- when did **you** first see **your family doctor** about them?
- what **treatment** has been recommended?
- on what date will **you** receive the **treatment**?
- what is the name of **your consultant**?
- where will **your** proposed **treatment** take place?
- how long will **you** need to stay in **hospital**?

If **we** can pre-authorise **your treatment**, **we** will send a pre-authorisation statement that will also act as **your** claim form (see Step 3 below).

Step 3: Making a claim

Please read the 'Making a claim' section for full details of how to claim. Here are some guidelines and useful things to remember.

What to send

We must receive a fully completed claim form and the invoices for **your treatment**, within 2 years of the **treatment** date.

If this is not possible, please write to **us** with the details and **we** will see if an exception can be made.

Your claim

You must ensure that **your** claim form is fully completed by **you** and by **your medical practitioner**. The claim form is important because it gives **us** all the information that **we** need. Contacting **you** or **your medical practitioner** for more information can take time, and an incomplete claim form is the most common reason for delayed payments.

You can download a claim form from **our** MembersWorld website, or contact **us** to send **you** one. Remember that if **your treatment** is pre-authorised, **your** pre-authorisation statement will act as **your** claim form.

How we make payments

Wherever possible, **we** will follow the instructions given to **us** in the payment section of the claim form:

- **we** can pay **you** or the **hospital**
- **we** can pay by cheque or by electronic transfer
- **we** can pay in over 80 currencies

To carry out electronic transfers, **we** need to know the full bank name, address, SWIFT code and (in Europe only) the IBAN number of **your** bank account. **You** can give **us** this information on the claim form.

Tracking your claim

We will process **your** claim as quickly as possible. **You** can easily check the progress of a claim **you** have made by logging on to **our** MembersWorld website.

Confirmation of your claim

When **your** claim has been assessed and paid, **we** will send a statement to **you** to confirm when and how it was paid, and who received the payment. If **you** subscribe to **our** secure MembersWorld website, **you** can view **your** documents online, upload **your** claims and view **your** claims statement.

About your Membership

This booklet forms part of **you**, the **principal member's** contract with **us**, along with **your** application form and **your** membership certificate. This is an annual contract.

The agreement between you and us

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

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

The following must be read together as they set out the terms and conditions of **your** membership:

- **you**, the **principal member's** application for cover: this includes any quote request, applications for cover for **you** and **your dependants** (if any) and the declarations that **you**, the **principal member** made during the application process
- **your** rules and benefits in this Membership Guide
- **your** membership certificate

The full name of **your** insurer is shown on **your** membership certificate.

When your cover starts

The start date of **your** membership is the 'effective from' date shown on **your** membership certificate.

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

You, the **principal member**, must tell **us** straight away if **your specified country of residence** or **your specified country of nationality** changes. **Your** new country may have different regulations about health insurance. **You**, the **principal member**, need to tell **us** of any change so that **we** can make sure that **you** have the right cover.

Summary of Benefits

	Essential	Classic
Overall annual maximum		
Overall annual maximum	●	●
Out-patient treatment		
Out-patient **surgical operations**	●	●
Health screening and wellness checks (after one years' membership)		●
Physiotherapy, **osteopathy** and chiropractor **treatment**		●
Costs for **treatment** by **therapists**, **complementary medicine practitioners** and **qualified nurses**		●
Consultants' fees, **psychologists'** and **psychotherapists**' fees for **Mental Health treatment**		●
Pathology, X-rays and **diagnostic tests**		●
Consultants' fees for consultations		●
Costs for **treatment** by a **family doctor**		
Prescribed drugs and dressings		
Accident-related dental **treatment**		●
In-patient and day-case treatment		
Hospital accommodation	●	●
Surgical operations, including pre- and post-operative care	●	●
Nursing care, drugs and surgical dressings	●	●
Physicians' fees	●	●
Theatre charges	●	●
Intensive Care	●	●
Pathology, X-rays, **diagnostic tests** and therapies	●	●
Prosthetic implants and **appliances**	●	●
Parent accommodation	●	●
Mental Health treatment	●	●
Further Benefits		
Advanced imaging	●	●
Cancer **treatment**	●	●
Healthline services	●	●
HIV/AIDS drug therapy including ART (after five years' membership)		●
Home nursing after **in-patient treatment**	●	●
Hospice and palliative care	●	●
In-patient cash benefit	●	●
Kidney dialysis	●	●
Local air ambulance	●	●
Local road ambulance	●	●
Maternity cover (after 10 months' membership)		●
Newborn care	●	●
Prosthetic devices	●	●
Rehabilitation	●	●
Transplant services	●	●
Treatment for or related to gender dysphoria		●

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

Summary of Benefits (continued)

	Essential	Classic
Optional benefits, if purchased		
U.S. cover	●	●
Assistance cover (Evacuation and Repatriation)	●	●

Summary of Exclusions

	Essential	Classic
Artificial life maintenance	●	●
Birth control	●	●
Conflict and disaster	●	●
Congenital conditions	●	●
Convalescence and admission for general care	●	●
Cosmetic **treatment**	●	●
Deafness	●	●
Dental **treatment**/gum disease	●	●
Desensitisation and neutralisation	●	●
Developmental problems	●	●
Donor organs	●	●
Drugs and dressings for out-patient or take-home use	●	●
Epidemics and **pandemics**	●	●
Experimental or unproven **treatment**	●	●
Eyesight	●	●
Family doctor treatment	●	●
Footcare	●	●
Genetic testing	●	●
Harmful or hazardous use of alcohol, drugs and/or medicines	●	●
Health hydros, nature cure clinics etc.	●	●
Hereditary conditions	●	●
HIV/AIDS	●	●
Infertility **treatment**	●	●
Maternity	●	
Obesity	●	●
Persistent vegetative state (PVS) and neurological damage	●	●
Illegal activity		
Treatment for or related to gender dysphoria		
Personality disorders	●	●
Physical aids and devices	●	●
Pre-existing conditions	●	●
Preventive **treatment**	●	●
Reconstructive or remedial surgery	●	●
Sexual problems	●	●
Sleep disorders	●	●
Speech disorders	●	●
Stem cells	●	●
Surrogate parenting	●	●
Travel costs for **treatment**	●	●
Unrecognised medical practitioner, **hospital or healthcare facility**	●	●
U.S. **treatment**	●	●

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

What is covered?

Please read this important information about the kind of costs that **we** cover.

Treatment that we cover

For **us** to cover any **treatment** that **you** receive, it must satisfy all of the following requirements:

- it is at least consistent with generally accepted standards of medical practice in the country in which **treatment** is being received
- it is clinically appropriate in terms of type, duration, location and frequency, and
- it is covered under the terms and conditions of the plan

We will not pay for **treatment** which in **our** reasonable opinion is inappropriate based on established clinical and medical practice, and **we** are entitled to conduct a review of **your treatment**, when it is reasonable for **us** to do so.

Active treatment

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

Note: please see 'Health screening and wellness checks' in the 'Table of benefits' and 'Preventive **treatment**' in the 'What is not covered?' section for information on preventive **treatment**.

Our approach to costs

When **you** are in need of a **treatment** 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 **treatment** providers on Facilities Finder at bupaglobal.com/en/facilities/finder. Where **you** choose to have **your treatment** and services with a **treatment** provider in **network**, **we** will cover all eligible costs of any covered benefits, once any applicable co-insurance or deductible amount which **you** are responsible to pay has been deducted from the total claimed amount.

Should **you** choose to have covered benefits with a **treatment** 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 **treatment** provider must be no more than they would normally charge, and be similar to other **treatment** 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**' **treatment** provider will not be paid.

This means that, should **you** choose to receive covered benefits from an 'out-of-**network**' **treatment** 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**' **treatment** provider;
- **we** cannot control what amount **your** chosen 'out-of-**network**' **treatment** provider will seek to charge **you** directly.

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

If **you** are taken to an 'out-of-**network**' **treatment** provider in an **emergency**, it is important that **you**, or the **treatment** 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 **treatment** provider in **network** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a **treatment** 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 deducted).

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

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.

How to read the Table of benefits

There are three levels of cover: Essential, Classic and Gold. **You** need to read the column in the 'Table of benefits' that applies to **your** level of cover, as shown on **your** membership certificate.

Benefit limits

There are two kinds of benefit limits shown in this table. The 'overall annual maximum' is the maximum **we** will pay for all benefits in total for each person, each **membership year**. Some benefits also have a limit applied to them separately; for example home nursing.

All benefit limits apply per member. If a benefit limit also applies per **membership year**, this means that once a benefit limit has been reached, that benefit will no longer be available until **you**, the **principal member** renew **your** plan and start a new **membership year**.

If a benefit limit applies for the whole of **your** membership, once this benefit limit has been reached, no further benefits will be paid, regardless of the renewal of **your** plan.

Currencies

All the benefit limits in the 'Table of benefits' and notes are set out in three currencies: GBP, USD and EUR. The currency in which **you**, the **principal member** pay **us your** subscription is the currency that applies to **your** membership for the purpose of the benefit limits.

For example, if **you**, the **principal member** pay **your** subscriptions in GBP then the benefit limits given in GBP apply to **your** membership and USD and EUR limits do not apply to **you**.

If **you** are unsure which level of cover **you** have, the currency that applies to **your** membership, or whether **you**, the **principal member** have an **annual deductible**, **you** can either check on **your** membership certificate, through **our** MembersWorld website or contact the customer services helpline.

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.

Overall annual maximum

Benefits	Essential	Classic	Explanation of benefits
Overall annual maximum	GBP 2,000,000 USD 3,200,000 EUR 2,500,000	GBP 3,000,000 USD 4,800,000 EUR 3,750,000	All benefits are subject to this overall annual maximum unless specified in the table of benefits

Out-patient treatment

Important

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

Benefits	Essential	Classic	Explanation of benefits
Out-patient **surgical operations**	Paid in full	Paid in full	**We** pay for out-patient **surgical operations** when carried out by a **consultant** or a **family doctor**.
Health screening and wellness checks (after one years' membership)	Not covered	**We** pay up to GBP 600 USD 1,000 or EUR 750 each **membership year**	**We** pay for a full health screening: ○ after **you** have been a member of this plan for one **membership year** ○ then each alternate **membership year** 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. **We** also pay for wellness checks: ○ after **you** have been a member of this plan for one **membership year** The wellness checks **you** may also have are specific screening tests for breast, cervical, prostate or colorectal cancer. The actual tests **you** have will depend on those supplied by the benefits provider where **you** have **your** screening.
Physiotherapy, **osteopathy** and chiropractor **treatment**	Not covered	**We** pay in full for up to 30 visits each **membership year**	**We** pay for nursing charges for general nursing care, for example injections or wound dressings by a **qualified nurse** and consultations and **treatment** with **therapists** and **complementary medicine practitioners** when they are appropriately qualified and registered to practice in the country where **treatment** is received. This includes the cost of both the consultation and **treatment**, including any complementary medicine prescribed or administered as part of **your treatment**. Should any complementary medicines or **treatments** be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate visit. Note: **we** do not pay any other complementary therapies such as ayurvedic **treatment** or aromatherapy which may be available. Note: for dieticians, **we** pay the initial consultation plus two follow-up visits when needed as a result of an eligible condition. Please note that obesity is not covered.
Costs for **treatment** by **therapists**, **complementary medicine practitioners** and **qualified nurses**	Not covered	**We** pay in full for up to 10 visits each **membership year**	
Consultants' fees, **psychologists'** and **psychotherapists**' fees for **Mental Health treatment**	Not covered	**We** pay up to GBP 6,400, USD 10,900 or EUR 8,000 each **membership year**	**We** will pay for **consultants'** fees, **psychologists'** and **psychotherapists**' fees for **Mental Health treatment**

Out-patient treatment (continued)

Benefits	Essential	Classic	Explanation of benefits
Pathology, X-rays and **diagnostic tests**	Not covered	**We** pay up to GBP 6,400, USD 10,900 or EUR 8,000 each **membership year**	**We** pay for: ○ pathology, such as checking blood and urine samples for specific abnormalities, ○ radiology, such as X-rays, and ○ **diagnostic tests**, such as electro-cardiograms (ECGs) when recommended by **your consultant** or **family doctor** to help determine or assess **your** condition.
Consultants' fees for consultations	Not covered		This normally means a meeting with a **consultant** to assess **your** condition. Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.
Costs for **treatment** by a **family doctor**	Not covered	Not covered	**We** pay for **family doctor treatment**. Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.
Prescribed drugs and dressings	Not covered	Not covered	**We** pay for the cost of drugs and dressings prescribed for **you** by **your medical practitioner** required to treat a disease, illness or injury, for eligible **treatment**. Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit described in the costs for **treatment** by **therapists** and **complementary medicine practitioners** benefit.
Accident-related dental **treatment**	Not covered	Paid in full	**We** pay for accident-related dental **treatment** that **you** receive from a **dental practitioner** for **treatment** during an **emergency** visit following accidental damage to any tooth. **We** only pay any accident-related dental **treatment** which takes place up to 30 days after the accident.

In-patient and day-case treatment

Important

For all in-patient and day-case treatment costs:

- it must be medically essential for **you** to occupy a **hospital** bed to receive the **treatment**
- **your treatment** must be provided, or overseen, by a **consultant**
- **we** pay for accommodation in a room that is no more expensive than the **hospital's** standard single room with a private bathroom. This means that **we** will not pay the extra costs of a deluxe, executive or VIP suite etc.
- if the cost of **treatment** is linked to the type of room, **we** pay the cost of **treatment** at the rate which would be charged if **you** occupied a standard single room with a private bathroom
- the **hospital** where **you** have **your treatment** must be recognised

Long in-patient stays: 10 nights or longer

In order for **us** to cover an in-patient stay lasting 10 nights or more, **you** must send **us** a medical report from **your consultant** before the eighth night, confirming:

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

Benefits	Essential	Classic	Explanation of benefits
Hospital accommodation	Paid in full	Paid in full	**We** pay charges for **your hospital** accommodation, including all **your** own meals and refreshments. **We** do not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics. **We** pay for accommodation in a room that is no more expensive than the **hospital's** standard single room with a private bathroom. This means that **we** will not pay the extra costs of a deluxe, executive or VIP suite etc. **We** pay for the length of stay that is medically appropriate for the procedure that **you** are admitted for. For example, unless medically essential, **we** do not pay for day-case accommodation for **out-patient treatment**, and **we** do not pay for in-patient accommodation for **day-case treatment**. Examples: unless medically essential, **we** do not pay for day-case accommodation for **out-patient treatment** (such as an MRI scan), and **we** do not pay for in-patient accommodation for **day-case treatment** (such as a biopsy). Please also read convalescence and admission for general care in the 'What is not covered?' section.
Surgical operations, including pre- and post-operative care	Paid in full	Paid in full	**We** pay surgeons' and anaesthetists' fees for a **surgical operation**, including all pre- and post-operative care. Note: this benefit does not include follow-up consultations with **your consultant**, as these are paid under the **consultants'** fees for consultations benefit.
Nursing care, drugs and surgical dressings	Paid in full	Paid in full	**We** pay for nursing services, drugs and surgical dressings **you** need as part of **your treatment** in **hospital**. Note: ○ **we** do not pay for drugs and surgical dressings **you** receive for **out-patient treatment** or use at home, and ○ **we** do not pay for nurses hired in addition to the **hospital's** own staff. In the rare case where a **hospital** does not provide nursing staff **we** will pay for the reasonable cost of hiring a **qualified nurse** for **your treatment**

In-patient and day-case treatment (continued)

Benefits	Essential	Classic	Explanation of benefits
Physicians' fees	Paid in full	Paid in full	**We** pay physicians' fees for **treatment you** receive in **hospital** if this does not include a **surgical operation**, for example if **you** are in **hospital** for **treatment** of a medical condition such as pneumonia. If **your treatment** includes a **surgical operation we** will only pay physicians' fees if the attendance of a physician is **medically necessary**, for example, in the rare event of a heart attack following a **surgical operation**.
Theatre charges	Paid in full	Paid in full	**We** pay for use of an operating theatre
Intensive Care	Paid in full	Paid in full	**We** pay for **intensive care** in an **intensive care** unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when: ○ it is an essential part of **your treatment** and is required routinely by patients undergoing the same type of **treatment** as **yours**, or ○ it is **medically necessary** in the event of unexpected circumstances, for example if **you** have an allergic reaction during surgery
Pathology, X-rays, **diagnostic tests** and therapies	Paid in full	Paid in full	**We** pay for: ○ pathology, such as checking blood and urine samples ○ radiology (such as X-rays) and ○ **diagnostic tests** such as electro cardiograms (ECGs) when recommended by **your consultant** to help determine or assess **your** condition when carried out in a **hospital**. **We** also pay for **treatment** provided by **therapists**, **physiotherapists**, **osteopaths**, chiropractors and **complementary medicine practitioners** (such as acupuncturists) if it is needed as part of **your treatment** in **hospital**.
Prosthetic implants and **appliances**	Paid in full	Paid in full	**We** pay for a prosthetic implant needed as part of **your treatment**. By this, **we** mean an artificial body part or **appliance** which is designed to form a permanent part of **your** body and is surgically implanted for one or more of the following reasons: ○ to replace a joint or ligament ○ to replace one or more heart valves ○ to replace the aorta or an arterial blood vessel ○ to replace a sphincter muscle ○ to replace the lens or cornea of the eye ○ to act as a heart pacemaker ○ to remove excess fluid from the brain ○ to control urinary incontinence (bladder control) ○ to reconstruct a breast following surgery for cancer when the reconstruction is carried out as part of the original **treatment** for the cancer and **you** have obtained **our** written consent before receiving the **treatment** ○ to restore vocal function following surgery for cancer **We** also pay for the following **appliances**: ○ a knee brace which is an essential part of a **surgical operation** for the repair to a cruciate (knee) ligament, or ○ a spinal support which is an essential part of a **surgical operation** to the spine

In-patient and day-case treatment (continued)

Benefits	Essential	Classic	Explanation of benefits
Parent accommodation	Paid in full	Paid in full	**We** pay room and board costs for the parent staying in **hospital** with their child when: ○ the costs are for one parent or legal guardian only ○ the parent or guardian is staying in the same **hospital** as the child, ○ the child is under the age of 18 years old, and ○ the child is receiving **treatment** that is covered
Mental Health treatment	Paid in full	Paid in full	**We** pay for **mental health treatment you** receive in **hospital** during each policy year, in full. This benefit applies to all **treatment** related to the mental health condition.

Further Benefits

Important

These are the additional benefits provided by **your** membership of the Lifeline plan.
These benefits may be in-patient, out-patient or day-case.

Benefits	Essential	Classic	Explanation of benefits
Advanced imaging	Paid in full	Paid in full	**We** pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by **your consultant** or **family doctor**.
Cancer **treatment**	Paid in full	Paid in full	Once cancer is diagnosed, **we** pay fees that are related specifically to planning and carrying out **treatment** for cancer. This includes tests, scans, consultations and drugs (such as cytotoxic drugs or chemotherapy).
Healthline services	Included	Included	This is a telephone advice line which offers help 24 hours a day, 365 days a year. Please call +44 (0) 1273 333 911 at any time when **you** need to. The following are some of the services that may be offered by telephone: ○ general medical information from a health professional ○ medical referrals to a physician or **hospital** ○ medical service referral (ie locating a physician) and assistance arranging appointments ○ inoculation and visa requirements information ○ **emergency** message transmission ○ interpreter and embassy referral Note: **treatment** arranged through this service may not be covered under **your** plan. Please check **your** cover before proceeding.
HIV/AIDS drug therapy including ART (after five years' membership)	Not covered	**We** pay up to GBP 12,000, USD 20,000 or EUR 15,000 each **membership year**	**We** pay for HIV/AIDS drug therapy after **you** have been a member of the plan for the whole of the five years leading up to the **treatment**. Note: **we** pay for **treatment** that is not drug therapy or ART from **your** in-patient or out-patient benefits if **you** have been a member of the plan for five years.
Home nursing after **in-patient treatment**	**We** pay up to GBP 120, USD 200 or EUR 150 each day up to a maximum of 10 days each **membership year**	**We** pay up to GBP 200, USD 320 or EUR 250 each day up to a maximum of 20 days each **membership year**	**We** pay for home nursing after eligible **in-patient treatment**. **We** pay if the home nursing: ○ is needed to provide medical care, not personal assistance ○ is necessary, meaning that without it **you** would have to stay in **hospital** ○ starts immediately after **you** leave **hospital** ○ is provided by a **qualified nurse** in **your** home, and ○ is prescribed by **your consultant**
Hospice and palliative care	**We** pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of **your** membership	**We** pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of **your** membership	If **you** need in-patient, day-case or out-patient care or **treatment** following the diagnosis that **your** condition is terminal, when **treatment** can no longer be expected to cure **your** condition, **we** pay for **your** physical, psychological, social and spiritual care as well as **hospital** or hospice accommodation, nursing care and prescribed drugs. The amount shown here is the total amount **we** shall pay for these expenses during the whole of **your** membership, whether continuous or not.

Further Benefits (continued)

Benefits	Essential	Classic	Explanation of benefits
In-patient cash benefit	**We** pay GBP 100, USD 160 or EUR 125 each night up to 20 nights each **membership year**	**We** pay GBP 100, USD 160 or EUR 125 each night up to 20 nights each **membership year**	This benefit is paid instead of any other benefit for each night **you** receive eligible **in-patient treatment** without charge. To claim this benefit, please ask the **hospital** to sign and stamp **your** claim form. Then send the completed form to **us** with a covering letter stating that **you** were treated with no charge. Please note that **you** need to ensure that the medical section of **your** claim form is completed by **your consultant**.
Kidney dialysis	Paid in full	Paid in full	**We** pay for kidney dialysis - provided as In-patient, day-case or as on out-patient.
Local air ambulance	Paid in full	Paid in full	**We** pay for **medically necessary** travel for **you** to be transported by local air ambulance such as a helicopter, when related to eligible **in-patient treatment** or **day-case treatment**, either: ○ from the location of an accident to **hospital**, or ○ for a transfer from one **hospital** to another when it is appropriate for this method of transfer to be used to transport **you** over short journeys of up to 100 miles/160 kilometres. This benefit does not include mountain rescue. Note: this benefit does not include evacuation if the **treatment you** need is not available locally. Please also see 'Assistance cover' section.
Local road ambulance	Paid in full	Paid in full	**We** pay for **medically necessary** travel by local road ambulance when related to eligible **in-patient treatment** or **day-case treatment**.

Further Benefits (continued)

Benefits	Essential	Classic	Explanation of benefits
Maternity cover (after 10 months' membership)	Not covered	Maternity and childbirth: **We** pay up to GBP 3,600, USD 6,000 or EUR 4,500 each **membership year** Childbirth at home: **We** pay up to GBP 780, USD 1,300 or EUR 975 each **membership year** Medically essential Caesarean section: **We** pay up to GBP 11,400, USD 19,000 or EUR 14,250 each **membership year** Complications of maternity and childbirth - Paid in full	**We** pay maternity benefits only after **you** have been covered under the plan for 10 months. **Maternity and childbirth (after 10 months' membership)** These benefits include for example: ○ ante natal care such as ultrasound scans ○ **hospital** charges, obstetricians' and midwives' fees for pregnancy and childbirth ○ post natal care required by the mother immediately following normal childbirth, such as stitches **Treatment** for ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside the womb (ectopic pregnancy) are not covered from this benefit but may be covered by **your** other benefits. (Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by **your** other benefits). **Note: routine care for your baby** **We** pay for routine care for the baby, for up to seven days following birth, from the mother's maternity benefit. Any non-routine care, if eligible, is paid from the baby's newborn care benefit, not from the mother's maternity benefit. **Your** baby is also covered for up to seven days routine care following birth if **your** baby was born to a surrogate mother and **you**, as the intended parent, have been covered on the plan for 10 months when the baby is born. **Childbirth at home or birthing centre (after 10 months' membership)** This benefit includes obstetricians' and midwives' fees for delivering **your** baby at home or a **birthing centre**. **Medically Essential Caesarean Section (after 10 months' membership)** This benefit includes **hospital**, obstetricians' and other medical fees for the cost of the delivery of **your** baby by Caesarean section when medically essential for example, non progression during labour leading to **emergency** Caesarean section (eg dystocia, foetal distress, haemorrhage) provided the mother has been a member of this plan for at least 10 months before delivery. Note: if **we** are unable to determine that **your** Caesarean section was medically essential, it will be paid from **your** maternity and childbirth benefit limit. **Complications of maternity and childbirth (after 10 months' membership)** **Treatment** which is **medically necessary** as a direct result of pregnancy and childbirth complications. By complications **we** mean those conditions which only ever arise as a direct result of pregnancy or childbirth for example pre-eclampsia, threatened miscarriage, gestational diabetes, still birth. Please contact **us** for pre-authorisation where possible. If **you** require an **emergency** admission as a direct result of pregnancy and childbirth complications, please contact **us** within 48 hours of **your** admission. Please also see the section 'Adding **dependants'**. Please see surrogate parenting, congenital and hereditary conditions in the 'What is not covered?' section

Further Benefits (continued)

Benefits	Essential	Classic	Explanation of benefits
Newborn care	**We** pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all **treatment** received during the first 90 days following birth	**We** pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all **treatment** received during the first 90 days following birth	All **treatment** (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. Newborn children must have their own membership and must be registered on a **Bupa Global** plan before this benefit can be claimed. Please see the 'Adding **dependants'** section.
Prosthetic devices	**We** pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device	**We** pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device	**We** pay for the initial prosthetic device needed as part of **your treatment**. By this **we** mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of **your** surgical procedure. **We** do not pay for any replacement prosthetic devices for adults including any replacement devices required in relation to a **pre-existing condition**. **We** will pay for the initial and up to two replacements per device for children under the age of 16 years.
Rehabilitation	**We** pay in full for up to 42 days of **treatment** (which may be inpatient **treatment** or **day-case treatment**) each **membership year**	**We** pay in full for up to 42 days of **treatment** (which may be inpatient **treatment**, **day-case treatment** or outpatient **treatment**) each **membership year**	**We** pay for **rehabilitation**, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. **We** do not pay for room and board for **rehabilitation** when the **treatment** being given is solely **physiotherapy**. **We** pay for **rehabilitation**, only when **you** have received **our** pre-authorisation before the **treatment** starts, for up to 42 days **treatment** in each **membership year**. For **in-patient treatment** one day is each overnight stay and for **day-case treatment**, one day is counted as any day on which **you** have one or more appointments for **rehabilitation treatment**. **We** only pay for **rehabilitation** where it: ○ starts within 6 weeks of **in-patient treatment** which is covered by **your** membership (such as trauma or stroke), and ○ arises as a result of the condition which required the **in-patient treatment** or is needed as a result of such **treatment** given for that condition Note: in order to give pre-authorisation, **we** must receive full clinical details from **your consultant**; including **your** diagnosis, **treatment** given and planned, and proposed discharge date if **you** receive **rehabilitation**. Note (for Essential members only): **We** do not pay for any out-patient **rehabilitation**.

Further Benefits (continued)

Benefits	Essential	Classic	Explanation of benefits
Transplant services	Paid in full	Paid in full	**We** pay for transplant services that **you** need as a result of an eligible condition. **We** pay medical expenses if **you** need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant. **We** also pay for bone marrow transplants (either using **your** own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy. **We** do not pay for costs associated with the donor or the donor organ. Note (for Essential members only): **We** do not pay for any **out-patient treatment** associated with a transplant, either before or after that transplant takes place, including consultations, **diagnostic tests** etc, or drugs prescribed for use as an out-patient, including anti-rejection drugs. Note (for Classic members only): **We** do not pay for any drugs prescribed for use as an out-patient, including anti-rejection drugs. Note (for Gold members only): Any drugs prescribed for use as an out-patient, including anti-rejection drugs are paid from **your** prescribed drugs and dressings benefit. Please see donor organs in the 'What is not covered?' section.
Treatment for or related to gender dysphoria	Not covered	Female to Male (FtM) – pursued by transgender men and AFAB (assigned female at birth) non-binary people GBP 56,000 USD 96,000 EUR 70,000 per **membership year** Male to Female (MtF) – pursued by transgender women and AMAB (assigned male at birth) non-binary people GBP 56,000 USD 96,000 EUR 70,000 per **membership year**	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 and is subject to the limits that apply to the mental health benefit. All **treatment** under this benefit must be pre-authorised. Please refer to the 'What is not covered?' section.

Optional benefits, if purchased

Benefits	Essential	Classic	Explanation of benefits
U.S. cover	100 percent of eligible costs in **network** **Reasonable and Customary** costs out of **network**. **In-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans must be pre-authorised or only 50% of eligible costs may be payable.	100 percent of eligible costs in **network** **Reasonable and Customary** costs out of **network**. **In-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans must be pre-authorised or only 50% of eligible costs may be payable.	**Pre-authorisation and the U.S. provider network** If **you** have U.S. cover, then before any **in-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans in the U.S., **you** must contact **our** dedicated team for pre-authorisation. Please contact them by calling 844 369 3797 (from inside the U.S.), or +1 844 369 3797 (from outside the U.S.) **In-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans received in the U.S. without pre-authorisation may not be paid beyond 50%. Any pre-authorised **treatment** costs are covered according to this table of benefits. **Our** U.S. **Service Partner** uses a national **network** of **hospitals**, clinics and **medical practitioners**. This is the U.S. provider **network**. **Our** dedicated team can help **you** to find a **hospital** or clinic in the U.S. provider **network**, when **you** contact them for pre-authorisation. When eligible **treatment** takes place in the U.S. using the U.S. provider **network**, benefit is paid at 100 percent. When eligible **treatment** takes place in the U.S. but outside the U.S. provider **network**, benefit is paid at 100 percent, once any co-insurance or deductible amount which may apply, and which **you** are responsible to pay, has been deducted from the claimed amount. Where eligible **treatment** takes place in the U.S. but outside the U.S. provider **network**, benefit is paid at **Reasonable and Customary** costs. Please see the "**Our** approach to costs" section of this membership guide. Please also see U.S. **treatment** in the 'What is not covered?' section.
Assistance cover (Evacuation and Repatriation)			**Your** membership certificate will show if **you** have purchased this cover. Please see 'Assistance cover' section. The overall annual maximum benefit limit does not apply.

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.

Do you have cover for pre-existing conditions?

When **you** applied for **your** plan **you** may have been 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 plan. **We** may have offered to cover any **pre-existing conditions**, or decided to exclude specific **pre-existing conditions** or apply other restrictions to **your** plan. If **we** have applied any personal exclusion or other restrictions to **your** plan, this will be shown on **your** membership 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** membership certificate, this means that any **pre-existing conditions** that **you** told **us** about in **your** application are covered under **your** plan. If **you** are unsure about anything in this section, please contact **us** for confirmation before **you** go for **your treatment**.

General Exclusions

The exclusions in this section apply in addition to 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** membership certificate, **we** do not pay for conditions which are directly related to:

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

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.

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.

Exclusion	Notes	Rules
Artificial life maintenance		Including mechanical ventilation, where such **treatment** will not or is not expected to result in **your** recovery or restore **you** to **your** previous state of health. Example: **We** will not pay for artificial life maintenance when **you** are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days.
Birth control		Any type of contraception, sterilisation, termination of pregnancy or family planning.

Exclusion	Notes	Rules
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
Congenital conditions	Please see the table of benefits for details of **your** Newborn care limit.	**Treatment** received after the first 90 days following birth (or after the maximum benefit limit for Newborn care has been reached) for any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not, except cancer.
Convalescence and admission for general care		**Hospital** accommodation when it is used solely or primarily for any of the following purposes: ○ convalescence, supervision, pain management or any other purpose other than for receiving eligible **treatment**, of a type which normally requires **you** to stay in **hospital** ○ receiving general nursing care or any other services which do not require **you** to be in **hospital**, and could be provided in a nursing home or other establishment that is not a **hospital** ○ receiving services from a **therapist** or **complementary medicine practitioner** ○ receiving services which would not normally require trained medical professionals such as help in walking, bathing or preparing meals
Cosmetic **treatment**		**Treatment** undergone for cosmetic or psychological reasons to improve **your** appearance, such as a re-modelled nose, facelift, abdominoplasty or cosmetic dentistry. This includes: ○ dental implants to replace a **sound natural tooth** ○ hair transplants for any reason ○ **treatment** related to or arising from the removal of non-diseased, or surplus or fat tissue, whether or not it is needed for medical or psychological reasons ○ any **treatment** for a procedure to change the shape or appearance of **your** breast(s) whether or not it is needed for medical or psychological reasons: unless for reconstruction carried out as part of the original **treatment** for the cancer, when **you** have obtained **our** written consent before receiving the **treatment** (see 'Reconstructive or remedial surgery' in this section) Examples: **we** do not pay for breast reduction for backache or gynaecomastia (the enlargement of breasts in men).
Deafness		**Treatment** for or arising from deafness or partial hearing loss caused by a congenital abnormality or ageing.
Dental **treatment**/gum disease	Please see accident related dental in the table of benefits.	This includes **surgical operations** for the **treatment** of bone disease when related to gum disease or damage, or **treatment** for, or arising from disorders of the temporomandibular joint. Examples: **we** do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth, etc. Exception: **we** pay for a **surgical operation** carried out by a **consultant** to: ○ put a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident ○ treat irreversible bone disease involving the jaw(s) which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage ○ surgically remove a complicated, buried or impacted tooth root, for example in the case of an impacted wisdom tooth

Exclusion	Notes	Rules
Desensitisation and neutralisation		**Treatment** to de-sensitise or neutralise any allergic condition or disorder.
Developmental problems		**Treatment** for, or related to developmental problems, including: ○ learning difficulties, such as dyslexia ○ developmental problems treated in an educational environment or to support educational development
Donor organs		**Treatment** costs for, or as a result of the following: ○ transplants involving mechanical or animal organs ○ the removal of a donor organ from a donor ○ the removal of an organ from **you** for purposes of transplantation into another person ○ the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible diseases or illness ○ the purchase of a donor organ
Drugs and dressings for out-patient or take-home use	Exclusion applies to Essential and Classic cover only.	Any drugs or surgical dressings that are provided or prescribed for **out-patient treatment**, or for **you** to take home with **you** on leaving **hospital**, for any condition.
Epidemics and **pandemics**		**We** do not pay for **treatment** for or arising from any **epidemic** disease and/or **pandemic** disease and **we** do not pay for vaccinations, medicines or preventive **treatment** for or related to any **epidemic** disease and/or **pandemic** disease.
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 Insitute 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, etc.) 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.

Exclusion	Notes	Rules
Eyesight		**Treatment**, equipment or surgery to correct eyesight, such as laser **treatment**, refractive keratotomy (RK) and photorefractive keratotomy (PRK). Examples: **we** will not pay for routine eye examinations, contact lenses, spectacles. **We** will pay for eligible **treatment** or surgery of a detached retina, glaucoma, cataracts or keratoconus.
Family doctor treatment	Exclusion applies to Essential and Classic cover only.	**Treatment** or services carried out by a **family doctor**.
Footcare		**Treatment** for corns, calluses, or thickened or misshapen nails.
Genetic testing		Genetic tests, when such tests are solely performed to determine whether or not **you** may be genetically likely to develop a medical condition. Example: **we** do not pay for tests used to determine whether **you** may develop Alzheimer's disease, when that disease is not present.
Harmful or hazardous use of alcohol, drugs and/or medicines		**Treatment** for or arising: ○ directly or indirectly, from the deliberate, reckless (including where **you** have displayed a blatant disregard for **your** personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and ○ in any event, from the illegal use of any such substance
Health hydros, nature cure clinics etc.		**Treatment** or services received in health hydros, nature cure clinics or any establishment that is not a **hospital**.
Hereditary conditions		**Treatment** of abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of **your** family, except cancer.
HIV/AIDS	Please see HIV/AIDS drug therapy in the table of benefits.	**Treatment** for, or arising from, HIV or AIDS, including any condition that is related to HIV or AIDS, if **your** current period of membership is less than five years.
Infertility **treatment**		**Treatment** to assist reproduction, including but not limited to IVF **treatment**. Note: **we** pay for reasonable investigations into the causes of infertility if: ○ **you** had not been aware of any problems before joining, and ○ **you** have been a member of this plan (or any Bupa administered plan which included cover for this type of investigation) for a continuous period of two years before the investigations start Once the cause is confirmed, **we** will not pay for any additional investigations in the future.
Maternity	Exclusion applies to Essential cover only.	**Treatment** for maternity or for any condition arising from maternity except the following conditions and **treatments**: ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside of the womb (ectopic pregnancy) ○ other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant
Obesity		**Treatment** for, or required as a result of obesity.

Exclusion	Notes	Rules
Persistent vegetative state (PVS) and neurological damage		**We** will not pay for **in-patient treatment** for more than 90 continuous days for permanent neurological damage or if **you** are in a **persistent vegetative state**.
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.
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**.
Personality disorders		**Treatment** of personality disorders, including but not limited to: ○ affective personality disorder ○ schizoid personality (not schizophrenia) ○ histrionic personality disorder
Physical aids and devices		Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an **appliance**. Examples: **we** will not pay for hearing aids, spectacles, contact lenses, crutches or walking sticks.
Pre-existing conditions	For **pre-existing conditions** for newborns, please see the exclusions for congenital and hereditary conditions in this section.	Please contact **us** before **your renewal date** if **you** or **your dependants** have personal exclusion(s) and would like **us** to review a personal exclusion. **We** may remove **your** exclusion if, in **our** opinion, no further **treatment** will be either directly or indirectly required 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
Preventive **treatment**	Please see health screening and wellness checks in the table of benefits.	Note: **we** may pay for **prophylactic surgery** when: ○ there is a significant family history of the disease for example ovarian cancer, which is part of a genetic cancer syndrome, and/or ○ **you** have positive results from genetic testing (please note that **we** will not pay for the genetic testing) Please contact **us** for pre-authorisation before proceeding with **treatment**. It may be necessary for **us** to seek a second opinion as part of **our** pre-authorisation process.
Reconstructive or remedial surgery		**Treatment** required to restore **your** appearance after an illness, injury or previous surgery, unless: ○ the **treatment** is a **surgical operation** to restore **your** appearance after an accident, or as the result of surgery for cancer, if either of these takes place during **your** current continuous membership of the plan ○ the **treatment** is carried out as part of the original **treatment** for the accident or cancer ○ **you** have obtained **our** written consent before the **treatment** takes place

Exclusion	Notes	Rules
Sexual problems		**Treatment** of any sexual problem including impotence '(whatever the cause).
Sleep disorders		**Treatment**, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.
Speech disorders		**Treatment** for speech disorders, including stammering or speech developmental delays, unless all of the following apply: ○ the **treatment** is short term therapy which is **medically necessary** as part of **active treatment** for an acute condition such as a stroke ○ the speech therapy takes place during and/or immediately following the **treatment** for the acute condition, and ○ the speech therapy is recommended by the **consultant** in charge of **your treatment**, and is provided by a **therapist** in which case **we** may pay at **our** discretion.
Stem cells		**We** do not pay for the harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.
Surrogate parenting	Please also see maternity cover in the table of benefits.	**Treatment** directly related to surrogacy. This applies: ○ to **you** if **you** act as a surrogate, and ○ to anyone else acting as a surrogate for **you**
Travel costs for **treatment**		Any travel costs related to receiving **treatment**, unless otherwise covered by: ○ local air ambulance benefit, ○ local road ambulance benefit, or ○ Assistance cover Examples: ○ **we** do not pay for taxis or other travel expenses for **you** to visit a **medical practitioner** ○ **we** do not pay for travel time or the cost of any transport expenses charged by a **medical practitioner** to visit **you**
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 specialised 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 **treatment** providers **we** have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder
U.S. **treatment**		If U.S. cover has not been purchased, then any **treatment** or services received in the U.S. are ineligible. If U.S. cover has been purchased, then **treatment** or services received in the U.S. are ineligible: ○ when arrangements were not pre-authorised by **our** agents in the U.S. where required (see 'Pre-authorisation – **Treatment** in the U.S.' section of this membership guide); or ○ **we** know or suspect that **you** purchased cover for and travelled to the U.S. for the purpose of receiving **treatment** for a condition, including pregnancy when the symptoms of the condition were apparent to **you** before buying the cover. This applies whether or not **your treatment** was the main or sole purpose of **your** visit even if the **treatment** was pre-authorised.

Pre-authorisation

This section contains rules and information about what pre-authorisation means and how it works.

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

What pre-authorisation means

If **we** pre-authorise **your treatment**, this means that **we** will pay up to the limits of **your** plan provided that all of 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** (see the 'What is not covered?' section)
- the **treatment** is **medically necessary**
- the **treatment** takes place within 31 days after pre-authorisation is given

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**. **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 a timely manner 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.

Treatment we can pre-authorise

We can pre-authorise **in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans.

Direct settlement/pay and claim

Direct settlement is where the provider of **your treatment** claims directly from **us**, making things easier for **you**. The alternative is for **you** to pay and then claim back the costs from **us**.

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 clinic.

Length of stay (in-patient treatment)

Your pre-authorisation will specify an approved length of stay for **in-patient treatment**. This is the number of nights in **hospital** that **we** will cover **you** for. If **your treatment** will take longer than this approved length of stay, then **you** or **your consultant** must contact **us** for an extension to the pre-authorisation.

Treatment in the U.S.

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

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

Treatment which has not been pre-authorised

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

Of course **we** understand that there are times when **you** cannot get **your treatment** pre-authorised, such as in an **emergency**. If **you** are taken to **hospital** in an **emergency**, it is important that **you** arrange for the **hospital** to contact **us** within 48 hours of **your** admission, or as soon as reasonably possible in the circumstances. **We** can then make sure **you** are getting the right care, and in the right place. If **you** have been taken to a **hospital** which is not part of the **network** and, if it is the best thing for **you**, **we** may arrange for **you** to be moved to a **network hospital** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a provider in **network** (should this be offered to be arranged, where medically appropriate) only the **Reasonable and Customary** costs of any covered **treatment** or services received following the date of the transfer being offered will be paid (after any applicable co-insurance or deductible has been deducted).

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

Out of network treatment

Even if **your treatment** in the U.S. has been pre-authorised, but **you** choose to use a **hospital**, clinic or **medical practitioner** out of **network**, **we** will only pay **Reasonable and Customary** costs towards the cost of covered **treatment**. Please see the "**Our** approach to costs" section of this membership guide.

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

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

In these cases, **we** will not ask **you** to share the cost of **your treatment**.

Important rules

Please note that pre-authorisation is only valid if all the details of the authorised **treatment**, including dates and locations, match those of the **treatment** received. If there is a change in the **treatment** required, if **you** need to have further **treatment**, or if any other details change, then **you** or **your consultant** must contact **us** to pre-authorise this separately. **We** make **our** decision to approve **your treatment** based on the information given to **us**. **We** reserve the right to withdraw **our** decision if additional information is withheld or not given to **us** at the time the decision is being made.

We reserve the right to withdraw or amend **our** decision if information is subsequently received that may be contradictory to the information initially given to **us** at the time the decision is being made. Failure to comply with any request for additional information may be deemed to be indicative of fraudulent activities. Should such a failure occur, information may be disclosed to third parties (including other insurers) with the intention of preventing and detecting fraud.

Making a Claim

At times of ill health, **you** want to concentrate on getting well. **We** will do everything **we** can to make **your** claim as simple and straightforward as possible.

How to make a claim

Claim forms

Your claim form is important as it gives **us** the information that **we** need to process **your** claim. If it is not fully completed **we** may have to ask for more information. This can delay payment of **your** claim.

You must complete a new claim form:

- for each member
- for each condition
- for each in-patient or day-case stay, and

- for each currency of claim

If a condition continues over six months, **we** will ask for a further claim form to be completed.

What to send us

You need to return the completed form to **us** by post, with the invoices, as soon as possible. This must be within 2 years of receiving the **treatment** for which **you** are claiming. Invoices sent to **us** after 2 years will not normally be paid 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.

Requests for further information

We may need to ask **you** for further information to support **your** claim. If **we** do, **you** must provide this. Examples of things **we** might ask for include:

- medical reports and other information about the **treatment** for which **you** are claiming
- the results of any medical examination performed at **our** expense by an independent **medical practitioner** appointed by **us**
- written confirmation from **you** as to whether **you** think **you** can recover the costs **you** are claiming from another person or insurance company

If **you** do not provide the information that **we** ask for, **we** may not pay **your** claim in full.

Please also read about correspondence in the ' **Your** membership' section.

Important

When making a claim please note:

- **you** must have received the **treatment** while covered under **your** membership
- payment of **your** claim will be under the terms of **your** membership and up to the benefit levels shown, that apply to **you** at the time **you** receive the **treatment**
- **we** will only pay for **treatment** costs actually incurred by **you**, not deposits or advance invoices or registration/administration fees charged by the provider of **treatment**
- **we** will only pay for **treatment** costs that are **Reasonable and Customary**
- **we** do not return original documents such as invoices or letters. However, **we** will be pleased to return copies if **you** ask **us** when **you** submit **your** claim.

Fraud prevention and detection

We have the right, where appropriate, to check **your** details with fraud prevention agencies, other insurers and other relevant third parties for the purpose of preventing and detecting false information or fraudulent activity. If **you** give **us** false or inaccurate information and **we** suspect fraud, **we** may record this with a fraud prevention agency. **We** and other organisations may also use and search these records to:

- help make decisions about benefit and benefit related services for **you** and members of **your** plan
- help make decisions on other insurance proposals and claims for **you** and members of **your** plan/group
- trace debtors, recover debt, prevent fraud and to manage **your** insurance plans
- establish **your** identity
- undertake credit searches and additional fraud searches.

Fraudulent Claims

You and any **dependant** (or anyone acting on behalf of **you** or any **dependant**) must not:

- make a fraudulent or exaggerated claim under this plan;
- send **us** fake or forged documents or other false evidence, or make a false statement in support of a claim;
- provide **us** with information which **you** or any **dependant** knows would otherwise enable **us** to refuse to pay a claim under this plan; and/or
- refuse to cooperate or fail to provide information / documentation reasonably requested by **us** to validate **your** claim(s), whether pending or paid (including but not limited to proof of payment, medical reports and original invoices).

Failure to comply with the above will give **us** the right to:

- refuse to pay the whole of the claim and any other claim(s) submitted since the date of that claim;
- recover any payments **we** have already made in respect of the claim and/or other claims submitted since that claim(s); and/or
- notify **you** that this plan (or if the fraudulent claim is made by or on behalf of a particular **dependant**, the cover under this plan for that particular **dependant**) has terminated from the date the claim(s) was submitted, and **we** will not refund the premium.

Confirmation of your claim

We will always send confirmation of how **we** have dealt with a claim. If applicable, for child **dependants** (those aged under 18 years), **we** will write to the **principal member**. If the claim is for **treatment** received by the **principal member**, or an adult **dependant** (those aged over 18 years), **we** will write directly to the individual concerned.

How your claim will be paid

Wherever possible, **we** will follow the instructions given to **us** in the 'Payment details' section of the claim form.

Who we will pay

We will only make payments to the member who received the **treatment**, the provider of the **treatment**, the **principal member** of the membership or the executor or administrator of the member's estate. **We** may pay a **dependant** only where the **dependant** received the covered benefits, they are over 18 and **we** have their current bank details. **We** will not make payments to anyone else.

Payment method and bank charges

We will make payment where possible by electronic transfer or by cheque. Payments made by electronic transfer are quick, secure and convenient. To receive payment by electronic transfer, **we** need the full bank account, SWIFT code, bank address details and (in Europe only) IBAN number to be provided on the claim form.

We will instruct **our** bank to recharge the administration fee relating to the cost of making the electronic transfer to **us** but **we** cannot guarantee that these charges will always be passed back for **us** to pay. In the event that **your** local bank makes a charge for a wire transfer **we** will aim to refund this as well. Any other bank charges or fees, such as for currency exchange, are **your** responsibility, unless they are charged as a result of **our** error.

Cheques are no longer valid if they are not cashed within 6 months. If **you** have an out-of-date cheque, please contact customer services, who will be happy to arrange a replacement.

Payment currency and conversions

We can pay in the currency in which **you** pay **your** subscriptions, the currency of the invoices **you** send **us**, or the currency of **your** bank account.

Sometimes, the international banking regulations do not allow **us** to make a payment in the currency **you** have asked for. If so, **we** will send a payment in the currency of **your** sponsor's subscriptions. Where payment to **you** in the usual currency may expose **us** (or **our** Bupa group of companies and administrators) to the risk of any sanction, prohibition or restriction under the laws of any relevant jurisdiction and/or United Nations resolution, **we** reserve discretion to pay **you** in such other currency as **we** are permitted and able to make payment in, if any such payment is permitted to be made.

If **we** have to make a conversion from one currency to another, the exchange rate **we** use will be Reuters closing spot rate set at 16.00 **UK** time on the **UK** working day preceding the invoice date. If there is no invoice date, **we** will use the date of **your treatment**.

Other claim information

Discretionary payments

We may, in certain situations, make discretionary or 'ex gratia' payments towards **your treatment**. If **we** make any payment on this basis, this will still count towards the overall maximum amount **we** will pay under **your** membership. Making these payments does not oblige **us** to pay them in the future.

We do not have to pay for **treatment** that is not covered by **your** plan, even if **we** have paid an earlier claim for a similar or identical **treatment**.

Incorrect payment of claims

If **we** incorrectly make any payment of **your** claim, **we** reserve the right to deduct the incorrectly paid amount from future claims or seek repayment from **you**.

Claiming for treatment when others are responsible

You must complete the appropriate section of the claim form if **you** are claiming for **treatment** that is needed when someone else is at fault, for example in a road accident in which **you** are a victim. If so, **you** will need to take any reasonable steps **we** ask of **you** to assist **us** to:

- recover from the person at fault (such as through their insurance company) the cost of the **treatment** paid for by **Bupa Global**, and
- claim interest if **you** are entitled to do so

If any person is to blame for any injury, disease, illness, condition or other event in relation to which **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 membership. **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.

Claiming with joint or double insurance

You must complete the appropriate section on the claim form, if **you** have any other insurance cover for the cost of the **treatment** or benefits **you** have claimed from **us**. If **you** do have other insurance cover, this must be disclosed to **us** when claiming, and **we** will only pay **our** share of the cost of the **treatment** or benefits claimed.

Assistance Cover

(optional if purchased)

This section contains the rules and information for Assistance cover, an optional benefit which helps **you** if **you** need to travel to get the **treatment** that **you** need.

Note: there are two levels of Assistance cover: Evacuation and Repatriation. **Your** membership certificate will show if **you** have Evacuation or Repatriation but **you** can visit the MembersWorld website or contact the customer services helpline if **you** are unsure.

What is Assistance cover?

When the **treatment you** need is not available locally, the Evacuation and Repatriation options both cover **you** for reasonable transport costs to the nearest appropriate place of **treatment** where the **treatment** that **you** need is available, if it is not available locally. Repatriation also gives **you** the option of returning to **your specified country of nationality** or **your specified country of residence** when the **treatment** is not available locally.

We may 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.

Assistance cover–general rules

The following rules apply to both the Evacuation and Repatriation levels of cover:

- **you** must contact **our** appointed representatives for confirmation before **you** travel, on +44 (0) 1273 333 911 for Classic and Essential customers +44 (0) 1273 718 470 for Gold customers
- **our** appointed representatives must agree the arrangements with **you**
- Assistance cover is applicable for **in-patient treatment** and **day-case treatment** only
- the **treatment** must be recommended by **your consultant** or **family doctor** and, for medical reasons, not available locally
- the **treatment** must be eligible under **your** plan
- **you** must have cover for the country **you** are being treated in, for example the U.S.
- **you** must have the appropriate level of Assistance cover in place before **you** need the **treatment**

Evacuation or Repatriation will not be eligible if **you** were aware of the symptoms of **your** condition before applying for Assistance cover.

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 this would be against medical advice.

How to arrange your Evacuation or Repatriation

Arrangements for Evacuation or Repatriation will be made by **our** appointed representatives and must be confirmed in advance by calling:
+44 (0) 1273 333 911 for Classic and Essential customers
+44 (0) 1273 718 470 for Gold customers

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 in advance by **Bupa Global**'s appointed representatives.

Evacuation cover:

what we will pay for

If **you** have Evacuation cover it will be shown on **your** membership certificate. If **you** are still unsure **you** can visit **our** MembersWorld website or contact the customer services helpline.

- **We** will pay in full for **your** reasonable transport costs for **in-patient treatment** or **day-case treatment**. It may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy.
- **We** will only pay for Evacuation to the nearest place where the required **treatment** is available when the required **treatment** is not available locally. This could be to another part of the country that **you** are in, and may not be **your** home country.
- **We** will pay for the reasonable travel costs for a relative or **your** partner to accompany **you**, but only if it is **medically necessary**.
- **We** will also pay for the reasonable costs of **yours** and **your** relative or partner's return journey to the place **you** were evacuated from. All arrangements for **your** return should be approved in advance by **Bupa Global** or **our** appointed representatives.

  We will pay for either:

  - the reasonable cost of the return journey by the most direct route available by land or sea, or
  - the cost of an economy class air ticket by the most direct route available, whichever is the lesser amount
  - **we** will pay reasonable costs for the transportation only of **your** body, subject to airline requirements and restrictions, to **your** home country, in the event of **your** death while **you** are away from home. **We** do not pay for burial or cremation, the cost of burial caskets etc, or the transport costs for someone to collect or accompany **your** remains

Note: **we** do not pay for any other costs related to the evacuation such as hotel accommodation or taxis. Costs of any **treatment you** receive are not payable under Evacuation cover, but are payable from **your** medical cover as described in the 'What is covered?' section.

Please also note that for medical reasons the member receiving **treatment** may travel in a different class from their companion.

Repatriation cover:

what we will pay for

If **you** have Repatriation cover it will be shown on **your** membership certificate. If **you** are still unsure **you** can visit **our** MembersWorld website or contact the customer services helpline. Repatriation cover also includes Evacuation cover — see above.

- **We** will pay in full for **your** reasonable transport costs for **in-patient treatment** or **day-case treatment**.
- **We** will pay for repatriation to **your specified country of nationality** or **your specified country of residence**, when the required **treatment** is not available locally.
- **We** will pay for one repatriation for each illness or injury per lifetime.
- **We** will pay the reasonable costs for a relative or **your** partner to accompany **you** to **your specified country of nationality** or **your specified country of residence** if **we** have authorised this in advance of the repatriation.
- **We** will also pay an allowance of up to GBP 25, USD 50 or EUR 37 per day for up to 10 days to cover the living expenses of the person accompanying **you**.
- **We** will pay for **you** and the person accompanying **you** to return to where **you** were repatriated from. All arrangements for **your** return must be approved in advance by **Bupa Global** or **our** appointed representatives.

  We will pay for either:

  - the reasonable cost of the return journey by the most direct route available by land or sea, or
  - the cost of a scheduled return economy class air ticket by the most direct route available, whichever is the lesser amount
  - **we** will pay reasonable costs for the transportation only of **your** body, subject to airline requirements and restrictions, to **your** home country, in the event of **your** death while **you** are away from home. **We** do not pay for burial or cremation, the cost of burial caskets etc, or the transport costs for someone to collect or accompany **your** remains

Note: **we** do not pay for any other costs related to the repatriation such as hotel accommodation or taxis. Costs of any **treatment you** receive are not payable under Repatriation cover, but are payable from **your** medical cover as described in the 'What is covered?' section.

Please also note that for medical reasons the member receiving **treatment** may travel in a different class from their companion.

Annual Deductibles

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

Important – please remember that:

- the **annual deductible** applies separately to each person included on **your** membership
- as **we** may need to collect amounts from **you** by credit card, **you** must have a valid credit card authority with **us** at all times. (**We** may suspend or terminate **your** cover if **you** do not have such an agreement or authority in place while **you** have an **annual deductible** on **your** plan)
- even if the amount **you** are claiming is less than the amount of the **annual deductible**, **you** should still submit a claim to **us**
- this is an **annual deductible**. Therefore, if **your** first claim is towards the end of **your membership year**, and **treatment** continues over **your renewal date**, the **annual deductible** is payable separately for **treatment** received in each **membership year**

What is an annual deductible?

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

For example, if **you** have an **annual deductible** of GBP 500, the total value of **your** eligible claims must reach GBP 500 before **we** will pay any benefit.

The **annual deductible** applies separately to each person on **your**, the **principal member's** membership.

The amount of **your annual deductible** will be shown on **your** membership certificate, which **you** can view online at **our** MembersWorld website. If **you** are unsure whether **your** cover includes an **annual deductible**, please contact **our** customer services helpline.

At any point **you** can check the amount of **your** remaining **annual deductible** by contacting **our** customer services helpline.

How an annual deductible works

If a claim is smaller than **your** remaining **annual deductible**, **you** must still submit it to **us** as normal. **We** will not pay any benefit, but the claim will count towards reaching **your annual deductible**. **We** will send **you** a statement informing **you** how much is left.

If an eligible claim exceeds **your** remaining **annual deductible**, **we** will pay the amount of the claim less the remaining **annual deductible**.

Once **your annual deductible** is reached, **we** will pay all eligible claims in full, up to the benefit limits of **your** plan.

How claims are paid to you

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

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

How claims are paid direct to your medical provider

If **you** have asked **us** to make a payment direct to **your** medical provider:

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

You are responsible for paying the **annual deductible** in all circumstances.

Paying subscriptions and other charges

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

Paying subscriptions

You have to pay subscriptions to **us** in advance for **you** and **your dependants** throughout **your** membership. The amount **you** have agreed to pay, and the method of payment **you** have chosen are shown on **your** invoice.

Your subscriptions must be paid in the currency of **your** contract, as shown on **your** invoice.

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

Subscription payments may be collected by Bupa Insurance Services Limited. In the event that Bupa Insurance Services Limited receives or holds any subscription payment, it does so as agent for and on behalf of **your** insurer. Bupa Insurance Services Limited may also pay certain claims or refunds as agent for and on behalf of **your** insurer. The amount and method of payment is shown in **your** membership certificate.

If **you** are unable to pay **your** subscriptions for any reason please contact the customer services helpline.

Paying other charges

Countries of residence are grouped into various zones for pricing. The total amount **you** have to pay on **your** invoice is inclusive of any taxes (such as Insurance Premium Tax), charges or levies, applicable within **your** pricing zone.

If subscriptions and other charges are not paid

If **you** do not pay subscriptions and other charges in full by the date they are due, **you** and **your dependant's** membership may be suspended and claims submitted whilst there are subscriptions and charges due will not be paid.

You and **your dependant's** membership may also be suspended if **you** do not settle in full any **annual deductible** payable by **you** for a claim which has been paid direct to **you** and **your dependant's** medical provider. Claims submitted whilst repayment of an **annual deductible** is due will not be paid.

Changes to subscriptions and other charges

Each year on **your renewal date**, **we** may change how **we** calculate **your** subscriptions, how **we** determine the subscriptions, what **you** have to pay or the method of payment. Please note that subscriptions generally rise when **you** renew **your** cover. There are many factors which directly affect subscriptions, such as age or the country in which **you** are resident, and inflation in the worldwide cost of healthcare.

Any changes that **we** make will only apply from **your renewal date**.

Prices charged may change in response to changes in taxes, charges or levies applicable within the pricing zone based on the country where **you** live. Similarly, prices may change if any new tax, charge or levy is introduced. These changes may occur at any time in response to these events.

If **we** do make any changes to **your** subscriptions or to other charges, **we** will write to tell **you** about the changes. If **you** do not want to accept them, **you** can end **your** membership without the changes being introduced, provided that **you** do so:

- within 28 days of the date on which the changes take effect, or
- within 28 days of **us** telling **you** about the changes, whichever is later

Please remember that any bank administration charges or fees are **your** responsibility.

Your Membership

This section contains the rules about **your** membership, including when it will start and end, renewing **your** plan, how **you**, the **principal member** can change **your** cover and general information.

Starting and renewing your membership

When your cover starts

Your membership starts on the 'effective date' shown on the first membership certificate that **we** sent **you**, the **principal member** for **your** current continuous period of **Bupa Global** Lifeline membership.

When cover starts for others on your membership

If any other person is included as a **dependant** under **you**, the **principal member's** membership, their membership will start on the 'effective date' on the first membership certificate **we** sent **you**, the **principal member** for **you**, the **principal member's** current continuous period of **Bupa Global** Lifeline membership which lists them as a **dependant**. Their membership can continue for as long as **you**, the **principal member** remain a member of the plan.

If **you**, the **principal member's** membership ceases, **your dependants** can then, of course, apply for membership in their own right.

Renewing your membership

Your membership can be renewed automatically every year on **your renewal date**, subject to acceptance of **our** renewal terms and 'If **we** make changes' in this section, by continuing to pay **your** subscriptions and any other payments due under **your** agreement with **us**.

If **you**, the **principal member** do not wish to renew **your** membership, **you** must inform **us** in writing as soon as **you** receive **your** renewal documents and prior to **your renewal date**.

If **we** decide to discontinue **your** plan, **you**, the **principal member** may be offered membership of another **Bupa Global** plan as an alternative. If **you**, the **principal member** transfer within one month, without a break in **your** cover, **we** will not add any special restrictions or exclusions to **your** cover under **your** new plan that are personal to **you**, other than those which apply to **you** under this plan.

Please read 'If **we** make changes' in this section.

Ending your membership

When your membership will end

Your membership will automatically end:

- if **you**, the **principal member** do not pay any of **your** subscriptions on, or before, the date they are due. However, **we** may allow **your** membership to continue without **you** having to complete a new medical history, if **you**, the **principal member** pay the outstanding subscriptions in full within 30 days. If **you**, the **principal member** are unable to pay **your** subscriptions for any reason, please contact the customer service helpline
- if **you**, the **principal member** do not pay the amount of any IPT, taxes, levies or charges that **you** have to pay under **your** agreement with **us** on or before the date they are due
- upon the death of the **principal member**. If the **principal member** dies the next named **dependant** on the membership certificate may apply to **Bupa Global** to become a **principal member** of the plan in his or her own right and include the other **dependants** under their membership. If they apply to do this within 28 days, **Bupa Global** will, at its discretion, not add any further special restrictions or exclusions to the **dependant's** cover that are personal to them in addition to those which applied to the **dependant** under the plan when the **principal member** died

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

You, the **principal member** must tell **us** straight away if **your specified country of residence** or **your specified country of nationality** changes. **We** may need to end **your** membership if the change results in a breach of regulations governing the provision of healthcare cover to local nationals, residents or citizens.

The details of regulations vary from country to country and may change at any time. In some countries **we** have local partners who are licensed to provide insurance cover but which are administered by **Bupa Global**. This means that customers experience the same quality **Bupa Global** service.

If **you** change **your specified country of residence** to a country where **we** have a local partner, in most cases **you** will be able to transfer to **our** partner's insurance policy without further medical underwriting. **You** may also be entitled to retain **your** continuity of **Bupa Global** membership; which means that for those benefits which aren't covered until **you** have been a member for a certain period, the time **you** were a member with **us** will count towards that. Please note that if **you** request a transfer to a local partner, **we** will have to share **your** personal information and medical history with the local partner.

Without limitation to the foregoing, **we** will not be able to renew **your** membership at the next **renewal date** if **you** become a permanent resident of the U.S., and, if any other **dependants** covered under **your** membership become a resident of the U.S., **we** will not be able to renew their cover under the membership at the next **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.

If **you** change **your specified country of residence** or **your specified country of nationality**, please call the **Bupa Global** customer services helpline so **we** can confirm if **your Bupa Global** membership is affected, and, if so, whether **we** can offer **you** a transfer service.

How to end your membership or remove a dependant from cover

You, the **principal member**, can choose to cancel **your** membership (which would also end the cover for all of **your dependants**), or remove any of **your dependants** from **your** cover, at any time, by telephoning or emailing **us**.

Cancellation of **your** membership, or the removal of any additional people from cover, will take effect 14 days after **you**, the main member, notifies **us** of the request by telephone, email or post. **We** will not back-date any requests for termination, or the removal of **dependants** from cover. Claims relating to **treatment** or benefits taking place following the date of cancellation will not be payable.

Refunding subscriptions

Cancellation of your membership or removal of a dependant from cover within the first 28 days

If **you**, the **principal member**, choose to cancel **your** membership within 28 days of receiving **your** first membership certificate for that **membership year**, and **you** have not made any claims for that initial 28 day period, **we** will make a full refund to **you**, the **principal member**, of all subscriptions paid for that **membership year**. Where a claim has been made in respect of the initial 28 day period, **you**, the **principal member**, will be deemed to have affirmed **your** membership and the cancellation will be treated as a cancellation made during the **membership year** (see below).

If **you**, the **principal member**, choose to cancel the membership of a **dependant** within 28 days of receiving the first membership certificate for that **membership year** which names that **dependant** on the plan, and no claims have been made in respect that **dependant** for the initial 28 day period, **we** will make a full refund **you**, the **principal member**, of all subscriptions paid in respect of that **dependant** for that **membership year**, Where a claim has been made in respect of the initial 28 day period, **you**, the **principal member**, will be deemed to have affirmed the **dependant's** cover under the plan and the cancellation will be treated as a cancellation during the **membership year** (see below).

Cancellation of your membership or removal of a dependant from cover during the membership year

If **you**, the **principal member**, choose to cancel **your** membership following the initial 28 day period of such **membership year** (or where cancellation is requested within the initial 28 day period and a claim has been made under the membership for that period), **we** will refund the amount of any subscriptions paid to **us** for the period following the date on which the cancellation of membership takes effect (i.e. from the 1st day of the following month from **us** being notified of the request).

If **you**, the **principal member**, choose to remove a **dependant** from cover following the initial 28 day period of such cover for that **membership year** (or where cancellation is requested within the initial 28 day period and a claim has been made under the **dependant's** cover for that period), **we** will refund the amount of any subscriptions paid to **us** for the period following the date on which the removal of the **dependant** takes effect (i.e. from the 1st day of the following month from **us** being notified of the request).

Such pro-rata return of any advance paid subscriptions will be made to the original payment source and method as the subscriptions were paid. **We** reserve the right to deduct any payment **you** may owe **us** from any refund.

Death

Upon death of a **principal member** or a **dependant we** should be notified in writing within 28 days. Their membership will be ended and **we** will refund any subscriptions paid which relate to a period after it ends if no claims have been filed on their behalf.

Making changes to your cover

You, the **principal member's** contract is an annual one, and **you** can therefore only change **your** level of cover from **your renewal date** (with the exception of U.S. upgrades which can be requested at any time).

Changing your level of cover

If **you**, the **principal member** want to change **your** level of cover, please contact the customer service helpline before renewal to discuss **your** options.

If **you**, the **principal member** want to increase **your** level of cover **we** will ask **you** to complete a medical history questionnaire form, and/or to agree to certain exclusions or restrictions to **your** cover before **we** accept **your** application.

If **you**, the **principal member** have any concerns about **your** subscriptions, or if **your** circumstances have changed, please contact **us** so that **we** can try to help.

Adding dependants

You, the **principal member** may apply to include **your dependants** under **your** membership by filling in a Lifeline application form. **You** can download this easily from MembersWorld at bupaglobal.com/membersworld. Or **you** can contact **us** and **we** will send one to **you**.

The medical history for all **your dependants**, **you** apply to include on **your** membership including any newborn children, will be reviewed by **our** medical underwriters. This may result in special restrictions or exclusions, which are personal to them and which will be shown on **your** membership certificate or **we** may decline to offer cover. For newborn children any exclusions or restrictions will be applied from their 91st day of birth if they are eligible for newborn care, or **we** may decline to offer cover after 90 days of birth.

Newborn children are eligible for newborn care and can be included on **your** membership from their date of birth when:

- at least one parent has been covered on this membership or another **Bupa Global** plan for 10 continuous months or more prior to the child's birth
- the child is not being enrolled on their own membership, and
- **you** have completed a newborn application form and **we** have received it before **your** child is 30 days old.

If the above criteria is not met, medical underwriting will apply as described when adding a **dependant**. Once **we** have received **your** newborn application form, the cover start will be the date **our** medical team accept **your** application to join

For application forms received within 30 days of the birth, the newborn care benefit will be eligible from the date of birth until the 90th day. If the application form is not received within 30 days from the date of birth, the newborn care benefit will be eligible from the date of receipt up until the 90th day.

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

Please read 'Newborn care' benefits in **your** 'Table of benefits'.

Please read 'Making changes to **your** cover' in this section.

Adding U.S. cover to your plan

You the **principal member** can apply to include coverage in U.S. at any time following **your** original date of joining. To apply **you** will need to complete a Lifeline form which can be downloaded easily from membersworld at bupaglobal.com/ membersworld. **Your** application will be reviewed by **our** medical underwriters and may result in exclusions or restrictions specific to coverage in the U.S.

If we make changes

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

These changes could affect, for example:

- how much **you**, the **principal member's** subscriptions will be
- how often **you**, the **principal member** have to pay them
- the cover **you** receive

Please read 'Paying subscriptions' in the 'Paying subscriptions and other charges' section.

Any changes **we** make will only apply from **your renewal date**, regardless of when the change is made.

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

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

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

- within 28 days of the date on which the changes take effect, or
- within 28 days of **us** telling **you** about the changes, whichever is later

Amending your membership certificate

We will send **you**, the **principal member** a new membership certificate if **we** need to record any changes which **you** have requested, or **we** are entitled to make; for example adding a **dependant**, or changing the way **you** pay **your** subscriptions.

Your new membership certificate will replace any earlier version **you** possess as from the issue date shown on the new membership certificate.

General information

Other parties

No other person is allowed to make or confirm any changes to **your** membership on **our** behalf, or decide not to enforce any of **our** rights.

No change to **your** membership will be valid unless it is confirmed in writing.

Any confirmation of **your** cover will only be valid if it is confirmed in writing by **us**.

If you change our correspondence address

Please contact **us** as soon as reasonably possible, as **we** will send any correspondence to the address **you** last gave **us**.

Correspondence

Letters between **us** must be sent by post and with the postage paid. **We** do not return original documents, with the exception of official documents such as birth or death certificates. However, if **you** ask **us** at the time **you** send any original documents to **us**, such as invoices, **we** can provide copies.

Applicable law

Your membership is governed by Irish law. Any dispute that cannot otherwise be resolved will be dealt with by courts in Ireland.

If any dispute arises as to interpretation of this document then the Irish version of this document shall be deemed to be conclusive and taking precedence over any other language version of this document. This can be obtained at all times by contacting the customer services helpline.

Provision of accurate and complete information

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 membership, and at each renewal and variation of this membership. **You** and any **dependant** must also tell **us** if any of the answers to the questions in the application form change prior to this membership starting. Otherwise, the following apply with effect from the date the membership was taken out, renewed or varied (depending on when **we** were provided with inaccurate or incomplete information).

A. **We** may treat this membership 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 membership 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 membership 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 membership. 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** membership 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 additional premium to the original premium. For example, **we** will only pay half of a claim, if **we** would have charged double the premium.

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

The same rules apply if someone else provides **us** with information on **your** behalf or any **dependant's** behalf.

Liability

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.

You the **principal member**, on behalf of yourself and the **dependants**, appoint **us** to act as agent 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** agent.

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.

Your statutory rights are not affected.

Sanction clause

We will not provide cover and **we** shall not be liable to pay any claim or provide any benefit under this Policy to the extent that such cover, payment of a claim(s) or benefits would:

- cause **us** to breach any United Nations resolutions or the trade or economic sanctions, laws or regulations of any jurisdiction to which **we** are subject (which may include without limitation those of the European Union, **United Kingdom** and/or United States of America).
- expose **us** to the risk of being sanctioned by any relevant authority or competent body; and/or
- expose **us** to the risk of being involved in conduct (either directly or indirectly) which any relevant authority or competent body would consider to be prohibited.

Where any resolutions, sanctions, laws or regulations referred to in this clause are, or become, applicable to this Policy, **we** reserve all of **our** rights to take all and any such actions as may be deemed necessary in **our** absolute discretion, to ensure that **we** continue to be compliant. **You** acknowledge that this may restrict or delay **our** obligations under this Policy and **we** may not be able to pay any claim(s) in the event of a sanctions-related concern.

Making a Complaint

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

If **you** have any comments or complaints, **you** can call the **Bupa Global** customer helpline on:
+44 (0) 1273 323 563 if **you** are Classic or Essential customer
+44 (0) 1273 718 441 if **you** are Gold customer,
24 hours a day, 365 days a year. Alternatively, **you** can email or write to the Head of Customer Relations via bupaglobal.com/membersworld or

Bupa Global
Victory House
Trafalgar Place
Brighton
BN1 4FY
United Kingdom

Easier to read information

We want to make sure that members with special needs are not excluded in any way. **We** also offer a choice of Braille, large print or audio for **our** letters and literature. Please let **us** know which **you** would prefer.

Taking it further

If **we** can't settle **your** complaint **you** may be able to refer **your** complaint to the Financial Services and Pensions Ombudsman. **You** can:

- write to them at Lincoln House, Lincoln Place, Dublin 2
- call them on +353 1 567 7000
- find details at their website www.fspo.ie

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

Confidentiality

The confidentiality of personal health information is of paramount concern to the companies in the Bupa group. To this end, Bupa fully complies with applicable data protection legislation and medical confidentiality guidelines. Bupa sometimes uses third parties to process data on **our** behalf. Such processing, which may be undertaken outside the EEA (European Economic Area), is subject to contractual restrictions with regard to confidentiality and security obligations in addition to the minimum requirements imposed by data protection legislation.

Personal data collected about **you** may be used by Bupa to process **your** claims, administer **your** membership, make suggestions about clinically appropriate **treatment**, for research and analytics, in the course of undertaking audits, and to detect and prevent fraud. For further information, please see the **Bupa Global** Privacy Policy at www.bupaglobal.com/privacypolicy.

Please note that **we** may share any **dependant's** information with the **principal member** (being the person named as the main applicant on the application for the membership), including in relation to **treatment** and services received, claims paid, the amount of any deductible used and, if relevant, any medical history which impacts on the provision of the membership.

In accordance with data protection law, if **you** would like a copy of **your** personal information or **you** would like to update **your** personal information, or if **you** have any other data processing queries please call the **Bupa Global** service team on +44 (0)1273 718 379.

Alternatively **you** can email or write to the team via service.uk@bupaglobal.com; or

Bupa Global,
Victory House,
Trafalgar Place,
Brighton
BN1 4FY,
United Kingdom.

Privacy Notice

We are committed to protecting **your** privacy when dealing with **your** personal information. This privacy notice provides details about the information **we** collect about **you**, how **we** use it and how **we** protect it. It also provides information about **your** rights (see section 13 '**your** rights').

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@bupa-intl.com or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, **United Kingdom**.

Last updated: November 2018

1. Information about us

Summary: In this privacy notice, '**we**', '**us**' and '**our**' means the Bupa companies trading as **Bupa Global**.

More information: Depending on which of **our** products and services **you** ask **us** about, buy or use, different companies within **our** organisation will process **your** information and make decisions about how **your** information is handled.

Bupa Global is a trading name of **Bupa Global** Designated Activity Company, Bupa Denmark, filial af **Bupa Global**, Ireland, Bupa Insurance Services Limited and Bupa Denmark Services A/S.

In relation to international private medical insurance:

Bupa Global Designated Activity Company is a designated activity company limited by shares registered in Ireland under company number 623889 and having its registered office at Second Floor, 10 Pembroke Place, Ballsbridge, Dublin 4, D04 V1W6, and is regulated by the Central Bank of Ireland.

Bupa Insurance Services Limited is registered in England and Wales at Companies House under number 3829851. The registered office is 1 Angel Court, London, EC2R 7HJ, and is authorised and regulated by the Financial Conduct Authority (regulation number 312526).
Bupa Denmark Services A/S, 8 Palaegade, DK-1261 Copenhagen K, Denmark, Company No. 32451780 is an agent for **Bupa Global** Designated Activity Company.

In relation to Travel:

Bupa Denmark, filial af **Bupa Global** DAC, Ireland is a Danish branch of **Bupa Global** Designated Activity Company, having its registered address at Palaegade 8 DK-1261 Copenhagen K Denmark, and is regulated by the Central Bank of Ireland and subject to limited regulation by the Danish Financial Services Authority (Finanstilsynet).

Bupa Denmark Services A/S, 8 Palaegade, DK-1261 Copenhagen K, Denmark, Company No. 32451780 is an agent for **Bupa Global** Designated Activity Company.

2. Scope of our privacy notice

Summary: This privacy notice applies to anyone who interacts with **us** about **our** products and services ('**you**', '**your**'), in any way (for example, by email, through **our** website, by phone, through **our** app). **We** will give **you** further privacy information if necessary for specific contact methods or in relation to specific products or services.

More information: This privacy notice applies to **you** if **you** ask **us** about, buy or use **our** products and services. It describes how **we** handle **your** information, regardless of the way **you** contact **us** (for example, by email, through **our** website, by phone, through **our** app and so on). **We** will provide **you** with further information or notices if necessary, depending on the way **we** interact with each other, for example if **you** use **our** apps **we** may give **you** privacy notices which apply just to a particular type of information which **we** collected through that app.

If **you** have any questions about this, please contact **us** at info@bupa-intl.com.

3. How we collect personal information

Summary: We collect personal information from **you** and from third parties (anyone acting on **your** behalf, for example, brokers, health-care providers and so on).

Where you provide us with 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.

More information: We collect personal information from **you**:

- through **your** contact with **us**, including by phone (**we** may record or monitor phone calls to make sure **we** are keeping to legal rules, codes of practice and internal policies, and for quality assurance purposes), by email, through **our** websites, through **our** apps, by post, by filling in application or other forms, by entering competitions, through social media or face-to-face (for example, in medical consultations, diagnosis and **treatment**).

We also collect information from other people and organisations.

For all our customers, we may collect information from:

- **your** parent or guardian, if **you** are under 18 years old;
- a **family member**, or someone else acting on **your** behalf;
- doctors, other clinicians and health-care professionals, **hospitals**, clinics and other health-care providers;
- any service providers who work with **us** in relation to **your** product or service, if **we** don't provide it to **you** direct, such as providing **you** with apps, medical **treatment**, dental **treatment** or health assessments;
- organisations, such as CACI or Binleys, who carry out customer-satisfaction surveys or market research on **our** behalf, or who provide **us** with statistics and other information (for example, about **your** interests, purchases and type of household) to help **us** to improve **our** products and services;
- fraud-detection and credit-reference agencies; and
- sources which are available to the public, such as the edited electoral register or social media.

If we provide you with insurance products and services, we may collect information from:

- the main member, if **you** are a **dependant** under a family insurance policy;
- **your** employer, if **you** are covered by an insurance policy **your** employer has taken out;
- brokers and other agents (this may be **your** broker if **you** have one, or **your** employer's broker if they have one); and
- other third parties **we** work with, such as agents working on **our** behalf, other insurers and reinsurers, actuaries, auditors, solicitors, translators and interpreters, tax advisers, debt-collection agencies, credit-reference agencies, fraud-detection agencies (including health-insurance counter-fraud groups), regulators, data protection supervisory authorities, health-care professionals, other health-care providers and medical-assistance providers.

4. Categories of personal information

Summary: We process three categories of personal information about **you** and (where this applies) **your dependants**:

- standard personal information (for example, information **we** use to contact **you**, identify **you** or manage **our** relationship with **you**); and
- special categories of information (for example, health information, information about **your** race, ethnic origin and religion that allows **us** to tailor **your** care) and
- information related to criminal offences and convictions information (e.g. information about crime in connection with checks against fraud or anti-money-laundering registers).

More information:

Standard personal information includes:

- contact information, such as **your** name, username, address, email address and phone numbers;
- the country **you** live in, **your** age, **your** date of birth and national identifiers (such as **your** National Insurance number or passport number);
- information about **your** employment;
- details of any contact **we** have had with **you**, such as any complaints or incidents;
- financial details, such as details about **your** payments and **your** bank details;
- the results of any credit or any anti-fraud checks **we** have made on **you**;
- information about how **you** use **our** products and services, such as insurance claims; and
- information about how **you** use **our** website, apps or other technology, including IP addresses or other device information (please see **our** Cookies Policy available at https://www.bupaglobal.com/en/legal/cookies for more details).

Special category information includes:

- information about **your** physical or mental health, including genetic information or biometric information (**we** may get this information from application forms **you** have filled in, from notes and reports about **your** health and any **treatment** and care **you** have received or need, or it may be recorded in details of contact **we** have had with **you** such as information about complaints or incidents, and referrals from **your** existing insurance provider, quotes and records of medical services **you** have received);
- information about **your** race, ethnic origin and religion (**we** may get this information from **your** medical or care-home preferences to allow **us** to provide care that is tailored to **your** needs); 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).

5. What we use your personal information for

Summary: We process **your** personal information for the purposes set out in this privacy notice. **We** have also set out some legal reasons why **we** may process **your** personal information (these depend on what category of personal information **we** are processing). **We** normally process standard personal information if this is necessary to provide the services set out in a contract, it is in **our** or a third party's legitimate interests or it is required or allowed by any law that applies. Please see below for more information about this and the reasons why **we** may need to process special category information.

More information: By law, **we** must have a lawful reason for processing **your** personal information. **We** process standard personal information about **you** if this is:

- necessary to provide the services set out in a contract – if **we** have a contract with **you**, **we** will process **your** personal information in order to fulfil that contract (that is, to provide **you** and **your dependants** with **our** products and services);
- in **our** or a third party's legitimate interests – details of those legitimate interests are set out in more detail in section 6 'legitimate interests' below.
- required or allowed by law.

We process special category information about **you** because:

- it is necessary for the purposes of preventive or occupational medicine, to assess whether **you** are able to work, medical diagnosis, to provide health or social care or **treatment**, or to manage health-care or social-care systems (including to monitor whether **we** are meeting expectations relating to **our** clinical and non-clinical performance);
- it is necessary for an insurance purpose (for example, advising on, arranging, providing or managing an insurance contract, dealing with a claim made under an insurance contract, or relating to rights and responsibilities arising in connection with an insurance contract or law);
- it is necessary to establish, make or defend legal claims (for example, claims against **us** for insurance);
- it is necessary for the purposes of preventing or detecting an unlawful act in circumstances where **we** must carry out checks without **your** permission so as not to affect the outcome of those checks (for example, anti-fraud and anti-money-laundering checks or to check other unlawful behaviour, or carry out investigations with other insurers and third parties for the purpose of detecting fraud);
- it is necessary for a purpose designed to protect the public against dishonesty, malpractice or other seriously improper behaviour (for example, investigations in response to a safeguarding concern, a member's complaint or a regulator (such as the Care Quality Commission or the General Medical Council) telling **us** about an issue);
- it is in the public interest, in line with any laws that apply;
- it is information that **you** have made public; or
- **we** have **your** permission. As is best practice, **we** will only ask **you** for permission to process **your** personal information if there is no other legal reason to process it. If **we** need to ask for **your** permission, **we** will make it clear that this is what **we** are asking for, and ask **you** to confirm **your** choice to give **us** that permission. If **we** cannot provide a product or service without **your** permission (for example, **we** can't manage and run a health trust without health information), **we** will make this clear when **we** ask for **your** permission. If **you** later withdraw **your** permission, **we** will no longer be able to provide **you** with a product or service that relies on having **your** permission.

Criminal offences and convictions information:

Where Irish data protection law applies, **we** will only process personal data relating to criminal convictions or involvement in criminal proceedings where permitted in specific circumstances including where (1) necessary for the purposes of legal advice or in connection with legal proceedings or in connection with the exercise, defence or establishment of legal claims or legal rights; (2) necessary to prevent injury or property damage or the vital interests of a person; (3) permitted in regulations; (4) **you** have given explicit consent to the processing of **your** personal data for these purposes – which **you** may withdraw at any time; and (5) the processing of **your** personal data is necessary and proportionate to perform a contract or enter into a contract with **you**.

6. Legitimate interests

Summary: We process **your** personal information for a number of legitimate interests, including managing all aspects of **our** relationship with **you**, for marketing, to help **us** improve **our** services and products, and in order to exercise **our** rights or handle claims. More detailed information about **our** legitimate interests is set out below.

More information: Legitimate interest is one of the legal reasons why **we** may process **your** personal information. Taking into account **your** interests, rights and freedoms, legitimate interests which allow **us** to process **your** personal information include:

- to manage **our** relationship with **you**, **our** business and third parties who provide products or services for **us** (for example, to check that **you** have received a service that **you're** covered for, to validate invoices and so on);
- to provide health-care services on behalf of a third party (for example, **your** employer);
- to make sure that claims are handled efficiently and to investigate complaints (for example, **we** may ask **your treatment** provider for information to make sure **we** receive accurate information and to monitor the quality of **your treatment** and care);
- to keep **our** records up to date and to provide **you** with marketing as allowed by law;
- to develop and carry out marketing activities and to show **you** information that is of interest to **you**, based on **our** understanding of **your** preferences (**we** combine information **you** give **us** with information **we** receive about **you** from third parties to help **us** understand **you** better);
- for statistical research and analysis so that **we** can monitor and improve products, services, websites and apps, or develop new ones;
- to contact **you** about market research **we** are carrying out;
- to monitor how well **we** are meeting **our** clinical and non-clinical performance expectations in the case of health-care providers;
- to enforce or apply **our** website terms of use, **our** policy terms and conditions or other contracts, or to protect **our** (or **our** customers' or other people's) rights, property or safety;
- to exercise **our** rights, to defend ourselves from claims and to keep to laws and regulations that apply to **us** and the third parties **we** work with; and
- to take part in, or be the subject of, any sale, purchase, merger or takeover of all or part of the Bupa business.

7. Marketing and preferences

We may use **your** personal information to send **you** marketing by post, by phone, through social media, by email and by text.

We can only use **your** personal information to send **you** marketing material if **we** have **your** permission or a legitimate interest as described above.

If **you** don't want to receive emails from **us**, **you** can click on the 'unsubscribe' link that appears in all emails **we** send. If **you** don't want to receive texts from **us you** can tell **us** by contacting **us** at any time. Otherwise, **you** can always contact **us** to update **your** contact preferences. See section 14 'data protection contacts' for details of how to contact **us**.

You have the right to object to direct marketing and profiling (the automated processing of **your** information to help **us** evaluate certain things about **you**, for example, **your** personal preferences and **your** interests) relating to direct marketing. Please see section 13 '**your** rights' below for more details.

8. Processing for profiling and automated decision-making

Summary: Like many businesses, **we** sometimes use automation to provide **you** with a quicker, better, more consistent and fair service, and marketing information **we** think will be of interest to **you** (including discounts on **our** products and services). This will involve evaluating information about **you** and, in some cases, using technology to provide **you** with automatic responses or decisions (automated decisions). Please see 'more information' below for further details.

You have the right to object to direct marketing and profiling relating to direct marketing (see section 13 '**your** rights' for more information). **You** may also have the right to object to other types of profiling and automated decision-making set out below. In these cases, **you** have the right to ask **us** to make sure that one of **our** advisers reviews an automated decision, to let **us** know how **you** feel about it and to ask **us** to reconsider the decision. **You** can contact **us** to exercise these rights. See section 14 'data protection contacts' for full contact details.

More information: By law, **we** must tell **you** about:

- automated decision-making (making a decision using technology, without any person being involved); and
- profiling (automated processing of **your** information to help **us** evaluate certain things about **you**, for example, **your** personal preferences and **your** interests).

This is because **you** have certain rights relating to both automated decision-making and profiling. **You** have the right to object to profiling relating to direct marketing. If **you** do this, **we** will no longer carry out profiling for direct marketing purposes. **You** also have the right to object to profiling in other circumstances set out below.

When **we** make decisions using only automated processing which produce legal effects which concern **you** or which have a significant effect on **you**, **we** will let **you** know. **You** then have 21 days to ask **us** to reconsider **our** decision or to make a new decision that is not based only on automated processing. If **we** receive a request from **you**, within 21 days of receiving **your** request, **we** will:

- consider the request, including any information **you** have provided that is relevant to it;
- meet **your** request; and
- let **you** know in writing what **we** have done to meet **your** request, and the outcome.

You can contact **us** (see section 14 'data protection contacts' for details) to ask about these rights (see section 13 '**your** rights' for more details).

Profiling and automated decision-making

The processes set out below involve both profiling and automated decision-making.

- Depending on the type of health-insurance product that **you** want to benefit from, to help **us** decide what level of cover **we** can offer **you**, **we** will ask **you** to provide information about **your** medical history. **We** may use software to review this information to find out whether **you** have any previous or existing health conditions which **we** cannot cover **you** for and which will be excluded from **your** policy.
- **We** may use software to help **us** calculate the price of products and services based on what **we** know about **you** and other customers. For example, **our** technology may analyse information about **your** claims history and compare it with the information **we** hold about previous claims to evaluate how likely **you** are to need to make a claim. **We** may also evaluate **your** age, where **you** live and other details relating to **your** health (such as existing health conditions and whether **you** smoke) to calculate prices for community-rated products which are based on predefined groups with similar risk profiles.

Profiling

The processes set out below involve profiling.

- In order to improve outcomes and be more efficient, and allow **us** to offer advice about different **treatment** paths (for example, alternatives to surgery or other invasive **treatments**), **we** may use software to evaluate medical history and information about the general population in an area to identify customers who are likely to need that advice most.
- When **your** policy is due for renewal, **our** software tells **us** this and may also evaluate **your** payment and claims history, information about the general information in a particular area, and other information from third parties to automatically provide **you** with information about what incentives **we** can offer **you** and the marketing messages **you** will receive.
- **We** ask other organisations to carry out some of **our** consumer and market analysis to improve **our** marketing processes.This involves sharing personal information relating to **our** customers with third parties who specialise in profiling and segmenting people (putting people into groups of different types of customer, based on different kinds of information collected about them, to help **us** to better target **our** products to them). These companies match the information **we** give them with information they get from other sources to improve the accuracy of their analysis. **We** use the results of this analysis to help **us** target marketing and offers.
- **We** may use information about the products **you** have bought, and information about what other customers who have bought the same products **you** have bought, to make sure **we** send **you** information about the products **you** are most likely to be interested in.
- **We** may share **your** personal information (including **your** name, date of birth, sex and the country **you** live in) with third-party companies, such as FINSCAN, who **we** use to carry out anti-fraud checks. **We** will review any matches from this process. (**We** will not use automated decision-making for this).

9. Sharing your information

Summary: We share **your** information within the Bupa Group, with relevant policyholders (including **your** employer if **you** are covered under a group scheme), with funders arranging services on **your** behalf, with people acting on **your** behalf (for example, brokers and other agents) and with others who help **us** provide services to **you** (for example, health-care providers and medical-assistance providers) or who **we** need information from to allow **us** to handle or confirm claims or entitlements (for example, professional associations). **We** also share **your** information in line with the law.

More information: We sometimes need to share **your** information with other people or organisations for the purposes set out in this privacy notice.

For all our customers, we share your information with:

- other members of the Bupa Group;
- other organisations **you** belong to, or are professionally associated with, in order to confirm **your** entitlement to claim discounts on **our** products and services;
- doctors, clinicians and other health-care professionals, **hospitals**, clinics and other health-care providers;

- suppliers who help deliver products or services on **our** behalf;
- people or organisations **we** have to, or are allowed to, share **your** personal information with by law (for example, for fraud-prevention or safeguarding purposes, including with the Care Quality Commission in the **UK** and the Health Information and Quality Authority in Ireland);
- the police and other law-enforcement agencies to help them perform their duties, or with others if **we** have to do this by law or under a court order;
- if **we** (or any member of the Bupa group) sell or buy any business or assets, the potential buyer or seller of that business or those assets; and
- a third party who takes over any or all of the Bupa Group's assets (in which case personal information **we** hold about **our** customers or visitors to the website may be one of the assets the third party takes over).

If we provide insurance or manage a health-care trust, we share your information with:

- the policyholder or their agent if **you** are not the main member under an individual policy (**we** will send them all membership documents and confirmation of how **we** have dealt with a claim, and all people who are insured on the policy may have access to correspondence and other information **we** provide through **our** online portal);
- **your** employer (or their broker or agent) for product or service administration purposes if **you** are a member or beneficiary under **your** employer's group scheme;
- **your** broker or agent (or both);
- other third parties **we** work with to provide **our** products and services, such as agents working on **our** behalf, other insurers and reinsurers, actuaries, auditors, solicitors, translators and interpreters, tax advisers, debt-collection agencies, credit-reference agencies, fraud-detection agencies (including health-insurance counter-fraud groups), regulators, data protection supervisory authorities, health-care professionals, health-care providers and medical-assistance providers; and
- organisations who provide **your treatment** and other benefits, including travel-assistance services.

If **we** share **your** personal information, **we** will make sure appropriate protection is in place to protect **your** personal information in line with data protection laws.

10. Anonymised and combined information

We support ethically approved clinical research. **We** may use anonymised information (with all names and other identifying information removed) or information that is combined with other people's information, or reveal it to others, for research or statistical purposes. **You** cannot be identified from this information and **we** will only share the information in line with legal agreements which set out an agreed, limited purpose and prevent the information being used for commercial gain.

11. Transferring information outside the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, **we** transfer **your** personal information to countries outside the EEA (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy notice. Not all countries outside the EEA have data protection laws that are similar to those in the EEA and if so, the European Commission may not consider those countries as providing an adequate level of data protection.

We take steps to make sure that, when **we** transfer **your** personal information to another country, appropriate protection is in place, in line with data protection laws. Often, this protection is set out under a contract with the organisation who receives that information. For more information about this protection, please contact **us** at info@bupa-intl.com.

12. How long we keep your personal information

We keep **your** personal information in line with set periods calculated using the following criteria.

- How long **you** have been a customer with **us**, the types of products or services **you** have with **us**, and when **you** will stop being **our** customer.
- How long it is reasonable to keep records to show **we** have met the obligations **we** have to **you** and by law.
- Any time limits for making a claim.
- Any periods for keeping information which are set by law or recommended by regulators, professional bodies or associations.
- Any relevant proceedings that apply.

If **you** would like more information about how long **we** will keep **your** information for, please contact **us** at info@bupa-intl.com.

13. Your rights

Summary: You have the right to access **your** information and to ask **us** to correct any mistakes and delete and restrict the use of **your** information. **You** also have the right to object to **us** using **your** information, to ask **us** to transfer of information **you** have provided, to withdraw permission **you** have given **us** to use **your** information and to ask **us** not to use automated decision-making which will affect **you**.

More information: You have the following rights (certain exceptions apply).

- **Right of access**: **You** have the right to make a written request for details of **your** personal information and a copy of that personal information.
- **Right to rectification**: **You** have the right to have inaccurate information about **you** corrected or removed.
- **Right to erasure ('right to be forgotten')**: **You** have the right to have certain personal information about **you** deleted from **our** records.
- **Right to restriction of processing**: **You** have the right to ask **us** to use **your** personal information for restricted purposes only.
- **Right to object**: **You** have the right to object to **us** processing (including profiling) **your** personal information in cases where **our** processing is based on a task carried out in the public interest or where **we** have let **you** know it is necessary to process **your** information for **our** or a third party's legitimate interests. **You** can object to **us** using **your** information for direct marketing and profiling purposes in relation to direct marketing.
- **Right to data portability**: **You** have the right to ask **us** to transfer the personal information **you** have given **us** to **you** or to someone else in a format that can be read by computer.
- **Right to withdraw consent**: **You** have the right to withdraw any permission **you** have given **us** to handle **your** personal information. If **you** withdraw **your** permission, this will not affect the lawfulness of how **we** used **your** personal information before **you** withdrew permission, and **we** will let **you** know if **we** will no longer be able to provide **you** with **your** chosen product or service.
- **Right in relation to automated decisions**: **You** have the right not to have a decision which produces legal effects which concern **you** or which have a significant effect on **you** based only on automated processing, unless this is necessary for entering into a contract with **you**, it is authorised by law or **you** have given **your** permission for this. **We** will let **you** know if **we** make automated decisions, **our** legal reasons for doing this and the rights **you** have.

Please note: Other than **your** right to object to **us** using **your** information for direct marketing (and profiling for the purposes of direct marketing), **your** rights are not absolute. This means they do not always apply in all cases, and **we** will let **you** know in **our** correspondence with **you** how **we** will be able to meet **your** request relating to **your** rights.

If **you** make a request, **we** will ask **you** to confirm **your** identity if **we** need to, and to provide information that helps **us** to understand **your** request better. If **we** do not meet **your** request, **we** will explain why.

In order to exercise **your** rights, please contact **us** at info@bupa-intl.com.

14. Data-protection contacts

If **you** have any questions, comments, complaints or suggestions in relation to this notice, or any other concerns about the way in which **we** process information about **you**, please contact **our** service team on +44 (0)1273 323 563. Alternatively **you** can email or write to **our** Data Protection Officer or Privacy Team at info@bupa-intl.com or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, **United Kingdom**.

You also have a right to make a complaint to **your** local privacy supervisory authority.

The contact details for the Data Protection Commission are as follows:
Data Protection Commission
Canal House
Station Road
Portarlington
County Laois
Phone: 1890 252 231 (Lo Call rate) or +353 57 8684800 (national rate)
Email: info@dataprotection.ie

You can also make a complaint with another supervisory authority which is based in the country or territory where:

- **you** live;
- **you** work; or
- the matter **you** are complaining about took place.

15. Changes to this privacy notice

We reserve the right to amend this privacy notice at any time, including in relation to the processing activities described above which may change from time to time. **You** can access the most recent version of this privacy notice on **our** website at www.bupaglobal.com/privacypolicy.

Glossary

This explains what **we** mean by various words and phrases in **your** membership pack. Words written in bold are particularly important as they have specific meanings.

Defined term	Description
Acceptable current clinical evidence:	International medical and scientific evidence which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people, or clinical trials which are not registered.
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.
Annual deductible:	The amount **you**, the **principal member** have to pay towards the cost of the **treatment** that **you** receive each **membership year** that would otherwise be covered under **your** membership. The amount of **your annual deductible** is shown on **your** membership certificate. The **annual deductible** applies separately to each person covered under **your** membership.
Appliance:	A knee brace which is an essential part of a repair to a cruciate (knee) ligament or a spinal support which is an essential part of surgery to the spine.
Assisted Reproduction Technologies:	Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction.
Birthing centre:	A medical facility often associated with a **hospital** that is designed to provide a homelike setting during childbirth.
Bupa Global:	**Bupa Global** Designated Activity Company or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.
Complementary medicine practitioner:	An acupuncturist, homeopath or traditional Chinese medicine practitioner who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which the **treatment** is received.
Consultant:	A surgeon, anaesthetist or physician who: ○ is legally qualified to practise medicine or surgery following attendance at a recognised medical school, and ○ is recognised by the relevant authorities in the country in which the **treatment** takes place 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.
Day-case treatment:	**Treatment** which for medical reasons requires **you** to stay in a bed in **hospital** during the day only. **We** do not require **you** to occupy a bed for day-case **mental health treatment**.
Dental practitioner:	A person who: ○ is legally qualified to practice dentistry, and ○ is permitted to practice dentistry by the relevant authorities in the country where the dental **treatment** takes place
Dependants:	The other people named on **your** membership certificate as being members of the plan and who are eligible to be members, including newborn children.

Defined term	Description
Diagnostic tests:	Investigations, such as X-rays or blood tests, to find the cause of **your** symptoms.
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 doctor:	A person who: ○ is legally qualified in medical practice following attendance at a recognised medical school to provide medical **treatment** which does not need a **consultant's** training, and ○ is licensed to practice 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.
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.
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 **consultants** can provide
In-patient treatment:	**Treatment** which for medical reasons normally means that **you** have to stay in a **hospital** bed overnight or longer.

Defined term	Description
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.
Medical practitioner:	A **complementary medicine practitioner**, **consultant**, **dental practitioner**, **family doctor**, **psychologist**, **psychotherapist**, **physiotherapists**, **osteopaths**, chiropractors 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**
Membership year:	The 12 month period for which this membership is effective, as first shown on **your** membership certificate and, if this health plan is renewed, each 12 month period which follows the **renewal date**.
Network:	A **hospital**, or similar facility, or **medical practitioner** which has an agreement in effect with **Bupa Global** or **service partner** to provide **you** with eligible **treatment**.
Out-patient treatment:	**Treatment** given at a **hospital**, consulting room, doctors' office or out-patient clinic where **you** do not go in for **in-patient treatment** or **day-case treatment**.

Defined term	Description
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.
Physiotherapy, **osteopathy** and **chiropractic treatment**:	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the **treatment** is received.
Pre-existing condition:	○ any medical condition declared in **your** application for cover which has been noted as a 'personal exclusion' under **your** membership certificate; or ○ any disease, illness or injury for which **you** received medication, advice or **treatment**, or **you** had experienced symptoms of whether the condition was diagnosed or not, prior to becoming a member which was not disclosed under **your** application for cover. Where **we** have accepted **your** transfer to this plan from another insurance product on a continuous cover basis, the above reference to 'application for cover' shall be deemed to mean **your** original application for cover under that previous insurance product.

Defined term	Description
Principal member:	The person who has taken out the membership, and is the first person named on the membership certificate. Please refer to '**you**/ **your**'.
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.
Mental health treatment:	**Treatment** of mental conditions, including eating disorders.
Psychologist and **psychotherapist**:	A person who is legally qualified and is permitted to practise as such in the country where the **treatment** is received.
Qualified nurse:	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the **treatment** takes place.
Reasonable and Customary	The 'usual', or 'accepted standard' amount payable for a specific healthcare **treatment**, procedure or service in a particular geographical region, and provided by **treatment** providers of comparable quality and experience. 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.
Recognised medical practitioner, **hospital or healthcare facility**	Any provider who is not an **unrecognised medical practitioner**, **hospital or healthcare facility**.
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 date:	Each anniversary of the date **you**, the **principal member** joined the plan. (If however **you** are a member of a **Bupa Global** group plan with a common **renewal date** for all members, **your renewal date** will be the common **renewal date** for the group. **We** tell **you** the group **renewal date** when **you** join.)

Defined term	Description
Service partner:	A company or organisation that provides services on behalf of **Bupa Global**. These services may include approval of cover and location of local medical facilities.
Sound natural tooth / **Sound natural teeth**:	A natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally in chewing and speech.
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** membership certificate, or as advised to **us** in writing, which ever is the later. The country **you** specify must be the country in which the relevant authorities (such as tax authorities) consider **you** to be resident for the duration of the policy.
Surgical operation:	A medical procedure that involves the use of instruments or equipment.
Therapists:	An occupational **therapist**, orthoptist, dietician or speech **therapist** who is legally qualified and is permitted to practice as such in the country where the **treatment** is received.
Treatment:	Surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.
UK:	Great Britain and Northern Ireland.

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

General services:
+44 (0) 1273 323 563 for Classic and Essential customers
+44 (0) 1273 718 441 for Gold customers

Medical related enquiries:
+44 (0) 1273 333 911

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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