



## A GUIDE TO YOUR PREMIER GLOBAL HEALTH PLAN

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



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# HELLO

Within this **guide**, **you'll** find easy to understand information about **your Health 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 'General exclusions' which outline what is and isn't covered along with any benefit limits that might apply
- a 'Glossary' to help understand the meaning of some of the terms used

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

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

### YOUR INSURER

Bupa Global is the sole insurer of this plan.

### YOUR GEOGRAPHICAL AREA FOR COVERAGE IS WORLDWIDE EXCL. THE U.S.

As long as it is covered by **your health plan**, **you** can have **your treatment** at any **recognised medical practitioner, hospital or clinic** worldwide outside the U.S.

To view a summary of **hospitals** visit [www.bupaglobal.com/facilitiesfinder](http://www.bupaglobal.com/facilitiesfinder)

### BOLD WORDS

Any words written in **bold** are defined terms that are relevant to **your** cover. **You** can check their meaning in the 'Glossary'.

### TREATMENT THAT WE COVER

**Your Premier Health plan** covers the **treatment** cost for a disease, illness or injury that leads to the conservation of **your** condition, **your** recovery or **you** getting back to **your** previous state of health. This includes treatment for chronic, congenital and hereditary conditions that may be covered, subject to underwriting.

**Your treatment** is covered if it is:

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

**Your health plan** also provides a range of preventive benefits to help keep **you** healthy. **You** can find these in the 'Table of benefits'.

### TWO OF THE BIGGEST, MOST TRUSTED BRANDS IN GLOBAL HEALTHCARE

Two of the most respected names in health care, **Bupa Global** and **Blue Shield Global**, have teamed up to deliver high quality health care products and services. Customers who have U.S. coverage within their plan can now enjoy even bigger benefits. This **health plan** does not include U.S cover, if **you** would like this included, please contact the **Bupa Global** team.

## ANY QUESTIONS?

**We'll** be happy to help.

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

# WHEN YOU'RE AWAKE, WE'RE AWAKE

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

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

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

**You** can ask **us** to arrange evacuations, 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.

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



# NEED TREATMENT?

## The importance of pre-authorisation

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

## Why should I pre-authorise treatment?

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

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

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

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

**We** may appoint an independent medical professional and ask **you** to have a medical examination with them (at **our** cost). They will then give **us** a medical report.

When **you** have pre-authorised **treatment** with one of **our network** providers, **we** will cover the costs if, at the time **you** have that **treatment**:

- the policy is in force
- **you** are covered by the policy

## Pre-authorisation complete and now going for treatment?

Always remember to keep **your** insurance cards with **you** and present the appropriate card to **your benefits provider** when **you** arrive.

- premiums are paid up to date
- the pre-authorisation is still valid. When **we** authorise treatment, **we** will tell **you** how long it is valid for.

## How do I pre-authorise my treatment?

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

## What if my pre-authorisation is no longer valid?

### Can I get a new one?

Yes. Just follow the process again.

## What if I need to go to hospital in an emergency?

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

## 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 **specialist**.

## Our approach to costs

When **you** are in need of a **benefits provider**, our dedicated team can help **you** find a **Recognised medical practitioner, hospital or healthcare facility** within **network**. Alternatively, **you** can view a summary of **benefits providers** on Facilities Finder at [www.bupaglobal.com/facilitiesfinder](http://www.bupaglobal.com/facilitiesfinder)

Where **you** choose to have **your treatment** and services with a **benefits 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 **benefits provider** who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. This means that the costs charged by the **benefits provider** must be no more than they would



normally charge, and be similar to other **benefits providers** providing comparable health outcomes in the same geographical region. These may be determined by **our** experience of usual, and most common, charges in that region. Government or official medical bodies will sometimes publish guidelines for fees and medical practice (including established **treatment** plans, which outline the most appropriate course of care for a specific condition, operation or procedure). In such cases, or where published insurance industry standards exist, **we** may refer to these global guidelines when assessing and paying claims. Charges in excess of published guidelines or **Reasonable and Customary** made by an 'out-of-network' **benefits provider** will not be paid.

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

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

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

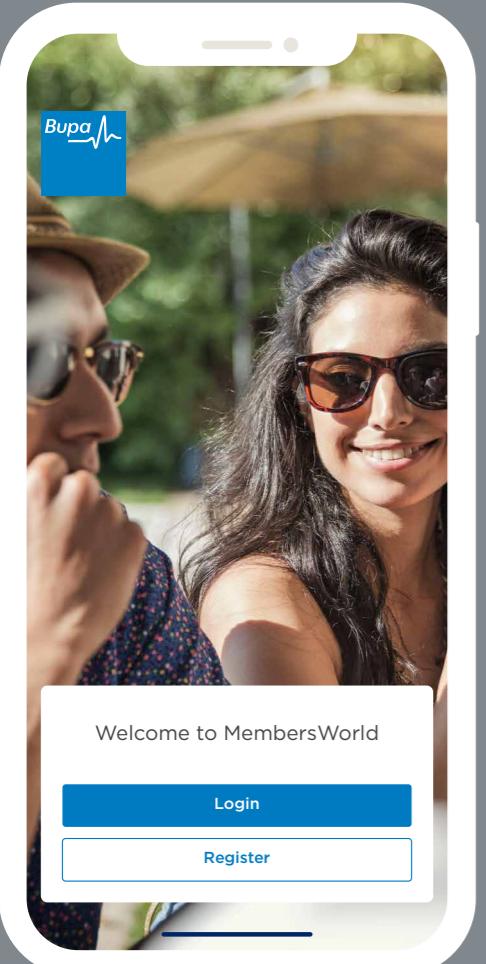
If **you** are taken to an 'out-of-network' **benefits provider** in an **emergency**, it is important that **you**, or the **benefits provider**, contact **us** within 48 hours of **your** admission, or as soon as reasonably possible in the circumstances. If it is the best thing for **you**, **we**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

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

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

# WELCOME TO MEMBERSWORLD

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



You can register for MembersWorld at: <https://membersworld.bupaglobal.com> and download the **Bupa Global** MembersWorld App from **your** app store.

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

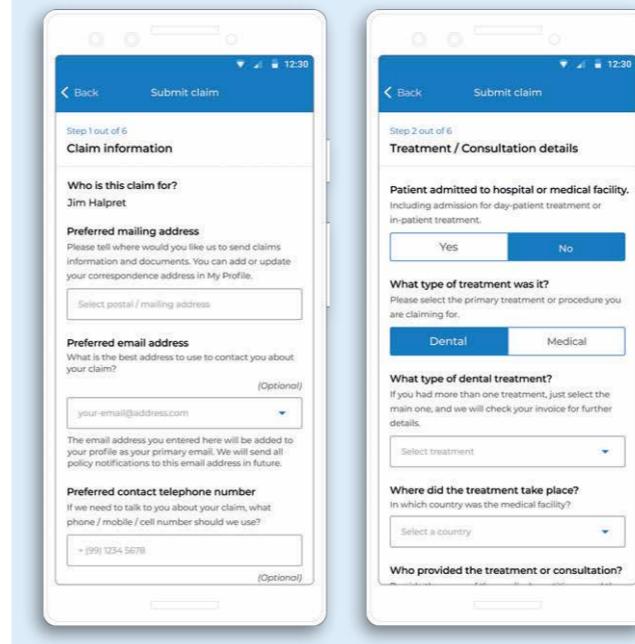
All **dependants** over 16 can access these services, so it's important they register too.

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

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

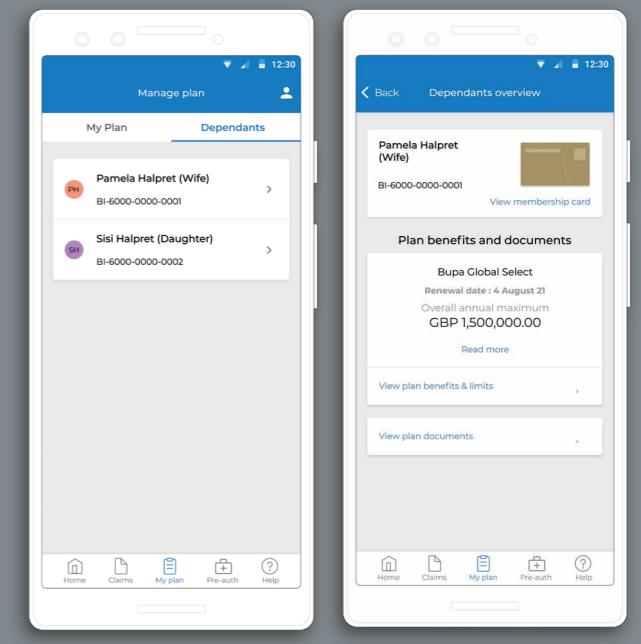
## Claims and pre-authorisations

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



## Dependants

- o View **dependants'** plans, documents and membership cards
- o Submit and view claims\*
- o Allow the **principal member** to manage a **dependants'** account



## How to access MembersWorld

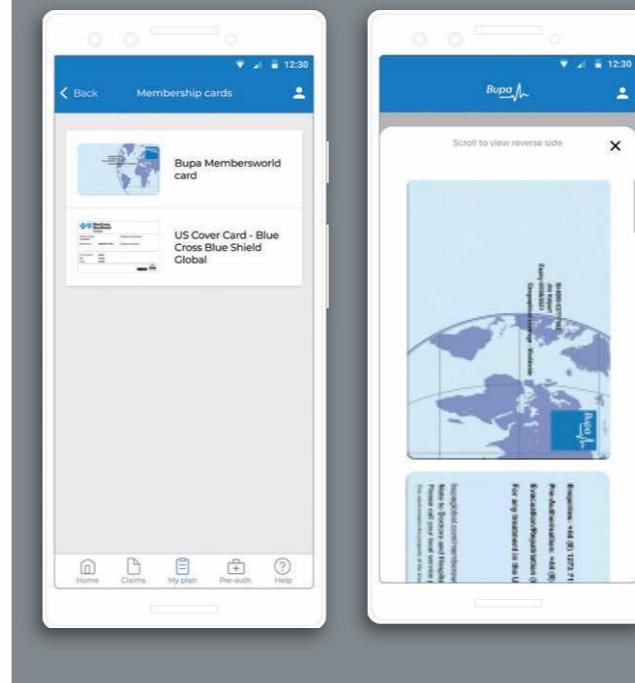
You can access and register online at <https://membersworld.bupaglobal.com> with **your** favourite web browser or via **our** app.

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



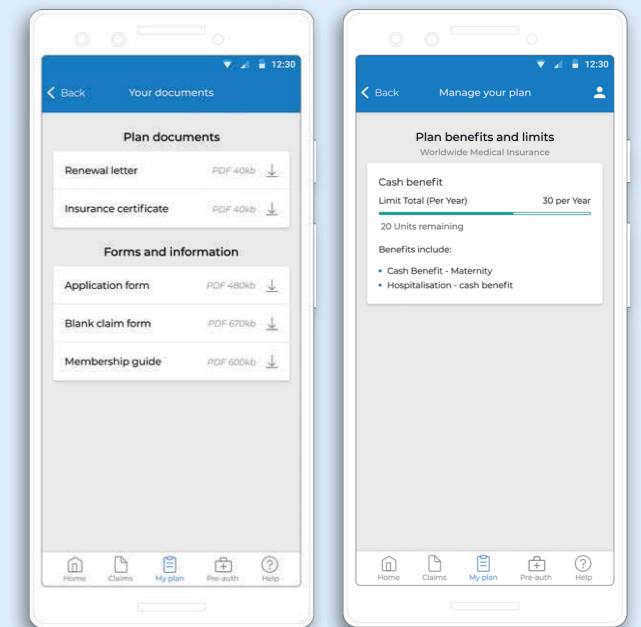
## Membership cards

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



## Policy documents

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



# WELLBEING SERVICES

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

They are 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.

## Your Wellbeing

Explore **Bupa Global's** ever-growing health and lifestyle webpages at [www.bupaglobal.com/en/your-wellbeing](http://www.bupaglobal.com/en/your-wellbeing)

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

## Second Medical Opinion\*

As a **Bupa Global** customer, **you** can access a second medical opinion from a team of 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.

To request a second medical opinion, complete an online referral form via the MembersWorld website, or contact the Bupa Global Customer Service team on +852 2531 8503 or email [service.hk@bupaglobal.com](mailto:service.hk@bupaglobal.com)

## Global Virtual Care\*

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

Features include (subject to local regulations):

- Video and telephone consultations
- Doctor's notes
- Selfcare
- Referrals
- Prescriptions

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

Download Global Virtual Care from either App Store or Google Play.



**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.



# THE CLAIMING PROCESS

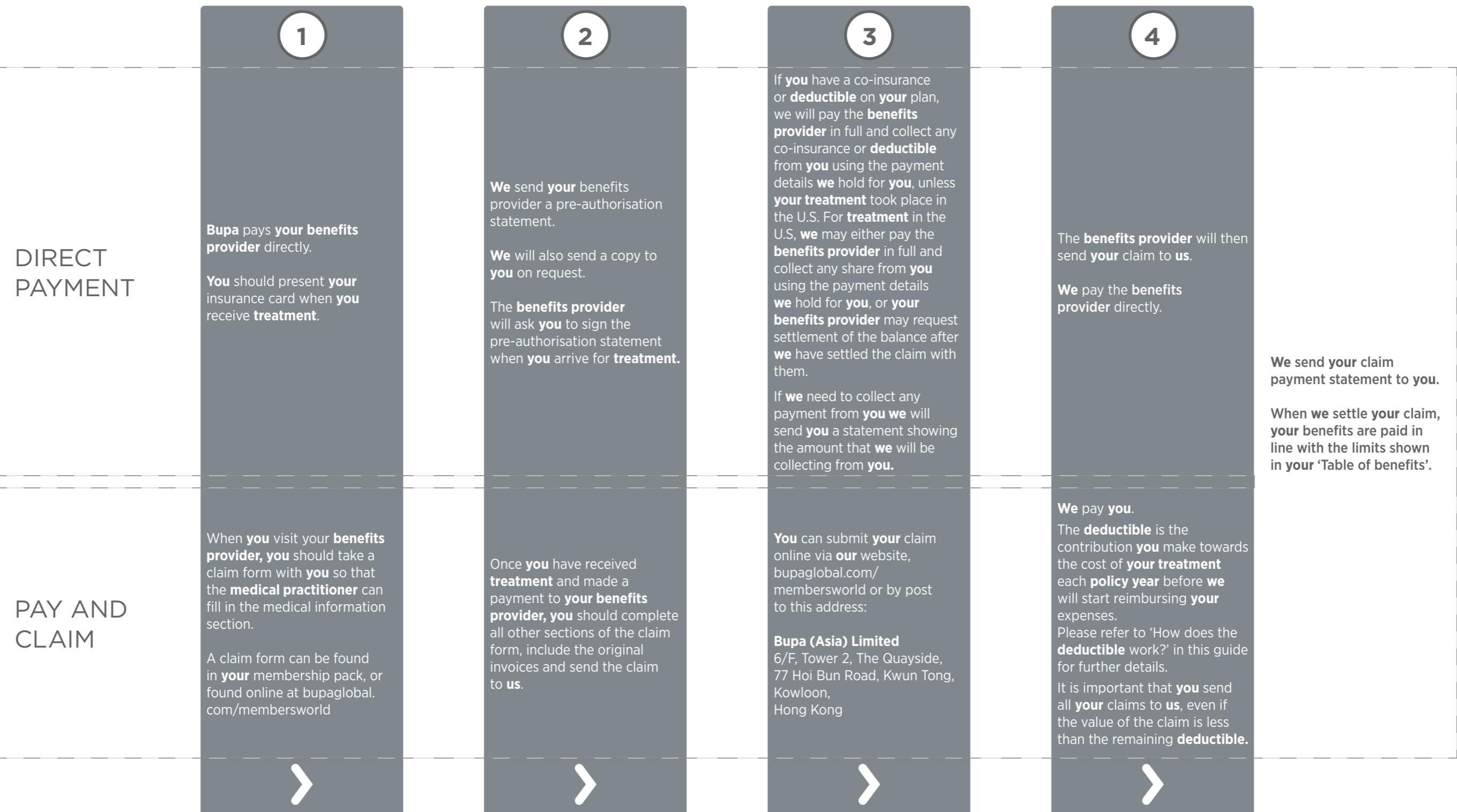
Whether **you** choose direct payment or 'pay and claim' **we** provide a quick and easy claims process. **We** aim to arrange direct settlement wherever possible, but it has to be with the agreement of whoever is providing the **treatment**. In general, direct settlement can only be arranged for **in-patient treatment** or day-case **treatment**. Direct settlement is easier for **us** to arrange if **you** pre-authorise **your treatment** first, or if **you** use a participating **hospital** or healthcare facility.

## How to make a claim

- The quickest way to submit **your** claim is to log on to **your** MembersWorld account and submit **your** claim electronically. **You** have the choice of submitting an online claim or uploading any completed claims form.
- Make sure **we'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.

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

- Go online at  
**<https://membersworld.bupaglobal.com>**
- Call **us** on **+852 2531 8503**
- Email **[service.hk@bupaglobal.com](mailto:service.hk@bupaglobal.com)**





# WANT TO ADD MORE PEOPLE TO YOUR PREMIER HEALTH PLAN?

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

**You** can download this easily from  
<https://membersworld.bupaglobal.com>

Or **you** can contact **us** and **we** will send one to **you**.

**It is possible to add dependants on to a different health plan and/or include a different co-insurance for each person.**

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

**Adding your newborn child?**  
Congratulations on **your** new arrival!

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

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

**we** will add the baby to the policy from their date of birth.

However, if:

- neither parent has been a **Bupa Global** member for at least 18 months before the baby's birth, or
- **we** receive the application form more than 30 days after the baby was born

cover will start on the date that **we** receive the application form.

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



# YOUR HEALTH PLAN BENEFITS

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

## Benefit limits

There are three kinds of benefit limits shown in this table:

1. The 'overall annual maximum' – the maximum amount **we** will pay in total for all benefits, for each person, in each **policy year**.
2. Annual limits for a group of benefits – the maximum amount **we** will pay in total for all of the benefits in that group, such as **out-patient** day to day care.
3. Individual benefit limits – the maximum amount **we** will pay for individual benefits such as **rehabilitation**.

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

## Currencies

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

## Waiting periods

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

## How does the out-patient co-insurance work?

**Your co-insurance** will be shown on **your** insurance certificate and **your** insurance card. Each person on **your** plan can have a different **co-insurance** so remember to check.

The **co-insurance** on this **health plan** is the percentage of all **out-patient** day to day care expenses that **you** share with **us** – please refer to **your** 'Table of benefits'.

### EXAMPLE

With 15% **co-insurance**, so **you** always pay 15% of **your out-patient** day to day care

<b>You</b> have a consultation with <b>your doctor</b> which costs <b>\$80</b>	<b>15% out-patient</b> day to day care <b>co-insurance</b> applied is <b>\$12</b>
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Amount paid by **us** is **\$68**

## How does the in-patient deductible work?

If **you** have chosen a **deductible** this will be shown on **your** insurance certificate. The **deductible** is the annual amount **you** must pay each **policy year** towards covered expenses before **we** start paying.

It's important that **you** send all **your** claims to **us**, even if the value of **your** claim is less than the **deductible**.

**We** won't make any payment, but the claim will count towards **your deductible**. If **your** claim is for an amount higher than the value of **your deductible** or remaining **deductible**, **we** will pay costs in line with **your** benefit limits.

The **deductible** applies:

- per **policy year**
- separately for each person

### EXAMPLE

The **\$1,500 deductible** is on the **health plan**

<b>You</b> have <b>treatment</b> in <b>hospital</b> for a broken leg which costs <b>\$3,000</b>	Amount paid by <b>you</b> is <b>\$1,500</b>
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Amount paid by **us** is **\$1,500**

# TABLE OF BENEFITS - PREMIER HEALTH PLAN

BENEFIT AND EXPLANATION	LIMITS
ALL BENEFITS BELOW, EVEN THOSE PAID IN FULL WILL CONTRIBUTE TO THE OVERALL ANNUAL <b>POLICY</b> MAXIMUM LIMIT	Overall annual <b>policy</b> maximum USD 5,000,000 or HKD 39,000,000
<b>In-patient deductibles:</b> No <b>deductible</b> or Optional USD 1,500 or HKD 11,700 Optional USD 4,000 or HKD 31,200 Optional USD 10,000 or HKD 78,000 Please see <b>your</b> insurance certificate for details of the <b>deductible</b> that applies to <b>your in-patient</b> and <b>day-patient</b> benefits.	
<b>MANDATORY PRE-AUTHORISATION</b> There are some benefits for which <b>you</b> must receive pre-authorisation. This will be stated in the benefit explanation. Benefits may not be paid unless pre-authorisation has been provided. Please contact <b>us</b> for pre-authorisation before proceeding with all <b>in-patient</b> and day/case <b>treatment</b> . Benefits may not be paid unless pre-authorisation has been provided.	
<b>OUT-PATIENT DAY TO DAY CARE</b>  *PAID IN FULL UP TO THE ANNUAL MAXIMUM OF <b>OUT-PATIENT</b> DAY TO DAY CARE LIMIT OF USD 38,500 OR HKD 300,000	Annual maximum USD 38,500 or HKD 300,000
<b>Co-insurances:</b> No <b>co-insurance</b> or Optional 15% <b>co-insurance</b> Please see <b>your</b> insurance certificate for details of the <b>co-insurance</b> that applies to <b>your out-patient</b> day to day care benefits Please note that the <b>deductible</b> and not the <b>co-insurance</b> apply to the <b>out-patient treatment</b> undertaken in connection with the advanced imaging, cancer <b>treatment</b> , transplant services and kidney dialysis benefits.	
<b>OUT-PATIENT SURGICAL OPERATIONS</b> When carried out by a <b>specialist</b> or a <b>doctor</b> .	Paid in full*
<b>PATHOLOGY, RADIOLOGY AND DIAGNOSTIC TESTS</b> When recommended by <b>your specialist</b> or <b>doctor</b> to help diagnose or assess <b>your</b> condition: <ul style="list-style-type: none"><li>◦ pathology such as blood test(s)</li><li>◦ radiology such as ultrasound or X-ray(s)</li><li>◦ <b>diagnostic tests</b> such as electrocardiograms (ECGs)</li></ul>	Paid in full*

BENEFIT AND EXPLANATION	LIMITS
<b>SPECIALIST CONSULTATIONS AND DOCTOR'S FEES</b> Consultations with <b>your specialist</b> or <b>doctor</b> , for example to: <ul style="list-style-type: none"><li>◦ receive or arrange <b>treatment</b></li><li>◦ follow up on <b>treatment</b> already received</li><li>◦ receive pre- and post-<b>hospital</b> consultations/<b>treatment</b></li><li>◦ receive prescriptions for medicines, or</li><li>◦ diagnose <b>your</b> symptoms</li></ul> Such consultations may take place in the <b>specialist's</b> or <b>doctor's</b> office, by telephone or using the internet.	
<b>QUALIFIED NURSES</b> Costs for nursing care, for example injections or wound dressings by a <b>qualified nurse</b> .	
<b>MENTAL HEALTH</b> Consultation fees with psychiatrists, <b>psychologists</b> and <b>psychotherapists</b> to: <ul style="list-style-type: none"><li>◦ receive or arrange <b>treatment</b></li><li>◦ receive pre- and post-<b>hospital treatment</b>, or</li><li>◦ diagnose <b>your</b> illness</li></ul> Such consultations must take place in the psychiatrist's, <b>psychologist's</b> or <b>psychotherapist's</b> office.	Paid in full* Up to 30 consultations each <b>policy year</b>
<b>PHYSIOTHERAPISTS, OSTEOPATHS AND CHIROPRACTORS</b> Consultations and <b>treatment</b> with <b>physiotherapists</b> , <b>osteopaths</b> , <b>chiropractors</b> for physical therapies aimed at restoring <b>your</b> normal physical function.	
<b>OCCUPATIONAL THERAPIST AND ORTHOPTIST</b> Consultations and <b>treatment</b> with occupational <b>therapists</b> and orthoptists.	
<b>FOOTCARE</b> <b>Treatment</b> by a podiatrist, orthopaedic <b>specialist</b> , or chiropodist. <b>Treatment</b> for corns, calluses or thickened misshapen nails will <u>only</u> be covered if <b>you</b> have diabetes.	
<b>DIETETIC GUIDANCE</b> <b>We</b> pay for consultations with a <b>dietician</b> , required for dietary advice relating to a diagnosed disease or illness, such as diabetes.	Paid in full* up to 4 visits each <b>policy year</b>
<b>PRESCRIBED MEDICINES AND DRESSINGS</b> Medicines and dressings prescribed by <b>your medical practitioner</b> , required to treat a disease, illness or injury.	Paid in full*
<b>COMPLEMENTARY MEDICINES: HOMEOPATHY, NATUROPATHY, CHINESE MEDICINE AND BONESETTER</b> Consultations and <b>treatment</b> with homeopaths, naturopaths, Chinese medicine practitioners and Bonesetters who are appropriately qualified and registered to practise in the country where <b>treatment</b> is received. Note: should any complementary medicines or <b>treatments</b> be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate consultation. <b>We</b> only pay for the complementary medicines and therapies above. Exclusions apply to some Chinese medicines as detailed in the General exclusions section.	Up to 15 visits each <b>policy year</b> *

BENEFIT AND EXPLANATION	LIMITS	BENEFIT AND EXPLANATION	LIMITS
DURABLE MEDICAL EQUIPMENT  Durable medical equipment that: <ul style="list-style-type: none"><li>◦ can be used more than once</li><li>◦ is not disposable</li><li>◦ is used to serve a medical purpose</li><li>◦ is not used in the absence of a disease, illness or injury and</li><li>◦ is fit for use in the home</li></ul> For example oxygen supplies or wheelchairs.	Paid in full*	ROUTINE DENTAL (WAITING PERIOD 6 MONTHS)  Once <b>you</b> have been covered on this <b>health plan</b> for 6 months: <ul style="list-style-type: none"><li>◦ fillings</li><li>◦ root canal <b>treatment</b></li><li>◦ x-ray</li><li>◦ tooth extraction</li><li>◦ anaesthesia</li></ul>	
PREVENTIVE TREATMENT  HEALTH SCREENING AND WELLNESS (WAITING PERIOD 10 MONTHS)  Once <b>you</b> have been covered on this <b>health plan</b> for 10 months.  A health screen generally includes various routine tests performed to assess <b>your</b> 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. <b>You</b> may also have the specific screening tests for breast, cervical, prostate, colorectal cancer or bone densitometry. The actual tests <b>you</b> have will depend on those supplied by the <b>benefits provider</b> where <b>you</b> have <b>your</b> screening.	Up to USD 1,300 or HKD 10,000 each <b>policy year</b>	MAJOR RESTORATIVE (WAITING PERIOD 6 MONTHS)  Once <b>you</b> have been covered on this <b>health plan</b> for 6 months: <ul style="list-style-type: none"><li>◦ bridges</li><li>◦ crowns</li><li>◦ dental implants</li><li>◦ dentures</li></ul>	Please see previous page for shared limit.
VACCINATIONS  The following are covered: <ul style="list-style-type: none"><li>◦ Vaccinations which are recommended as part of the national childhood immunisation programme in the country of residency</li><li>◦ Human papilloma virus (HPV) vaccination to protect against cervical cancer</li><li>◦ Influenza (seasonal flu) vaccination</li></ul> Travel vaccinations are not covered under this benefit.	Up to USD 750 or HKD 5,800 each <b>policy year</b>	HEARING AIDS/OPTICAL  HEARING AIDS  Costs for prescribed hearing aids.	
EYE TEST  One eye test each <b>policy year</b> , which includes the cost of <b>your</b> consultation and sight/vision testing.	Paid in full 1 test each <b>policy year</b>	SPECTACLE FRAMES AND LENSES AND CONTACT LENSES  Spectacle and contact lenses which are prescribed to correct a sight/vision problem such as short or long sight.	
PREVENTIVE DENTAL (WAITING PERIOD 6 MONTHS)  Once <b>you</b> have been covered on this <b>health plan</b> for 6 months: <ul style="list-style-type: none"><li>◦ two check-ups/exams each <b>policy year</b></li><li>◦ X-rays/bitewing/single view/Orthopantomogram (OPG)</li><li>◦ scale and polish/ tooth cleaning</li><li>◦ gum shield/mouth guard</li></ul>	Paid in full 2 visits each <b>policy year</b>	IN-PATIENT CARE: FOR ALL IN-PATIENT AND DAY-PATIENT TREATMENT COSTS  <b>Your</b> optional <b>deductible</b> applies to all the following benefits.  Please see <b>your</b> insurance certificate for details of the <b>deductible</b> that applies to <b>your in-patient and day-patient</b> benefits.	
DENTAL TREATMENT AND HEARING AIDS/OPTICAL  DENTAL TREATMENT  ACCIDENT RELATED DENTAL TREATMENT  <b>We</b> pay for accident-related dental <b>treatment</b> that <b>you</b> receive from a dental practitioner for <b>treatment</b> during an <b>emergency</b> visit following accidental damage to any tooth.  Until <b>you</b> have been covered on this <b>health plan</b> for 6 months <b>we</b> only pay any accident related dental <b>treatment</b> taking place up to 30 days after the accident.	50% up to USD 2,550 or HKD 20,000 each <b>policy year</b>	HOSPITAL ACCOMMODATION, ROOM AND BOARD  When: <ul style="list-style-type: none"><li>◦ there is a medical need to stay in <b>hospital</b></li><li>◦ the <b>treatment</b> is given or managed by a <b>specialist</b></li><li>◦ the length of <b>your</b> stay is medically appropriate</li></ul> <b>We</b> will not pay the extra costs of a deluxe, executive or VIP suite. If the cost of <b>treatment</b> is linked to the type of room, <b>we</b> pay the cost of <b>treatment</b> at the rate which would be charged if <b>you</b> occupied a room type appropriate for this <b>health plan</b> .  <b>For in-patient</b> stays of 5 nights or more, <b>you</b> or <b>your specialist</b> must send <b>us</b> a medical report before the fifth night, confirming <b>your</b> diagnosis, <b>treatment</b> already given, <b>treatment</b> planned and discharge date.  <b>We</b> will also pay up to USD 17 or HKD 130 each day for personal expenses such as newspapers, television rental and guest meals when <b>you</b> have had to stay overnight in <b>hospital</b> .	Paid in full Standard private room
		PARENT ACCOMMODATION IN HOSPITAL  Room and board costs for a parent staying in <b>hospital</b> with their child when the costs are for one parent only, <b>you</b> are staying with a child up to 18 years old and the child is insured and receiving <b>treatment</b> that is covered.	Paid in full

BENEFIT AND EXPLANATION	LIMITS	BENEFIT AND EXPLANATION	LIMITS
OPERATING ROOM, MEDICINES AND SURGICAL DRESSINGS  Costs of the: <ul style="list-style-type: none"><li>◦ operating room</li><li>◦ recovery room</li><li>◦ medicines and dressings used in the operating or recovery room</li><li>◦ medicines and dressings used during <b>your hospital</b> stay</li></ul>	Paid in full	OBESITY SURGERY (WAITING PERIOD OF 24 MONTHS)  Once <b>you</b> have been covered on this <b>health plan</b> for 24 months, <b>we</b> may pay, subject to <b>Bupa Global's</b> medical <b>policy</b> criteria, for bariatric surgery, if <b>you</b> : <ul style="list-style-type: none"><li>◦ have a body mass index (BMI) of 40 or over and have been diagnosed as being morbidly obese</li><li>◦ can provide documented evidence of other methods of weight loss which have been tried over the past 24 months and</li><li>◦ have been through a psychological assessment which has confirmed that it is appropriate for <b>you</b> to undergo the procedure</li></ul>	Paid in full
INTENSIVE CARE  Costs for <b>treatment</b> in an <b>intensive care</b> unit when it is <b>medically necessary</b> or an essential part of <b>treatment</b> .	Paid in full	The bariatric surgery technique needs to be evaluated by <b>our</b> medical teams and is subject to <b>Bupa Global's</b> medical <b>policy</b> criteria.  In some cases, <b>you</b> may qualify for weight-loss surgery if <b>your</b> BMI is between 35 and 40 and <b>you</b> have a serious weight-related health problem, such as type 2 diabetes. The decision for <b>Bupa Global</b> to cover this will be entirely made by <b>our</b> medical teams. Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b> . Benefit will not be paid unless pre-authorisation has been provided.	Paid in full
SURGERY, INCLUDING SURGEONS' AND ANAESTHETISTS' FEES  Surgery, including surgeons' and anaesthetists' fees, as well as <b>treatment</b> needed immediately before and after the surgery on the same day.	Paid in full	<b>PROPHYLACTIC SURGERY</b>  <b>We</b> may pay depending on <b>Bupa Global's</b> medical <b>policy</b> criteria, for example, a mastectomy when there is a significant family history and/or <b>you</b> have a positive result from genetic testing.  Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b> . Benefit may not be paid unless pre-authorisation has been provided.	Paid in full
SPECIALISTS' CONSULTATION FEES  When <b>you</b> require medical <b>treatment</b> during <b>your</b> stay in <b>hospital</b> .		<b>PROSTHETIC DEVICES</b>  The initial prosthetic device needed as part of <b>your treatment</b> . By this <b>we</b> mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of <b>your</b> surgical procedure.  <b>We</b> do not pay for any regular maintenance or replacement prosthetic devices for adults including any replacement devices or regular maintenance needed for a <b>pre-existing condition</b> . <b>We</b> will pay for the initial and up to two replacements per device for children under the age of 18.	Per device up to USD 4,000 or HKD 31,200
PATHOLOGY, RADIOLOGY AND DIAGNOSTIC TESTS:  <ul style="list-style-type: none"><li>◦ pathology such as blood test(s)</li><li>◦ radiology such as ultrasound or X-ray(s)</li><li>◦ <b>diagnostic tests</b> such as electrocardiograms (ECGs)</li></ul> when recommended by <b>your specialist</b> to help diagnose or assess <b>your</b> condition when <b>you</b> are in <b>hospital</b> .	Paid in full	<b>PROSTHETIC IMPLANTS AND APPLIANCES</b>  Eligible prosthetic implants and appliances shown in the following lists. Prosthetic implants: <ul style="list-style-type: none"><li>◦ to replace a joint or ligament</li><li>◦ to replace a heart valve</li><li>◦ to replace an aorta or an arterial blood vessel</li><li>◦ to replace a sphincter muscle</li><li>◦ to replace the lens or cornea of the eye</li><li>◦ to control urinary incontinence or bladder control</li><li>◦ to act as a heart pacemaker (internal cardiac defibrillator may be available subject to <b>Bupa Global's</b> medical <b>policy</b> criteria. Please contact <b>us</b> for pre-authorisation)</li><li>◦ to remove excess fluid from the brain</li><li>◦ cochlear implant – provided the initial implant was provided when <b>you</b> were under the age of five, <b>we</b> will pay ongoing maintenance and replacements</li><li>◦ to restore vocal function following surgery for cancer</li></ul>	Paid in full
MENTAL HEALTH  <b>Mental health treatment</b> , where it is <b>medically necessary</b> for <b>you</b> to be treated as a <b>day-patient</b> or <b>in-patient</b> to include room, board and all <b>treatment</b> costs related to the mental health condition.  Any <b>mental health treatment</b> overnight in <b>hospital</b> and as a <b>day-patient</b> for 5 days or more will need pre-authorisation. Benefit will not be paid unless pre-authorisation has been provided.	Paid in full	Appliances: <ul style="list-style-type: none"><li>◦ a knee brace which is an essential part of a <b>surgical operation</b> for the repair to a cruciate (knee) ligament</li><li>◦ a spinal support which is an essential part of a <b>surgical operation</b> to the spine</li><li>◦ an external fixator such as for an open fracture or following surgery to the head or neck</li></ul>	Paid in full
PHYSIOTHERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS AND DIETICIANS  <b>Treatment</b> provided by <b>therapists</b> (such as occupational <b>therapists</b> ), physiotherapy and <b>dietician</b> or speech therapy if it is needed as part of <b>your treatment</b> in <b>hospital</b> , meaning this is not the sole reason for <b>your hospital</b> stay.	Paid in full		

BENEFIT AND EXPLANATION	LIMITS	BENEFIT AND EXPLANATION	LIMITS
RECONSTRUCTIVE SURGERY	Paid in full	ADVANCED IMAGING	
<p><b>Treatment</b> to restore <b>your</b> appearance after an illness, injury or surgery. <b>We</b> may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during <b>your</b> current continuous cover.</p> <p>Please contact <b>us</b> for pre-authorisation before proceeding with any reconstructive surgery. Benefit will not be paid unless pre-authorisation has been provided.</p>		<ul style="list-style-type: none"> <li>◦ magnetic resonance imaging (MRI)</li> <li>◦ computed tomography (CT)</li> <li>◦ positron emission tomography (PET)</li> </ul> <p>when recommended by <b>your specialist</b> to help diagnose or assess <b>your</b> condition.</p>	
ACCIDENT RELATED DENTAL TREATMENT	Paid in full	CANCER TREATMENT	
<p><b>We</b> pay for dental <b>treatment</b> that is required in <b>hospital</b> after a serious accident.</p>		<p>If <b>you</b> are diagnosed with cancer, <b>we</b> will pay for costs related specifically to planning and carrying out <b>treatment</b> for the cancer. This includes:</p> <ul style="list-style-type: none"> <li>◦ surgery (including any prostheses needed)</li> <li>◦ <b>specialists'</b> fees</li> <li>◦ <b>diagnostic tests</b></li> <li>◦ consultations with a <b>specialist</b></li> <li>◦ chemotherapy</li> <li>◦ radiotherapy</li> <li>◦ <b>treatment</b> you need to relieve the side effects of cancer <b>treatment</b> <ul style="list-style-type: none"> <li>◦ examples include antibiotics, anti-sickness drugs, pain relief, blood transfusions, cold cap <b>treatment</b> needed as a result of cancer <b>treatment</b>.</li> </ul> </li> <li>◦ bone marrow and peripheral blood stem cell transplants (see the 'transplant services' benefit for details of what <b>we</b> cover)</li> <li>◦ one wig</li> <li>◦ consultations and <b>diagnostic tests</b> to monitor <b>your</b> condition after <b>your</b> cancer <b>treatment</b> has finished and <b>you</b> are still under the care of <b>your</b> cancer <b>specialist</b></li> </ul>	
IN-PATIENT HOSPITAL CASH BENEFIT	Up to 20 nights each <b>policy year</b> , up to USD 150 or HKD 1170 per night	<p><b>We</b> will also pay for <b>you</b> to have a chemotherapy at home where this is possible.</p> <p>Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b>. Benefit may not be paid unless pre-authorisation has been provided.</p>	
<p><b>We</b> pay <b>in-patient hospital</b> cash benefit if <b>you</b>:</p> <ul style="list-style-type: none"> <li>◦ have been treated in a public <b>hospital</b> in <b>Hong Kong</b></li> <li>◦ have received <b>in-patient treatment</b> in <b>hospital</b> which is covered under this plan</li> </ul> <p>whether or not <b>you</b> have been charged for <b>your</b> room, board and <b>treatment</b>.</p>		<p><b>Treatment</b> for cancer using <b>ATMPs</b> will be covered separately from the <b>ATMP</b> benefit.</p>	
HOSPICE AND REHABILITATION		ADVANCED THERAPY MEDICINAL PRODUCTS (ATMPs)	
HOSPICE AND PALLIATIVE CARE	Up to USD 40,000 or HKD 312,000 per lifetime	<p><b>We</b> pay for <b>ATMP treatment</b> if it is:</p> <ul style="list-style-type: none"> <li>◦ administered by a <b>specialist</b> in the country where <b>you</b> receive it, and;</li> <li>◦ approved by the licensing authority in the country where <b>you</b> receive it, for <b>your</b> condition, stage of disease and stage of <b>treatment</b> that <b>you</b> have, and;</li> <li>◦ endorsed by an independent <b>specialist</b> appointed by <b>Bupa Global</b> who confirms it: <ul style="list-style-type: none"> <li>◦ as medically appropriate, based on established medical practice, or</li> <li>◦ is provided under a registered and ethically approved study (in this case <b>we</b> will not apply the 'experimental or unproven <b>treatment</b>' exclusion).</li> </ul> </li> </ul>	
Hospice and palliative care services if <b>you</b> have received a terminal diagnosis and can no longer have <b>treatment</b> which will lead to <b>your</b> recovery:		<p>Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b>. Benefit may not be paid unless pre-authorisation has been provided.</p>	
<ul style="list-style-type: none"> <li>◦ <b>hospital</b> or hospice accommodation</li> <li>◦ nursing care</li> <li>◦ prescribed medicines</li> <li>◦ physical, psychological, social and spiritual care</li> </ul>			
REHABILITATION (MULTIDISCIPLINARY REHABILITATION)			
<p><b>We</b> pay for <b>rehabilitation</b>, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. <b>We</b> do not pay for room and board for <b>rehabilitation</b> when the <b>treatment</b> being given is solely physiotherapy.</p> <p><b>We</b> pay for <b>rehabilitation</b> only when <b>you</b> have received <b>our</b> pre-authorisation before the <b>treatment</b> starts, for up to 30 days <b>treatment</b> per <b>policy year</b>. For <b>treatment</b> in <b>hospital</b> one day is each overnight stay and for <b>day-patient</b> and <b>out-patient treatment</b>, one day is counted as any day on which <b>you</b> have one or more appointments for <b>rehabilitation treatment</b>.</p> <p><b>We</b> only pay for multidisciplinary <b>rehabilitation</b> where it:</p> <ul style="list-style-type: none"> <li>◦ starts within 30 days after the end of <b>your treatment</b> in <b>hospital</b> for a condition which is covered by <b>your health plan</b> (such as trauma or stroke), and</li> <li>◦ arises as a result of the condition which required the hospitalisation or is needed as a result of such <b>treatment</b> given for that condition</li> </ul>	Paid in full Up to 30 days each <b>policy year</b>	<p>Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b>. Benefit may not be paid unless pre-authorisation has been provided.</p>	
<p>Note: in order to give pre-authorisation, <b>we</b> must receive full clinical details from <b>your specialist</b>; including <b>your</b> diagnosis, <b>treatment</b> given and planned and proposed discharge date if <b>you</b> stayed in <b>hospital</b> to receive <b>rehabilitation</b>.</p> <p>Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b>. Benefit may not be paid unless pre-authorisation has been provided.</p>			
IN-PATIENT AND/OR OUT-PATIENT CARE			
<p>Please note that the <b>deductible</b> and not the <b>co-insurance</b> apply to the <b>out-patient treatment</b> undertaken in connection with the advanced imaging, cancer <b>treatment</b>, transplant services and kidney dialysis benefits.</p>			

## BENEFIT AND EXPLANATION

### TRANSPLANT SERVICES

All medical expenses, including consultations with a **doctor** or **specialist** and medical **treatments** whether staying in **hospital** overnight, as a **day-patient** or an **out-patient** for the following transplants, if the organ has come from a relative or a certified and verified source of donation:

- cornea
- small bowel
- kidney
- kidney/pancreas
- liver
- heart
- lung, or
- heart/lung transplant

Costs for anti-rejection medicines and medical expenses for bone marrow transplants and peripheral stem cell transplants, with or without high dose chemotherapy when treating cancer, are covered under the cancer **treatment** benefit.

Donor expenses, for each condition needing a transplant whether the donor is insured or not, including:

- the harvesting of the organ, whether from a live or deceased donor
- all tissue matching fees
- **hospital**/operation costs of the donor, and
- any donor complications, but to a maximum of 30 days post-operatively only

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

## LIMITS

Each condition up to USD 600,000 or HKD 4,680,000

## KIDNEY DIALYSIS

Provided as an **in-patient**, **day-patient** or as an **out-patient**.

Paid in full

## NEWBORN CARE

The newborn care benefit is paid instead of any other benefit.

Newborn children must have their own membership and must be registered on a **Bupa Global** plan before this benefit can be claimed.

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

Up to USD 6,250 or HKD 48,750 maximum benefit for all **treatment** received during the first 90 days following birth each **policy year**

## BENEFIT AND EXPLANATION

### TRANSPORTATION/TRAVEL

Evacuation covers **you** for reasonable transport costs to the nearest appropriate place of **treatment**, when the **treatment** **you** need is not available nearby.

For all medical transfers:

- **you** must contact **us** for pre-authorisation before **you** travel
- the **treatment** must be recommended by **your specialist** or **doctor**
- the **treatment** is not available locally
- the **treatment** must be covered under **your health plan**
- **we** must agree the arrangements with **you**, and
- benefit is applicable for **hospital treatment**, either overnight or as a **day-patient**

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

Evacuation may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy.

**We** will only pay if all arrangements are agreed and approved in advance by **Bupa Global**. Should **you** arrange transportation covered under the **health plan** yourself **we** shall only compensate **your** expenses to the equivalent cost if **we** had arranged **your** transportation.

Note:

- **we** do not pay for extra nights in **hospital** when **you** are no longer receiving **active treatment** which requires **you** to be hospitalised, for example when **you** are awaiting **your** return flight.
- **we** will not approve a transfer which in **our** reasonable opinion is inappropriate based on established clinical and medical practice, and **we** are entitled to conduct a review of **your** case, when it is reasonable for **us** to do so. Evacuation will not be authorised if it is against the advice of the **Bupa Global** medical team.
- **we** will not arrange evacuation in cases where the local situation, including geography, makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. Such intervention depends upon and is subject to local and/or international resource availability and must remain within the scope of national and international law and regulations. Interventions may depend on the attainment of necessary authorisations issued by the various authorities concerned, which may be outside of the reasonable control or influence of **Bupa Global** or **our service partners**
- **we** cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond **our** control.
- **Bupa Global** is not the provider of the transportation and other services set out in the transportation/travel section, but will arrange those services on **your** behalf. In some countries **we** may use **service partners** to arrange these services locally, but **Bupa Global** will always be here to support **you**.

## EVACUATION

Transport costs for an evacuation:

- to the nearest appropriate place where the required **treatment** is available. (This could be to another part of the country that **you** are in or to another country), and
- for the return journey to the place **you** were transferred from

When this is authorised in advance by **us**.

The costs **we** pay for the return journey will be either:

- the reasonable cost of the return journey by land or sea, or
- the cost of an economy class air ticket whichever is the lesser amount

**We** do not pay any other costs related to the evacuation such as travel costs or hotel accommodation. In some cases, it may be more appropriate for **you** to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, **we** will pay for taxi fares.

## LIMITS

Paid in full

BENEFIT AND EXPLANATION	LIMITS	BENEFIT AND EXPLANATION	LIMITS
<p>REPATRIATION</p> <p>Transport costs for a repatriation:</p> <ul style="list-style-type: none"> <li>◦ to <b>your specified country of nationality</b> as given on <b>your</b> application form, or <b>your specified country of residence</b>, and</li> <li>◦ the return journey to the place <b>you</b> were transferred from when:</li> <li>◦ this is authorised in advance by <b>Bupa Global</b></li> </ul> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"> <li>◦ the reasonable cost of the return journey by land or sea, or</li> <li>◦ the cost of an economy class air ticket whichever is the lesser amount</li> </ul> <p><b>We</b> do not pay any other costs related to the repatriation such as travel costs or hotel accommodation.</p> <p>In some cases, it may be more appropriate for <b>you</b> to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, <b>we</b> will pay for taxi fares.</p> <p>In some cases <b>you</b> may request a medical repatriation when contacting <b>Bupa Global</b> for authorisation, but this may not be medically appropriate. In these cases, <b>we</b> will first evacuate <b>you</b> to the nearest appropriate place where <b>treatment</b> is available. Once <b>you</b> have been stabilised, <b>we</b> may then repatriate <b>you</b> to <b>your specified country of nationality</b> or <b>your specified country of residence</b>.</p>	Paid in full	<p>LIVING ALLOWANCE</p> <p>Costs towards living expenses for a relative (spouse/partner, parent, child, brother or sister) who is authorised to travel with <b>you</b>:</p> <ul style="list-style-type: none"> <li>◦ following an evacuation, and</li> <li>◦ for up to 10 days, or <b>your</b> date of discharge whichever is the earlier, whilst away from their usual <b>specified country of residence</b></li> </ul> <p><b>We</b> do not pay for someone to travel with <b>you</b> when evacuation is for <b>out-patient treatment</b> only.</p>	10 days each <b>policy year</b> up to USD 150 or HKD 1,170 per day
<p>TRAVEL COST FOR AN ACCOMPANYING PERSON</p> <p>Reasonable travel costs for a close relative (spouse/partner, parent, child, brother or sister) to accompany <b>you</b> if there is a reasonable need for <b>you</b> to be accompanied. By 'reasonable need' <b>we</b> mean that <b>you</b> need someone to accompany <b>you</b> for one of the following reasons:</p> <ul style="list-style-type: none"> <li>◦ <b>you</b> need assistance to board or disembark from transport</li> <li>◦ <b>you</b> need to be transferred over a long distance (over at least 1000 miles or 1600 KM)</li> <li>◦ there is no medical escort</li> <li>◦ in the case of <b>serious acute illness</b></li> </ul> <p>The accompanying person may travel in a different class from the person receiving <b>treatment</b> depending on medical requirements.</p> <p>Reasonable travel costs for the return journey to the place <b>you</b> were transferred from when this is authorised in advance by <b>Bupa Global</b>.</p> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"> <li>◦ the reasonable cost of the return journey by land or sea, or</li> <li>◦ the cost of an economy air ticket whichever is the lesser amount</li> </ul> <p><b>We</b> do not pay for someone to travel with <b>you</b> when the evacuation is for <b>you</b> to receive <b>out-patient treatment</b>.</p>	Paid in full	<p>LOCAL AIR AMBULANCE:</p> <ul style="list-style-type: none"> <li>◦ from the location of an accident to a <b>hospital</b>, or</li> <li>◦ for a transfer from one <b>hospital</b> to another</li> </ul> <p>When a local air ambulance is:</p> <ul style="list-style-type: none"> <li>◦ <b>medically necessary</b></li> <li>◦ used for short distances of up to 100 miles/160 kilometres, and</li> <li>◦ related to <b>treatment</b> that is covered that <b>you</b> need to receive in <b>hospital</b></li> </ul> <p>A local air ambulance may not always be available in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. <b>We</b> do not pay for mountain rescue.</p>	Paid in full
<p>TRAVEL COST FOR THE TRANSFER OF CHILDREN</p> <p>Reasonable travel costs for children to be transferred with <b>you</b> in the event of an evacuation, provided they are under the age of 18 when:</p> <ul style="list-style-type: none"> <li>◦ it is <b>medically necessary</b> for <b>you</b> as their parent or guardian to be evacuated</li> <li>◦ <b>your</b> spouse, partner, or other joint guardian is accompanying <b>you</b>, and</li> <li>◦ they would otherwise be left without a parent or guardian</li> </ul>	Paid in full	<p>LOCAL ROAD AMBULANCE:</p> <ul style="list-style-type: none"> <li>◦ from the location of an accident to a <b>hospital</b></li> <li>◦ for a transfer from one <b>hospital</b> to another, or</li> <li>◦ from <b>your</b> home to the <b>hospital</b></li> </ul> <p>When a local road ambulance is:</p> <ul style="list-style-type: none"> <li>◦ <b>medically necessary</b>, and</li> <li>◦ related to <b>treatment</b> that is covered that <b>you</b> need to receive in <b>hospital</b></li> </ul> <p>REPATRIATION OF MORTAL REMAINS</p> <p>Reasonable costs for the transportation of <b>your</b> body or cremated mortal remains to <b>your</b> home country or to <b>your specified country of residence</b>:</p> <ul style="list-style-type: none"> <li>◦ in the event of <b>your</b> death while <b>you</b> are away from home, and</li> <li>◦ subject to airline requirements and restrictions</li> </ul> <p><b>We</b> will only pay statutory arrangements, such as cremation and an urn or embalming and a zinc coffin, if this is required by the airline authorities to carry out the transportation.</p> <p><b>We</b> do not pay for any other costs related to the burial or cremation, the cost of burial caskets or the transport costs for someone to collect or accompany <b>your</b> mortal remains.</p>	Paid in full

# YOUR EXCLUSIONS

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

## Do you have cover for pre-existing conditions?

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

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

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

## GENERAL EXCLUSIONS

Administration / registration fees	Administration and/or registration fees (unless <b>we</b> , at <b>our</b> reasonable discretion, deem that such fees are proper and usual, accepted practice in the relevant country).
Advance payments / deposits	Advance payments and/or deposits towards the costs of any <b>covered benefits</b> .
Antenatal classes	<b>We</b> will not pay for antenatal classes from <b>your</b> maternity benefits or any other benefits.

## 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** insurance 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 dependents** 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 benefit provider who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. Other rules may apply in respect of **covered benefits** received from an 'out-of-network' benefit provider in certain specific countries. This applies whether **we** pay the benefit provider directly, or **you** pay the costs and claim this back from **us**.

## Artificial life maintenance

**We** will not pay for **artificial life maintenance** for more than 90 days - including mechanical ventilation, where such **treatment** will not or is not expected to result in **your** recovery or restore **you** to **your** previous state of health. Example: **We** will not pay for **artificial life maintenance** when **you** are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 days.

## Birth control

Contraception, sterilisation, vasectomy, termination of pregnancy (unless there is a threat to the mother's health), family planning, such as meeting **your doctor** to discuss becoming pregnant or contraception.

## Chinese medicine

Any of the following traditional Chinese medicines: cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American Ginseng; Radix Ginseng Silvestris; antelope horn powder; placenta hominis; Agaricus blazei murill; musk; and pearl powder, rhinoceros horn and substances from Asian Elephant, Sun Bear, and Tiger or other endangered species.

## Conflict and disaster

**We** shall not be liable for any claims which concern, are due to or are incurred as a result of **treatment** for sickness or injuries directly or indirectly caused by **you** putting yourself in danger by entering a known area of conflict (as listed below) and/or if **you** were an active participant or **you** have displayed a blatant disregard for **your** personal safety in a known area of conflict:

- nuclear or chemical contamination
- war, invasion, acts of a foreign enemy
- civil war, rebellion, revolution, insurrection
- terrorist acts
- military or usurped power
- martial law
- civil commotion, riots, or the acts of any lawfully constituted authority
- hostilities, army, naval or air services operations whether war has been declared or not

## Convalescence and admission for **treatment**

- convalescence, pain management, supervision, or
- receiving only general nursing care, or
- **therapist** or **complementary therapist** services, or
- domestic/living assistance such as bathing and dressing

## Cosmetic treatment

Non-medically essential surgery and **treatment** to alter **your** appearance including abdominoplasty or **treatment** related to or arising from the removal or addition of non-diseased or surplus or fat tissue is not covered. **We** do not pay for **treatment** of keloid scars. **We** also do not pay for scar revision, even if the scar is causing a functional problem.

Note: If **your doctor** recommends cosmetic **treatment** to correct a functional problem, for example, excess eye tissue which is interrupting the visual field, please contact **us** for pre-authorisation as **your** case will be assessed according to **Bupa Global's** medical **policy** criteria. If approved, benefits will be paid in line with the rules and benefits of **your health plan**.

## 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

<p><b>Experimental or unproven treatment</b></p> <p>Clinical tests, <b>treatments</b>, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy.</p> <p>This includes:</p> <ul style="list-style-type: none"> <li>◦ any test, <b>treatment</b>, equipment, medicine, device or procedure that is not considered to be in standard clinical use but is (or should, in <b>Bupa's</b> reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy.</li> <li>◦ any tests, <b>treatment</b>, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by <b>Bupa Global</b> in line with its criteria for standard clinical use.</li> </ul> <p>Standard clinical use includes:</p> <ul style="list-style-type: none"> <li>◦ <b>treatment</b> agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved through the UK Cancer Drugs Fund), Royal Colleges or equivalent national <b>specialist</b> bodies in the country of <b>treatment</b>;</li> <li>◦ the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or <b>Bupa's</b> in-house Clinical Effectiveness team) indicate that the <b>treatment</b> is safe and effective;</li> <li>◦ where the <b>treatment</b> has received full regulatory approval by the licensing authority (e.g. U.S. Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency) in the location where the customer has requested <b>treatment</b>, and is duly licensed for the condition and patient population being requested (please note – full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or</li> <li>◦ tests, <b>treatments</b>, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which <b>treatment</b> is requested.</li> </ul> <p>Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not considered appropriate evidence to demonstrate a test, <b>treatment</b>, equipment, medicine, device or procedure should be used in standard clinical use.</p> <p>Where licensing authority approval to market tests, <b>treatment</b>, equipment, medicines, devices or procedures does not, in <b>Bupa's</b> reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.</p>	<p>Harmful or hazardous use of alcohol, drugs and/or medicines</p> <p>Health hydros, nature cure clinics or any establishment that is not a <b>hospital</b></p> <p><b>Ineligible medical practitioner, hospital or healthcare facility</b></p> <p><b>Infertility treatment</b></p> <p><b>Maternity and childbirth</b></p> <p><b>Mechanical or animal donor organs</b></p>	<p><b>Treatment</b> for or arising directly or indirectly, from the deliberate, reckless (including where the insured has displayed a blatant disregard for his/her 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.</p> <p><b>Treatment</b> or services received in a health hydro, nature cure clinic, spa, or any similar establishment that is not a <b>hospital</b>.</p> <p><b>We</b> do not pay for:</p> <ul style="list-style-type: none"> <li>◦ <b>treatment</b> that <b>you</b> have from a person or at a place if: <ul style="list-style-type: none"> <li>◦ the relevant local authorities do not recognise them as having <b>specialist</b> knowledge of, or expertise in treating the disease, illness or injury that <b>you</b> need <b>treatment</b> for, or</li> <li>◦ <b>we</b> have told them in writing that <b>we</b> will not pay for <b>treatment</b> they give to anyone covered by <b>our health plans</b>. <b>You</b> can contact <b>us</b> for details of who <b>we</b> have sent written notice to, or visit Facilities Finder at <a href="http://bupaglobal.com/en/facilities/finder">bupaglobal.com/en/facilities/finder</a></li> </ul> </li> <li>◦ <b>treatment</b> <b>you</b> give yourself</li> <li>◦ <b>treatment</b> from anyone who lives with <b>you</b></li> <li>◦ <b>treatment</b> from a <b>family member</b>.</li> </ul> <p><b>Treatment</b> to assist reproduction such as:</p> <ul style="list-style-type: none"> <li>◦ in-vitro fertilisation (IVF)</li> <li>◦ gamete intrafallopian transfer (GIFT)</li> <li>◦ zygote intrafallopian transfer (ZIFT)</li> <li>◦ artificial insemination (AI)</li> <li>◦ prescribed drug <b>treatment</b></li> <li>◦ embryo transport (from one physical location to another), or</li> <li>◦ donor ovum and/or semen and related costs</li> </ul> <p>Note: <b>we</b> pay for reasonable investigations into the causes of infertility if:</p> <ul style="list-style-type: none"> <li>◦ <b>you</b> had not been aware of any problems before joining, and</li> <li>◦ <b>you</b> have been a member of this plan (or any <b>Bupa</b> administered plan which included cover for this type of investigation) for a continuous period of two years before the investigations start</li> </ul> <p>Once the cause is confirmed, <b>we</b> will not pay for any additional investigations in the future.</p> <p><b>Treatment</b> for maternity including childbirth for any condition arising from maternity or childbirth except the following conditions and <b>treatments</b>:</p> <ul style="list-style-type: none"> <li>◦ abnormal cell growth in the womb (hydatidiform mole)</li> <li>◦ foetus growing outside of the womb (ectopic pregnancy)</li> <li>◦ other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant</li> </ul> <p>Mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant, purchase of a donor organ from any source or harvesting or storage of stem cells when a preventive measure against possible future disease.</p>
<p><b>Eyesight</b></p>		
<p><b>Gender issues</b></p>	<p>Sex changes or gender reassessments.</p>	
<p><b>Genetic testing</b></p>	<p>Genetic tests, when such tests are performed to determine whether or not <b>you</b> may be genetically likely to develop a medical condition.</p> <p>Example: <b>We</b> do not pay for tests used to determine whether <b>you</b> may develop Alzheimer's disease, when that disease is not present.</p>	

## Obesity and weight management

**Treatment** for or as a result of obesity and weight management such as:

- slimming aids or drugs, or
- slimming classes

Note: **We** may cover costs associated with obesity surgery as detailed in the 'Table of benefits', subject to **Bupa Global's** medical **policy** criteria.

## Persistent vegetative state (PVS) and neurological damage

**We** will not pay for **treatment** while staying in **hospital** for more than 90 continuous days for permanent neurological damage or if **you** are in a **persistent vegetative state**.

## Professional sports activities

**Treatments** and services arising as a result of **professional sports activities**, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any other **professional sports activities**.

## Sexual problems

Sexual problems, such as impotence, whatever the cause.

## Sleep disorders

**Treatment**, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.

## Stem cells

Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.

Note: **We** pay for bone marrow transplants and peripheral stem cell transplants when carried out as part of the **treatment** for cancer. This is covered under the cancer **treatment** benefit.

## Surrogacy

**Treatment** directly related to surrogacy. This applies to **you** if **you** act as a surrogate, or to anyone else acting as a surrogate for **you**.

## Temporomandibular joint (TMJ) disorders

Disorders of the Temporomandibular joint (TMJ) and related complications.

**Treatment** outside area of cover

**Treatment** in the U.S.

# TERMS AND CONDITIONS

No	CLAUSE
1.	<b>Your policy</b>
1.1	The definitions set out in the "Glossary" in the <b>Guide to your Bupa Global health plan</b> apply to these Terms and Conditions and are marked in bold.
1.2	This <b>policy</b> is an insurance contract between <b>you the policyholder</b> and <b>Bupa Global</b> for each <b>policy year</b> .
1.3	No other persons, including any <b>dependants</b> , may enforce any legal rights under this insurance contract. <b>Dependants</b> may use <b>our</b> complaints process set out in clause 15 below.
1.4	This insurance contract is set out in:
	<ul style="list-style-type: none"> <li>◦ these Terms and Conditions;</li> <li>◦ the <b>Guide to your Bupa Global health plan</b>;</li> <li>◦ the information and declarations in <b>your</b> application form; and</li> <li>◦ the insurance certificate.</li> </ul>
1.5	If <b>you the policyholder</b> add <b>dependants</b> to this <b>policy</b> , those <b>dependants</b> will be covered by this <b>policy</b> from the date shown on the updated insurance certificate sent to <b>you the policyholder</b> .
2.	<b>Your cover</b>
2.1	<b>We</b> will pay for the cost of any <b>covered benefits</b> in accordance with the terms of this <b>policy</b> and as defined in the <b>Guide to your Bupa Global health plan</b> .
2.2	<b>Your health plan</b> may include a mandatory annual <b>deductible</b> , which will be shown in the <b>Guide to your Bupa Global health plan</b> . <b>You</b> may also have an optional annual <b>deductible</b> , if available and selected by <b>you the policyholder</b> in <b>your</b> application form. <b>Your deductibles</b> will be shown on <b>your</b> insurance certificate and <b>your</b> insurance card.
	All annual <b>deductibles</b> apply to <b>you the policyholder</b> and each of the <b>dependants</b> separately. <b>You the policyholder</b> and each <b>dependant</b> may have different annual <b>deductible</b> amounts. <b>You</b> will have a new annual <b>deductible</b> if this <b>policy</b> renews.
	If an annual <b>deductible</b> applies, <b>you</b> must pay the cost of any <b>covered benefits</b> received directly to the provider until <b>you</b> have reached the level of <b>your</b> annual <b>deductible</b> .
	Costs in excess of the maximums shown in the <b>Guide to your Bupa Global health plan</b> will not count towards <b>your</b> annual <b>deductible</b> .
	The cost of any <b>covered benefits</b> <b>you</b> receive which are covered by <b>your</b> annual <b>deductible</b> (excluding costs in excess of the maximums shown in the <b>Guide to your Bupa Global health plan</b> ), count towards the maximum cover limits shown in the <b>Guide to your Bupa Global health plan</b> .
	Even if the amount <b>you</b> are claiming is less than the amount of <b>your</b> annual <b>deductible</b> , <b>you</b> should still submit a claim to <b>us</b> so <b>we</b> know when <b>you</b> have reached the level of <b>your</b> annual <b>deductible</b> .
	As this is an annual <b>deductible</b> , if <b>your</b> first claim is towards the end of the <b>policy year</b> and <b>your covered benefits</b> continue over <b>your renewal</b> date, the annual <b>deductible</b> is payable separately for the <b>covered benefits</b> received in each <b>policy year</b> .
2.3	<b>Your health plan</b> may include a mandatory <b>co-insurance</b> , which will be shown in the <b>Guide to your Bupa Global health plan</b> . <b>You</b> may also have an optional <b>co-insurance</b> , if available and selected by <b>you the policyholder</b> in <b>your</b> application form. <b>Your co-insurance</b> will be shown on <b>your</b> insurance certificate and <b>your</b> insurance card
	<b>You</b> must pay for the <b>co-insurance</b> proportion of the cost of any <b>covered benefits</b> to which the <b>co-insurance</b> applies directly to the <b>benefits provider</b> .

No	CLAUSE
2.4	<p>Should <b>we</b> be required for any reason to pay a <b>benefits provider</b> an amount which is covered by any annual <b>deductible</b> or <b>co-insurance</b> <b>we</b> will then collect payment from <b>you</b> for that amount.</p> <p><b>You</b> authorise <b>us</b> to take this payment from <b>you</b> under the direct debit agreement or credit card authority <b>you</b> have given to <b>us</b> in <b>your</b> application form or as updated.</p> <p>If this <b>policy</b> has an annual <b>deductible</b> or <b>co-insurance</b> <b>you</b> must ensure that <b>we</b> always have a valid direct debit agreement or credit card authority that enables <b>us</b> to take payment of any annual <b>deductible</b> or <b>co-insurance</b> <b>we</b> have paid.</p> <p><b>You</b> must update the direct debit agreement or credit card authority <b>you</b> have given to <b>us</b> when necessary or when requested by <b>us</b>. Otherwise it may cause delays in <b>our</b> paying claims. <b>We</b> will not pay claims until <b>we</b> have received any outstanding annual <b>deductible</b> or <b>co-insurance</b> payments</p>
2.5	<p><b>You</b> must obtain pre-authorisation for any <b>covered benefits</b> where it is stated that this is required in the <b>Guide to your Bupa Global health plan</b>.</p> <p>Details of how to pre-authorise <b>covered benefits</b> are available in the <b>Guide to your Bupa Global health plan</b>.</p>
2.6	<p>Before <b>we</b> pre-authorise any <b>covered benefits</b> or pay any claim, <b>we</b> are entitled to request additional information, such as medical reports, and <b>we</b> may require that <b>you</b> have a medical examination by an independent <b>medical practitioner</b> appointed by <b>us</b> (at <b>our</b> cost) who will then provide <b>us</b> with a medical report</p> <p>If this information is not provided in a timely manner once requested this may result in a delay in pre-authorisation and to <b>your</b> claims being paid. If this information is not provided to <b>us</b> at all this may result in <b>your</b> claims not being paid.</p>
2.7	<p>In certain situations <b>we</b> may pay for medical services or benefits which are not covered by this <b>policy</b>. This is called a discretionary or ex gratia payment and may include, should <b>we</b> determine not to seek to recover it, a payment made at <b>our</b> error. Any payment that <b>we</b> may make on this basis will still count towards the overall annual maximum limit that applies to this <b>policy</b>. If <b>we</b> make a payment like this it does not mean that <b>we</b> are required to pay identical or similar costs in the future.</p>
3.	Premium & Payment
3.1	<p><b>You</b> should pay <b>your</b> premiums direct to <b>Bupa Global</b>. If <b>you</b> pay <b>your</b> premiums to anyone else, such as an intermediary or insurance broker, <b>we</b> are not responsible for ensuring those persons pass the premium on to <b>us</b>.</p>
3.2	<p>If <b>we</b> do not receive <b>your</b> premium (or any instalment) or any other payment <b>you</b> owe <b>us</b> under this <b>policy</b> by the due date, <b>we</b> will write to <b>you the policyholder</b> requesting payment by a specific date, which will be not less than 30 days after the date <b>we</b> issue <b>our</b> letter or email to <b>you</b>.</p> <p>If <b>we</b> do not receive payment by that date, this <b>policy</b> will be cancelled and all rights under this <b>policy</b> will cease from the original date on which <b>your</b> premium (or the first missed instalment) or other payment should have been received.</p> <p><b>We</b> will not pay any claims until all overdue payments have been paid, unless the reason for non-payment is an error outside of <b>your</b> control, such as a bank error</p>
3.3	<p>If <b>we</b> incorrectly make any payment to either a <b>benefits provider</b> for <b>treatment</b> or benefits received by <b>you</b> but not covered by this <b>policy</b>, or to <b>you</b>, <b>we</b> reserve the right to deduct the amount <b>we</b> incorrectly paid from <b>your</b> future claims or seek repayment from <b>you</b>.</p>

No	CLAUSE
4.	<p><b>Making a claim</b></p> <p>4.1</p> <p><b>We</b> want it to be simple for <b>you</b> to make a claim. <b>We</b> try to pay providers directly but sometimes this isn't possible.</p> <p><u>Claim forms</u></p> <p>Before <b>we</b> can pay a claim, <b>we</b> need to make sure that it is a valid claim. The claim form gives <b>us</b> the information that <b>we</b> need to check that <b>your</b> claim is valid. Please make sure that <b>you</b> complete the form. If not, <b>we</b> may have to ask for more information. This can take time and delay any payment. An incomplete claim form is the most common reason for delayed payments.</p> <p><b>You</b> can:</p> <ul style="list-style-type: none"> <li>◦ complete a claim form in MembersWorld, or</li> <li>◦ contact <b>us</b> and <b>we</b> will send <b>you</b> one.</li> </ul> <p><b>You</b> must make a separate claim for each:</p> <ul style="list-style-type: none"> <li>◦ member</li> <li>◦ condition</li> <li>◦ <b>in-patient</b> or <b>day-patient</b> stay, and</li> <li>◦ currency of claim.</li> </ul> <p>If <b>you</b> need <b>treatment</b> for more than six months, <b>we</b> can ask <b>you</b> to complete a new claim form.</p> <p><u>What <b>we</b> need for <b>your</b> claim</u></p> <p><b>We</b> need to receive the completed form, with any invoices, receipts and prescriptions related to the claim. This must be within two years of receiving the <b>treatment</b>. <b>We</b> do not pay claims that <b>we</b> receive more than two years after <b>treatment</b> unless there is a good reason why <b>you</b> couldn't make the claim earlier.</p> <p><u>More information</u></p> <p><b>We</b> may ask for more information about <b>your</b> claim. For example:</p> <ul style="list-style-type: none"> <li>◦ medical reports or other information about <b>your treatment</b></li> <li>◦ the results of any medical examination by a <b>medical practitioner</b> who <b>we</b> appointed and that <b>we</b> paid for.</li> </ul> <p>If <b>you</b> don't give <b>us</b> the information <b>we</b> ask for, <b>we</b> may not be able to pay <b>your</b> claim.</p> <p><u>Important</u></p> <p><b>We</b> only pay for <b>treatment</b>:</p> <ul style="list-style-type: none"> <li>◦ <b>you</b> have while <b>you</b> are on the <b>policy</b></li> <li>◦ up to the benefit levels that apply at the time <b>you</b> have it</li> <li>◦ costs that are <b>reasonable and customary</b>.</li> </ul> <p><b>We</b> can't return original documents to <b>you</b> - for example invoices. However, when <b>you</b> make a claim, <b>you</b> can send <b>us</b> copies. If <b>you</b> do send an original document, <b>we</b> can send <b>you</b> a copy if <b>you</b> ask <b>us</b>.</p>

No	Clause
4.2	<p><u>Confirming a claim</u>  If <b>you</b> are aged 16 or over, <b>we'll</b> explain to <b>you</b> how <b>we</b> have dealt with <b>your</b> claim. For <b>dependants</b> aged 15 and under, <b>we</b> will write to the <b>policyholder</b>.</p> <p><u>How we pay your claim</u>  Where possible, <b>we</b> follow the instructions in the 'Payment details' section of the claim form.</p> <p><u>Who we will pay</u>  <b>We</b> only make payments to the:</p> <ul style="list-style-type: none"> <li>◦ member who received the <b>treatment</b></li> <li>◦ provider of the <b>treatment</b></li> <li>◦ <b>policyholder</b></li> <li>◦ executor or administrator of the member's estate.</li> </ul> <p><b>We</b> pay a <b>dependant</b> only if:</p> <ul style="list-style-type: none"> <li>◦ they received the <b>treatment</b></li> <li>◦ they are aged 16 or over, and</li> <li>◦ <b>we</b> have their bank details.</li> </ul> <p><b>We</b> do not make payments to anyone else.</p> <p><u>Payment method</u>  <b>We</b> can:</p> <ul style="list-style-type: none"> <li>◦ transfer payment to <b>your</b> bank account. This is quick and secure. However, <b>we</b> can send a payment only if <b>we</b> know details of where to send the payment, for example the full account number, SWIFT code, bank address and (in Europe only) IBAN number</li> <li>◦ pay by cheque. <b>You</b> should cash a cheque within six months. If <b>you</b> have an out-of-date cheque, please contact <b>us</b> and <b>we</b> will replace it.</li> </ul> <p>If <b>your</b> bank charges <b>you</b> for a transfer <b>we</b> make, <b>we</b> will try to refund this as well. <b>We</b> do not pay any other bank charges, for example currency exchange fees.</p>
4.3	<p><u>Payment currency and conversions</u>  <b>We</b> will reimburse <b>you</b> in the currency:</p> <ul style="list-style-type: none"> <li>◦ in which <b>we</b> receive the premium</li> <li>◦ of the invoices <b>you</b> send <b>us</b>, or</li> <li>◦ of <b>your</b> bank account.</li> </ul> <p>Sometimes banking rules may not let <b>us</b> pay in the currency <b>you</b> would like. So, <b>we</b> will pay in the currency <b>we</b> receive the premium in.</p> <p>Very rarely, paying in a certain currency may be illegal or expose <b>us</b> (or the <b>Bupa Group</b>) to United Nations sanctions. If so:</p> <ul style="list-style-type: none"> <li>◦ <b>we</b> may not be able to pay <b>you</b> immediately, or</li> <li>◦ <b>will</b> pay <b>you</b> in a currency which <b>we</b> are allowed to and able to.</li> </ul> <p><u>How we convert one currency to another</u>  <b>We</b> use the rate that is in place in the UK on the invoice date. If there is no invoice date, <b>we</b> will use <b>your</b> <b>treatment</b> date. The exchange rate <b>we</b> use will be from a leading market provider of rates. Please call <b>us</b> if <b>you</b> would like more details.</p>

No	Clause
4.4	<p><u>Other claim information</u>  Incorrect payment of claims  If <b>we</b> incorrectly pay <b>your</b> claim, <b>we</b> can:</p> <ul style="list-style-type: none"> <li>◦ deduct the incorrectly paid amount from future claims, or</li> <li>◦ seek repayment from <b>you</b>.</li> </ul> <p><u>Discretionary payments</u>  If <b>we</b> may make a payment for a benefit <b>your</b> <b>policy</b> doesn't cover, <b>we</b> don't have to pay identical or similar costs in the future. The payment will count towards the overall annual maximum that applies to this <b>policy</b>.</p> <p><u>Claiming for treatment when others are responsible</u>  <b>You</b> may need to claim for <b>treatment</b> that <b>you</b> need because someone else is at fault. An example would be if <b>you</b> were a victim in a car crash. <b>You</b> will need to complete the relevant section of the claim form. <b>You</b> will also need to take any reasonable steps <b>we</b> ask of <b>you</b> to help <b>us</b>:</p> <ul style="list-style-type: none"> <li>◦ recover from the person at fault the cost of the <b>treatment</b> <b>we</b> paid for. This could be through their insurance company.</li> <li>◦ claim interest if <b>you</b> are entitled to do so.</li> </ul> <p><b>We</b> may make a claim in <b>your</b> name. <b>You</b> must give <b>us</b> any help <b>we</b> reasonably need to make that claim. For example:</p> <ul style="list-style-type: none"> <li>◦ giving <b>us</b> any documents or witness statements</li> <li>◦ signing court documents, and</li> <li>◦ having a medical examination.</li> </ul> <p><b>You</b> must not:</p> <ul style="list-style-type: none"> <li>◦ take any action</li> <li>◦ settle any claim or</li> <li>◦ do anything</li> </ul> <p>which has a negative effect on <b>our</b> right to claim in <b>your</b> name.</p> <p><u>Claiming with joint or double insurance</u>  If <b>you</b> have other insurance for costs <b>you</b> have claimed from <b>us</b>, <b>you</b> must:</p> <ul style="list-style-type: none"> <li>◦ tell <b>us</b> about this when <b>you</b> make a claim from <b>us</b></li> <li>◦ complete the appropriate section of the claim form.</li> </ul> <p><b>We</b> will only pay <b>our</b> share of the costs.</p>

No	Clause
4.5	<p><b>What do we do to detect and prevent fraud?</b>  <b>We</b> can check <b>your</b> details with:       <ul style="list-style-type: none"> <li>◦ fraud prevention agencies</li> <li>◦ other insurers, and</li> <li>◦ other relevant third parties.</li> </ul>       If <b>you</b> give <b>us</b> false or inaccurate information and <b>we</b> suspect fraud, <b>we</b> may record this with a fraud prevention agency. <b>We</b> and other organisations may also use these records to:       <ul style="list-style-type: none"> <li>◦ help make decisions about cover for <b>you</b> and members of <b>your</b> plan</li> <li>◦ help make decisions on other insurance proposals and claims for <b>you</b> and members of <b>your</b> plan/group</li> <li>◦ trace debtors, recover debt, prevent fraud and to manage <b>your</b> insurance plans</li> <li>◦ establish <b>your</b> identity</li> <li>◦ undertake credit searches and additional fraud searches.</li> </ul> <p><b>Fraudulent claims</b>        If a claim on the <b>policy</b> is fraudulent in any way, <b>we</b> can:       <ul style="list-style-type: none"> <li>◦ refuse to pay it and any later claim</li> <li>◦ recover any payments <b>we</b> have already made for it and for any later claim.</li> </ul>       What if the <b>policyholder</b> makes a fraudulent claim?  <b>We</b> can cancel the <b>policy</b>. This will be from the date of that claim.        What if a <b>dependant</b> makes a fraudulent claim?  <b>We</b> can cancel their cover. This will be from the date of that claim.        In either case <b>we</b> don't have to refund any premium already paid to <b>us</b>.        What is an example of a fraudulent claim?       <ul style="list-style-type: none"> <li>◦ making a false or exaggerated claim</li> <li>◦ giving <b>us</b> false information. For example forged, falsified or manipulated documents</li> <li>◦ not giving <b>us</b> information which <b>we</b> need to assess a claim</li> <li>◦ refusing to give <b>us</b> information which <b>we</b> have reasonably asked for to assess a claim. For example, medical history reports, proof of payment and original invoices.</li> </ul> </p> </p>
5.	<b>Renewal</b>
5.1	<p><b>We</b> will write to let <b>you</b> know the terms on which <b>you</b> may renew this <b>policy</b> for the next year, in advance of the <b>renewal</b> date (unless Clause 5.2 applies).</p> <p>Each <b>policy year</b> <b>we</b> may change how <b>we</b> calculate <b>your</b> premiums, how <b>we</b> determine premiums, what <b>you</b> have to pay and the method of payment. <b>We</b> may also change the <b>Guide to your Bupa Global health plan</b> (including which <b>covered benefits</b> are covered and the limits for <b>covered benefits</b>) and the terms of this <b>policy</b>.</p> <p><b>We</b> will issue <b>you</b> a notice at least 30 days' in advance of the <b>renewal</b> date, with details of the new premium, any changes to the renewed <b>policy</b> and the reasons for those changes. If <b>you</b> do not want to renew this <b>policy</b> <b>you</b> must contact <b>us</b> within 30 days following the start of the renewed <b>policy</b>.</p> <p>Unless <b>you</b> contact <b>us</b> to tell <b>us</b> not to, <b>we</b> will continue to take payment of the new premium using the payment details <b>you</b> have given <b>us</b>.</p>
5.2	<p><b>We</b> reserve the right not to renew this <b>policy</b> at <b>our</b> discretion if <b>we</b> have decided to stop making this <b>health plan</b> available to all customers or to a category of customers which includes <b>you the policyholder</b> or any <b>dependants</b>.</p>
5.3	<p>If <b>we</b> decide to renew this <b>policy</b>, <b>we</b> won't add any new personal restrictions or exclusions (those that appear on <b>your</b> insurance certificate) to <b>your</b> renewed <b>policy</b>. However, should <b>you</b> move to a different <b>health plan</b>, <b>we</b> may add new personal restrictions or exclusions</p>
6.	<b>Making changes to the policy</b>
6.1	<p>Only <b>we</b> and the <b>policyholder</b> can agree to make changes. Changes will take effect only when <b>we</b> confirm them in writing.</p>
	<p><b>No</b></p> <p><b>CLAUSE</b></p> <p>6.2</p> <p>This <b>policy</b> lasts one year:       <ul style="list-style-type: none"> <li>◦ the <b>policyholder</b> can only make changes at <b>renewal</b></li> <li>◦ any waiting periods would not re-start.</li> </ul> </p> <p>6.3</p> <p><b>We</b> may make changes to the <b>policy</b> before <b>renewal</b>:       <ul style="list-style-type: none"> <li>◦ if laws or regulators say <b>we</b> must, or</li> <li>◦ to improve cover for all members with the same product.</li> </ul>       If so, <b>we</b> will write to tell <b>you</b> about the changes.</p> <p>6.4</p> <p>If <b>we</b> reasonably consider that by continuing this <b>policy</b> <b>we</b> or <b>you</b> may breach any:       <ul style="list-style-type: none"> <li>◦ law</li> <li>◦ regulation</li> <li>◦ code or</li> <li>◦ court order</li> </ul>       the <b>policy</b> can end immediately.</p> <p><b>We</b> will not provide cover and <b>we</b> will not pay any claim or provide any benefit under this insurance, if doing so would:       <ul style="list-style-type: none"> <li>◦ break any United Nations resolution, or any trade or economic sanctions, laws or regulations that apply to <b>us</b> (including those of the European Union, the UK, and / or the U.S.), or</li> <li>◦ put <b>us</b> at risk of being sanctioned by any relevant authority or competent body, or</li> <li>◦ put <b>us</b> at risk of being involved (directly or indirectly) in something which any relevant authority, banks <b>we</b> use, or competent body would consider to be banned or restricted.</li> </ul>       If any resolutions, sanctions, laws or regulations referred to in this clause apply (or start to apply), <b>we</b> can take any action <b>we</b> consider necessary, to make sure <b>we</b> continue to work within them. If this happens, <b>you</b> acknowledge that this may restrict, delay or end <b>our</b> obligations under <b>your</b> plan, and <b>we</b> may not be able to pay any claim.</p> <p>6.5</p> <p>If <b>you</b> ask to add a new <b>dependant</b> to this <b>policy</b>, <b>we</b> will review that person's medical history. <b>We</b> may not agree to add the person to this <b>policy</b>, or <b>we</b> may add special restrictions or exclusions to the cover for that new <b>dependant</b>. <b>We</b> may, at <b>our</b> discretion, agree to provide cover for certain <b>pre-existing conditions</b> of the new <b>dependant</b>. <b>You</b> must pay any additional premium. Children may be added without medical history or additional premium being required where this is provided for (and in accordance with any relevant requirements) in <b>your Guide to your Bupa Global health plan</b>. For certain <b>health plans</b>, <b>we</b> may not be able to add <b>dependants</b> who are over a certain age at the time <b>we</b> receive the request for them to be added to this <b>policy</b>.</p> <p><b>7.</b></p> <p><b>Your country of residence</b></p> <p>7.1</p> <p><b>You</b> must tell <b>us</b> straight away if <b>you</b> move to a different country or <b>your specified country of residence</b> or <b>specified country of nationality</b> changes.</p> <p>This <b>policy</b> will terminate if the law of the country in which <b>you</b> are located, or <b>your</b> country of residence or nationality, or any other law which applies to <b>us</b> or this <b>policy</b>, prohibits the provision of healthcare cover by <b>us</b> to local nationals, residents or citizens.</p> <p>7.2</p> <p><b>You</b> must tell <b>us</b> straight away if <b>you</b> change <b>your</b> correspondence address or other contact details as <b>we</b> will use the last address and contact details <b>you</b> gave <b>us</b> until <b>you</b> tell <b>us</b> otherwise.</p> <p><b>8.</b></p> <p><b>Ending your policy or removing a dependant from cover</b></p> <p>8.1</p> <p><b>Cancellation:</b>        The <b>policyholder</b> can at any time:       <ul style="list-style-type: none"> <li>◦ cancel the entire <b>policy</b>, which will end cover for everyone; or</li> <li>◦ cancel cover for a <b>dependant</b>.</li> </ul>       To do this, please tell <b>us</b> by telephone, email or post.</p> <p>The change will take effect 14 days after the <b>policyholder</b> tells <b>us</b> about the change. Please note:</p> <ol style="list-style-type: none"> <li>1. <b>we</b> will not back-date the cancellation date and</li> <li>2. will not pay claims for <b>treatment</b> which takes place after the <b>policy</b> ends.</li> </ol>

No	Clause
8.2	<p><b>Refund timeframes:</b></p> <p>The refund of any premium will depend on the date the <b>policyholder</b> cancels the entire <b>policy</b> or the <b>policy</b> of a <b>dependant</b>. There are two scenarios:</p> <p>A. Cancellation within the first 30 days of the <b>policy</b>; or</p> <p>B. Cancellation after the first 30 days of taking out the <b>policy</b>.</p> <p>A. Cancellation within the first 30 days of cover:</p> <p>If the <b>policyholder</b> cancels the entire <b>policy</b>:</p> <ul style="list-style-type: none"> <li>◦ within the first 30 days of cover starting for that <b>policy year</b>, and</li> <li>◦ there have been no claims for <b>treatment</b> which took place in that 30-day period</li> </ul> <p><b>we</b> will refund all premiums paid for that <b>policy year</b>.</p> <p>If the <b>policyholder</b> cancels cover for a <b>dependant</b>:</p> <ul style="list-style-type: none"> <li>◦ within the first 30 days of cover starting for that <b>dependant</b> for that <b>policy year</b>, and</li> <li>◦ there have been no claims for <b>treatment</b> for that <b>dependant</b> which took place in that 30-day period</li> </ul> <p><b>we</b> will refund all premium paid for that <b>dependant</b> for that <b>policy year</b>.</p> <p>Important: In either case, where a claim has been made in the first 30 days of cover either by the <b>policyholder</b> or a <b>dependant</b>, <b>we</b> will treat this as acceptance to have a <b>policy</b> with <b>us</b>. This means if <b>you</b> wish to cancel the <b>policy</b>, it will be treated as cancellation taking place after the first 30 days (section B below).</p> <p>B. Cancellation after the first 30 days of cover:</p> <p>If the <b>policyholder</b> cancels the entire <b>policy</b>:</p> <ul style="list-style-type: none"> <li>◦ after the first 30 days of cover for that <b>policy year</b>, or</li> <li>◦ there have been claims for <b>treatment</b> which took place in the first 30 days of cover</li> </ul> <p><b>we</b> will cancel the <b>policy</b> 14 days from the date the <b>policyholder</b> asked <b>us</b> (as mentioned in section 8.1 above). And <b>we</b> will refund any premiums already paid for after the 14-day cancellation period.</p> <p>For example, if the <b>policyholder</b> cancels the entire <b>policy</b> on 1 March, <b>we</b> will refund any premium paid for 15 March onwards.</p> <p>If the <b>policyholder</b> cancels cover for a <b>dependant</b>:</p> <ul style="list-style-type: none"> <li>◦ after the first 30 days of cover for that <b>policy year</b>, or</li> <li>◦ there have been claims for <b>treatment</b> for that <b>dependant</b> which took place in those first 30 days of cover</li> </ul> <p><b>we</b> will refund any premium already paid for that <b>dependant</b> for after the 14-day cancellation period.</p> <p>For example, if the <b>policyholder</b> cancels the cover for a <b>dependant</b> on 1 March, <b>we</b> will refund any premium paid for 15 March onwards.</p>
8.3	<p><b>Refund of premium:</b></p> <p><b>We</b> will refund <b>you</b> on the same method <b>you</b> used to pay premium. This means the refund will go back into <b>your</b> bank account, credit card, debit card or via a cheque.</p> <p>Please be aware that if <b>you</b> have any outstanding payments with <b>us</b>, <b>we</b> may deduct this from the refund.</p>
8.4	<p><u>If a member dies:</u></p> <p>If:</p> <ul style="list-style-type: none"> <li>◦ a <b>dependant</b> dies – The <b>policyholder</b> should tell <b>us</b> within 30 days.</li> <li>◦ the <b>policyholder</b> dies – Any <b>dependants</b> on the <b>policy</b>, or <b>family members</b> of the <b>policyholder</b>, should tell <b>us</b> within 30 days.</li> </ul> <p>After <b>we</b> have been informed of the death, <b>we</b> will end the <b>policy</b>.</p> <p>Where the <b>policyholder</b> has died, a <b>dependant</b> aged 18 or over can apply to be the <b>policyholder</b> and can add more <b>dependants</b> to the <b>policy</b>. If there is no new <b>policyholder</b>, the <b>policy</b> will end.</p> <p>In either case, where there have been no claims, <b>we</b> will refund the premium for the period after the <b>policy</b> ended.</p>

No	Clause
8.5	<p><b>We</b> may decide to end <b>your</b> plan. If this happens, it will be at <b>your</b> next <b>renewal</b>. <b>We</b>:</p> <ul style="list-style-type: none"> <li>◦ will notify <b>you</b> of <b>our</b> decision at least 3 months before <b>your</b> next <b>renewal</b>; and</li> <li>◦ may offer <b>you</b> membership of another of <b>our</b> plans with the current insurer.</li> </ul> <p>If <b>you</b> accept <b>our</b> proposed alternative plan, this new plan will take effect from <b>your</b> <b>renewal</b> date without a break in cover and without any new underwriting terms.</p> <p><b>You</b> may wish to discuss this with <b>us</b> before <b>your</b> <b>renewal</b> date or <b>you</b> may decide not to continue <b>your</b> cover with <b>us</b>.</p>
9.	Our role under this policy and appointment as your agent
9.1	<p><b>Our</b> role under this <b>policy</b> is to provide <b>you</b> with insurance cover and sometimes to make arrangements (on <b>your</b> behalf) for <b>you</b> to receive any <b>covered benefits</b>. It is not <b>our</b> role to provide <b>you</b> with the actual <b>covered benefits</b>.</p>
9.2	<p><b>You</b> the <b>policyholder</b>, on behalf of yourself and the <b>dependants</b>, appoint <b>us</b> to act as agent for <b>you</b>, to make appointments or arrangements for <b>you</b> to receive <b>covered benefits</b> which <b>you</b> request. <b>We</b> will use reasonable care when acting as <b>your</b> agent.</p>
9.3	<p><b>You</b> the <b>policyholder</b>, on behalf of yourself and the <b>dependants</b>, authorise <b>us</b> as <b>your</b> agent, if for any reason <b>you</b> are not available to give <b>us</b> instructions with regard to any <b>covered benefits</b> (for example if <b>you</b> are incapacitated), to:</p> <ul style="list-style-type: none"> <li>◦ take such action as <b>we</b> reasonably consider to be in <b>your</b> best interests (in accordance with the cover <b>you</b> have under this <b>policy</b>);</li> <li>◦ provide any information about <b>you</b> to <b>your</b> <b>benefits provider</b> as <b>we</b> reasonably consider to be appropriate in the circumstances; and/or</li> <li>◦ take instructions from the person <b>we</b> reasonably consider to be the most appropriate person (for example a <b>family member</b>, <b>your</b> treating <b>doctor</b> or <b>your</b> employer).</li> </ul>
9.4	When acting as <b>your</b> agent <b>we</b> may act via <b>our</b> <b>Bupa group</b> companies and administrators.
10.	Our liability to you
10.1	<p><b>We</b> (and <b>our</b> <b>Bupa group</b> companies and administrators) shall not be liable to <b>you</b> or anyone else for any loss, damage, illness and/or injury that may occur as a result of <b>your</b> receiving any <b>covered benefits</b>, nor for any action or failure to act of any <b>benefits provider</b> or other person providing <b>you</b> with any <b>covered benefits</b>. <b>You</b> should be able to bring a claim directly against such <b>benefits provider</b> or other person.</p>
10.2	Your statutory rights are not affected.

No	Clause
11.	<b>Provision of accurate and complete information</b>
11.1	<p><b>You</b> and any <b>dependant</b> must take reasonable care to make sure that all information provided to <b>us</b> is accurate and complete, at the time <b>you</b> take out this plan, and at each <b>renewal</b> and variation of this plan. <b>You</b> and any <b>dependant</b> must also tell <b>us</b> if any of the answers to the questions in the application form change prior to this plan starting. Otherwise, the following apply with effect from the date the plan was taken out, renewed or varied (depending on when <b>we</b> were provided with inaccurate or incomplete information).</p> <p>A. <b>We</b> may treat this plan as if it had not existed if <b>you</b> deliberately or recklessly give <b>us</b> inaccurate or incomplete information.</p> <p>B. Where <b>you</b> negligently or carelessly give <b>us</b> inaccurate or incomplete information, or where A. applies but <b>we</b> choose not to rely on <b>our</b> rights under A, <b>we</b> may treat the plan and any claims in a way which reflects what <b>we</b> would have done if <b>we</b> had been provided with accurate and complete information, as follows:</p> <ul style="list-style-type: none"> <li>◦ if <b>we</b> would have refused to cover <b>you</b> at all, <b>we</b> may treat this plan as if it had not existed;</li> <li>◦ if <b>we</b> would have provided <b>you</b> with cover on different terms, then <b>we</b> may apply those different terms to this plan. This means a claim will only be paid if it is covered by and/or if <b>you</b> have complied with such different terms - for example <b>your</b> plan may contain new personal restrictions or exclusions; and/or</li> <li>◦ if <b>we</b> would have charged <b>you</b> a higher premium, <b>we</b> may reduce the amount payable on any claim by comparing the additional premium to the original premium. For example, <b>we</b> will only pay half of a claim, if <b>we</b> would have charged double the premium.</li> </ul> <p>Where it is a <b>dependant</b> (or <b>you</b> on their behalf) who has provided incomplete or inaccurate information, the same rules apply but only to that part of the plan which applies to the <b>dependant</b>, or to claims made by that <b>dependant</b>.</p> <p>The same rules apply if someone else provides <b>us</b> with information on <b>your</b> behalf or any <b>dependant's</b> behalf.</p>
12.	<b>Data Processing Notice</b>
12.1	<p><b>Bupa Global</b> takes the confidentiality of <b>your</b> personal health information seriously.</p> <p><b>Bupa Global</b> sometimes uses third parties to process data on <b>our</b> behalf. Such processing, which may be undertaken outside <b>your</b> jurisdiction in countries which do not provide the same protection as <b>your</b> own, will always be subject to contractual restrictions with regard to confidentiality and security obligations.</p> <p>If <b>you</b> transfer to another <b>Bupa</b> plan or a plan offered by one of <b>our</b> partners, <b>we</b> may share <b>your</b> medical, claims and <b>policy</b> history with the new insurer.</p> <p><b>We</b> may share the <b>dependant's</b> information with the <b>policyholder</b> including <b>covered benefits</b> received, claims paid, amount of <b>deductible</b> used and, if relevant, any medical history which impacts on the provision of <b>covered benefits</b>.</p> <p>In <b>your</b> application form and in any claim form <b>we</b> will give <b>you</b> more detailed information on how <b>we</b> process <b>your</b> personal data and <b>we</b> will ask <b>you</b> for <b>your</b> consent to process <b>your</b> personal data and the personal data of any <b>dependants</b> in this way. For further information please see the <b>Bupa Global</b> privacy <b>policy</b> at <a href="http://www.Bupa.com.hk/eng/individuals.aspx">www.Bupa.com.hk/eng/individuals.aspx</a></p>
13.	<b>Complaints</b>
13.1	<p>Occasionally things go wrong and when this happens, <b>we'll</b> do <b>our</b> best to put things right quickly. <b>You</b> can:</p> <ul style="list-style-type: none"> <li>◦ contact <b>us</b> through MembersWorld (this is the quickest way)</li> <li>◦ email: <a href="mailto:service.hk@bupaglobal.com">service.hk@bupaglobal.com</a></li> <li>◦ call <b>us</b>: +852 2531 8503</li> <li>◦ write to: Head of Customer Relations, <b>Bupa Global</b>, c/o <b>Bupa</b> (Asia) Limited, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, <b>Hong Kong</b></li> </ul> <p>Please let <b>us</b> know if <b>you</b> want a full copy of <b>our</b> complaints procedure. None of these procedures affect <b>your</b> legal rights.</p>

No	Clause
13.2	<p>If <b>we</b> have not been able to resolve the problem and <b>you</b> wish to take <b>your</b> complaint further, please call the <b>Bupa Global</b> customer helpline on +852 2531 8503 or write to the Complaints Manager at:</p> <p><b>Bupa Global</b> c/o <b>Bupa</b> (Asia) Limited, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, <b>Hong Kong</b></p> <p>If <b>we</b> can't settle <b>your</b> complaint, <b>you</b> may be able to refer it to the Insurance Complaints Bureau:</p> <ul style="list-style-type: none"> <li>◦ write to: The Insurance Complaints Bureau, 29/F, Sunshine Plaza, 353 Lockhart Road, Wanchai, <b>Hong Kong</b></li> <li>◦ call them: 2520 2728</li> <li>◦ email: <a href="mailto:icb.enquiry@icb.org.hk">icb.enquiry@icb.org.hk</a></li> </ul> <p>For more details go to: <a href="http://www.icb.org.hk">www.icb.org.hk</a></p>
14.	<b>The law of this policy and where you can bring court action</b>
14.1	<p>This <b>policy</b> is governed by <b>Hong Kong</b> law. Any disputes or differences arising out of or in connection with this <b>policy</b> shall be referred to and determined by arbitration at the <b>Hong Kong</b> International Arbitration Centre and in accordance with the <b>Hong Kong</b> International Arbitration Centre Administered Arbitration rules in force when the notice of arbitration is submitted. Any dispute that cannot otherwise be resolved may be dealt with by courts in <b>Hong Kong</b>, and in such instance, <b>we</b> and <b>you</b> submit to the exclusive jurisdiction of the Courts in <b>Hong Kong</b>.</p>
14.2	<p>If any dispute arises as to the interpretation of this <b>policy</b> as between different language versions, then the English version shall be deemed to be conclusive and take precedence over any other versions.</p>
15.	<p><b>Bupa (Asia) limited</b> (the "Company") personal information collection statement ("Statement") relating to the personal data ("Privacy") ordinance (the "Ordinance"). In compliance with the Ordinance, the Company would like to inform you of the following:</p>
15.1	<p><b>1. Introduction</b></p> <p>1.1 <b>Bupa (Asia) Limited</b> ("Company", "we" or "us") is committed to protecting <b>your</b> privacy and security of <b>your</b> personal information. This Notice is provided to <b>you</b> in connection with <b>your</b> dealings and provision of data or information to the Company. This Notice is prepared in accordance with the Ordinance and also operates as the Personal Information Collection Statement which <b>we</b> will provide, or make available, to <b>you</b> on or before the collection of <b>your</b> personal information by the Company.</p>
15.2	<p>1.2 This Notice is intended to ensure that <b>you</b> can make informed decisions about providing <b>your</b> personal information to Company in accordance with this Notice. Please be aware that this Notice replaces any notice or statement of similar nature that may have been provided to <b>you</b> previously. When <b>you</b> click on "I Agree" or select any options with similar content, or log in, confirm, agree to, use or accept this Notice <b>we</b> provide via registration procedure or any other way, <b>you</b> consent to <b>your</b> personal information being collected, stored, used, processed, transferred, disclosed or shared in accordance with this Notice.</p>
15.3	<p>1.3 For the purposes of this Notice, "Group Company" means the Company and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated, and any one of them. Affiliates include branches, subsidiaries, representative offices and affiliates of the Company's holding companies, wherever situated (collectively, the "Group").</p>
15.4	<p>1.4 If <b>you</b> provide <b>us</b> with the personal information about other individuals, <b>you</b> must tell those individuals that <b>you</b> have provided <b>us</b> with their details and let them know where they can find a copy of this Notice.</p>

No	CLAUSE	No	CLAUSE
15.2	<p><b>2. Personal Information We Collect</b></p> <p>2.1 From time to time, it is necessary for <b>you</b>, or other members/ insured persons covered under <b>your policy</b> (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to <b>you</b>, or the Member, when <b>you</b> apply for insurance or financial products and services from the Company, or when <b>you</b> apply to make changes to <b>your policy</b>, or when <b>you</b> renew a <b>policy</b>.</p> <p>2.2 During the course of <b>your</b> relationship with the Company, further personal information relating to <b>you</b>, or the Member, may also be collected in the ordinary course of <b>our</b> business, for example, when <b>you</b> lodge insurance claims with the Company in relation to yourself or the Member.</p> <p>2.3 Failure to supply personal information requested by the Company may result in the Company being unable to process <b>your</b> application, request for information or services, enquiries and/or provide services or products to <b>you</b>, or the Member.</p> <p>2.4 The personal information <b>we</b> collect and/or hold from time to time may include <b>your</b> personal identification information, contact information, transaction records, financial background, medical and health records, biometric data and <b>your</b> location and activities when <b>you</b> access or browse <b>our</b> website(s) or use <b>our</b> mobile application(s) or portal(s) (including any diagnostic or health-monitoring tools thereon and the Bluetooth and/or wearable device that are used to collect data for the purposes of such tools).</p> <p>2.5 <b>We</b> will always try to collect <b>your</b> personal information from <b>you</b> through the course of <b>your</b> relationship with <b>us</b> and in a range of ways. However, there may be instances where <b>we</b> will need to collect <b>your</b> personal information from third parties or sources in certain circumstances, such as a <b>family member</b> or someone else acting on <b>your</b> behalf, <b>your</b> employers, medical personnel, business/asset acquisition transactions of the Company, business partners, or public databases.</p> <p>2.6 If <b>you</b> are under the age of 18, <b>you</b> should obtain consent from <b>your</b> parent or guardian before <b>you</b> provide the Company with <b>your</b> personal information.</p> <p>2.7 Storage of personal information may be in various forms including, physical (paper) form, digital customer systems or applications, data management software or systems in the usual course of business practices, depending on <b>your</b> engagement with the Company.</p>	15.3	<p><b>3. Purposes of Collection</b></p> <p>3.1 <b>Your</b> personal information collected may be used, stored, processed, transferred, disclosed or shared by the Company for the following purposes from time to time:</p> <ul style="list-style-type: none"> <li>(a) processing, assessing and determining any applications for insurance products and services;</li> <li>(b) offering and providing products and services to <b>you</b>, or the Member, and processing requests made by <b>you</b>, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;</li> <li>(c) registering <b>you</b>, or the Member, as a user or a member of services or information provided or to be provided by <b>us</b> on the website(s), mobile application(s) or portal(s) managed and/or operated by <b>us</b>;</li> <li>(d) coordinating <b>your</b> care, or the Members', within Group Companies to achieve better health management outcomes;</li> <li>(e) any purposes in connection with any claims made by or against or otherwise involving <b>you</b>, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the <b>policy</b> issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;</li> <li>(f) performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research, data analytics, statistical analysis, and reinsurance arrangements;</li> <li>(g) providing <b>you</b> with personalised health information and information about <b>our</b> services or products, and personalised website, mobile application or portal interface;</li> <li>(h) providing <b>you</b> with appropriate health, insurance administration, wellness or other related services (including, without limitation, e-ticketing, appointment booking and clinic / medical professional search and service and product redemption functions on the website(s), mobile application(s) or portal(s) managed and/or operated by <b>us</b>) or products;</li> <li>(i) communicating with <b>you</b> regarding the administration, features and <b>renewal</b> of the insurance <b>policy</b> that <b>you</b> subscribe to;</li> <li>(j) operating, maintaining, evaluating, improving, troubleshooting problems, and understanding <b>your</b> preference(s) with <b>our</b> website(s), mobile application(s) or portal(s);</li> <li>(k) provision and design of products and services of the Company;</li> <li>(l) exercising the Company's rights in connection with provision of any products and services to <b>you</b>, or the Member, from time to time, for example, to determine any amount of indebtedness from <b>you</b>, and collecting and recovering owing from <b>you</b> or any person who has provided any security or undertaking for <b>your</b> liabilities;</li> <li>(m) communication with <b>you</b> or the Member (or with <b>you</b> on behalf of the Member) in relation to any of the purposes set out in this Notice;</li> <li>(n) with <b>your</b> consent, marketing services, products and other subjects by <b>us</b>, any member and/or brand of the Group Companies (such as Horizon Health and Care Limited and/or Quality HealthCare Group, <b>our</b> affiliates) and/or other third parties (please see further details in paragraph 5 below);</li> <li>(o) managing <b>our</b> relationship with <b>you</b>, <b>our</b> business and organisations who work with <b>us</b> in relation to providing <b>our</b> products or services to <b>you</b>, or the Member (including, with limitation, futures changes to this Notice);</li> <li>(p) enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation;</li> <li>(q) making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company; and</li> <li>(r) fulfilling any other purposes directly related to (a) to (q) above.</li> </ul>

No	CLAUSE	No	CLAUSE
15.4	<p><b>4. Transfer of Personal Information</b></p> <p>4.1 Personal information collected or held by the Company relating to <b>you</b>, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the <b>Hong Kong</b> Special Administrative Region of the People's Republic of China, for the purposes specified in paragraph 3 to the following classes of transferees:</p> <ul style="list-style-type: none"> <li>(a) any member and/or brand of the Group Companies;</li> <li>(b) any insurance adjusters, agents and brokers;</li> <li>(c) any re-insurance companies authorised by the Company;</li> <li>(d) employers (for members of corporate <b>policy</b> only);</li> <li>(e) healthcare professionals and <b>hospitals</b>;</li> <li>(f) any third parties engaged in connection with a member of the Group Company's business who provides medical, health, insurance, wellness or other related services or products;</li> <li>(g) any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing, storage of analytics, printing, research, advertising, distribution or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);</li> <li>(h) with <b>your</b> consent, third parties (within or outside the Group Companies) in relation to direct marketing (please see further details in paragraph 5 below);</li> <li>(i) third party reward, loyalty, co-branding and privileges programme providers and co-branding partners of a member of the Group Companies;</li> <li>(j) financial institutions engaged by the Company or <b>you</b> for billing and payment purposes;</li> <li>(k) any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and</li> <li>(l) any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.</li> </ul> <p>4.2 <b>We</b> will only disclose personal information limited to that which is necessary to the above parties for the relevant purposes, who may process (including, without limitation, by recording, organising, structuring, storing, adapting, altering, retrieving, using, aligning, combining or erasing) <b>your</b> personal information for the relevant purposes set out in paragraph 3 above.</p> <p>4.3 In the event that <b>we</b> complete the acquisition of a new business or brand, <b>we</b> shall communicate with <b>you</b> through the communication channels <b>you</b> provided to <b>us</b>, and any personal information shall be treated in accordance with this Notice if it is practicable and permissible to do so.</p>	<p><b>5. Use of Personal Information in Direct Marketing</b></p> <p>5.1 Only with <b>your</b> consent (which includes an indication of no objection), the Company, any member and/or brand of the Group Companies and/or the third parties stated under paragraphs 3.1 (n) and 5.2 (b) to (e) may use <b>your</b> personal information collected from time to time to provide <b>you</b> with marketing communications (including by email, SMS, mobile application, social media, instant messenger or other means that become available from time to time) relating to the following products and services:</p> <ul style="list-style-type: none"> <li>(a) insurance, medical, dental, healthcare, wellness, personal development, beauty, sporting activities and membership, lifestyle, entertainment, financial, and related services and products;</li> <li>(b) rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products;</li> <li>(c) services and products offered by the Company's co-branding partners; and</li> <li>(d) donations and contributions for charitable and/or non-profit making purposes.</li> </ul> <p>5.2 The above services, products and subjects may be provided or (in the case of donations and contributions) solicited by the Company and/or:</p> <ul style="list-style-type: none"> <li>(a) any member and/or brand of the Group Companies;</li> <li>(b) third party service providers;</li> <li>(c) third party reward, loyalty, co-branding or privileges programme providers;</li> <li>(d) co-branding partners of a member of the Group Companies; and</li> <li>(e) charitable or non-profit making organisations.</li> </ul> <p>5.3 <b>We</b> may not use <b>your</b> personal information for direct marketing purposes unless <b>we</b> have received <b>your</b> consent. For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from <b>you</b> shall override any previous instruction given to the Company in this regard in relation to all of <b>your</b> personal information collected or held by the Company from time to time.</p> <p>5.4 If <b>you</b> choose to personalise <b>your</b> services where such options are available, <b>we</b> will use personal information that <b>we</b> collect so that <b>we</b> can offer <b>you</b> those personalised services or communications. If <b>you</b> do not wish to accept those personalised services or communications, <b>you</b> can unsubscribe from those services at any time and <b>we</b> will cease to offer such services to <b>you</b>.</p> <p>5.5 For the avoidance of doubt, whether or not <b>you</b> consent to receive marketing communications of the type described in this paragraph 5, the Company may still communicate with <b>you</b> regarding the administration, features and <b>renewal</b> of <b>your</b> insurance <b>policy</b>.</p> <p><b>6. Security and Retention</b></p> <p>6.1 The Company retains <b>your</b> personal information for as long as necessary for the purposes set out in this Notice, or otherwise agreed between <b>you</b> and <b>us</b>, unless otherwise required or permitted under applicable law.</p> <p>6.2 Where the Company no longer requires <b>your</b> personal information for the purposes under this Notice, or otherwise required under law, <b>we</b> will take appropriate steps to securely delete or destroy <b>your</b> personal information.</p> <p>6.3 <b>We</b> will take reasonable steps to securely store <b>your</b> personal information. This includes implementing a range of digital and physical security measures. In addition, <b>we</b> will restrict access to <b>your</b> personal information to those properly authorised to have access.</p> <p>6.4 When <b>you</b> use <b>our</b> sites, <b>we</b> and third-party companies collect information by using cookies and other technologies such as pixel tags (for simplicity <b>we</b> refer to all such technologies as "cookies"). The updated version of the Cookies <b>Policy</b> is available for download from <b>our</b> website: <a href="http://www.bupa.com.hk">www.bupa.com.hk</a> and is available upon request.</p> <p>6.5 <b>Our</b> websites, mobile applications or portals may provide the links to other external websites over which <b>we</b> do not have control. <b>You</b> are advised to refer to the privacy policies of these websites for more information.</p>	

No	Clause
15.7	<p><b>7. Data Access and Correction</b></p> <p>7.1 Under and in accordance with the terms of the Ordinance, <b>you</b> have the following rights to:</p> <ul style="list-style-type: none"> <li>(a) check whether the Company holds personal information relating to <b>you</b> or the Member and to access such personal information;</li> <li>(b) require the Company to correct any personal information relating to <b>you</b> or the Member which is inaccurate;</li> <li>(c) ascertain <b>our</b> policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company;</li> <li>(d) request the Company to cease using <b>your</b> personal information for direct marketing purposes; and</li> <li>(e) change <b>your</b> preference in respect of <b>our</b> use of <b>your</b> personal information.</li> </ul> <p>7.2 Requests can be made in writing to the Company's Data Protection Officer at the following address:</p> <p>Data Privacy Officer/ Customer Service Manager 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, <b>Hong Kong</b></p>
15.8	In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.
15.9	For any enquiries about this Notice, please do not hesitate to contact <b>our</b> Customer Care helpdesk at 2531 8503.
15.10	Nothing in this Notice shall limit the rights of customers under the Ordinance.
15.11	In case of discrepancies between the English and Chinese versions of this Notice, the English version shall prevail. This Notice maybe amended by the Company from time to time.

## GLOSSARY

<b>Acceptable current clinical evidence</b>	International medical and scientific evidence of effectiveness and safety of the <b>treatment</b> , 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.
<b>Active treatment</b>	<b>Treatment</b> from a <b>medical practitioner</b> of a disease, illness or injury that leads to <b>your</b> recovery, conservation of <b>your</b> condition or to restore <b>you</b> to <b>your</b> previous state of health as quickly as possible.
<b>Advanced therapy medicinal products (ATMPs)</b>	<b>Treatments</b> that are based on genes, tissues or cells, for example Chimeric Antigen Receptor (CAR) T-cell <b>treatment</b> .
<b>Artificial life maintenance</b>	Any medical procedure, technique, medication or intervention delivered to a patient in order to prolong life.
<b>Assisted Reproduction Technologies</b>	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.
<b>BCBSA/Blue Shield Global</b>	<b>Bupa Global</b> is a trade name of <b>Bupa</b> , the international health and care company. <b>Bupa</b> is an independent licensee of <b>BCBSA</b> . <b>Bupa Global</b> is not licensed by <b>BCBSA</b> to sell <b>Bupa Global/BCBS</b> branded products in Argentina, Canada, Panama, Uruguay and <b>US</b> Virgin Islands. In <b>Hong Kong</b> , <b>Bupa Global</b> is only licensed to use the Blue Shield marks. Please consult <b>your policy</b> terms and conditions for coverage availability. <b>BCBSA</b> is an association of independent, community-based and locally operated member companies. <b>Blue Shield Global</b> is a brand owned by <b>BCBSA</b> . For more information about <b>Bupa Global</b> , visit <a href="http://bupaglobalaccess.com">bupaglobalaccess.com</a> , and for more information about <b>BCBSA</b> , visit <a href="http://www.BCBS.com">www.BCBS.com</a> .
<b>Benefits provider</b>	The <b>recognised medical practitioner, hospital</b> or clinic, or any other service provider, which provides <b>you</b> with any <b>covered benefits</b> .
<b>Bupa</b>	The British United Provident Association Limited, a UK limited liability company limited by guarantee, registered in England and Wales with company number 00432511, with registered office at <b>Bupa</b> , 1 Angel Court, London, EC2R 7HJ, England.
<b>Bupa Global</b>	Bupa (Asia) Limited (a limited liability company incorporated in Hong Kong, company number 103048, registered office at 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong) – the sole insurer of this plan.
<b>Bupa Group</b>	<b>Bupa</b> (Asia) Limited, <b>Bupa Global</b> , <b>Bupa</b> Insurance Limited and all other companies in the <b>Bupa Group</b> , and those companies which provide any administration of this <b>policy</b> on behalf of <b>Bupa</b> (Asia) Limited.
<b>Co-insurance</b>	The percentage <b>you</b> have to pay towards those <b>covered benefits</b> to which <b>co-insurance</b> applies, as indicated in <b>your Guide to your Bupa Global health plan</b> .

Complementary therapist	Such as an acupuncturist, homeopath, reflexologist, naturopath or Chinese medicine practitioner who is fully trained and legally qualified and permitted to practise by the relevant authorities in the country in which the <b>treatment</b> is received.
Covered benefits	The <b>treatment</b> and benefits shown as covered in the <b>Guide to your Bupa Global health plan</b> .
Day-patient	<b>Treatment</b> which for medical reasons requires <b>you</b> to be admitted to stay in a facility for recovery in <b>hospital</b> or day procedure centre during the day only. <b>We</b> do not require <b>you</b> to stay in a facility for recovery for <b>day-patient mental health treatment</b> .
Deductible	The amount payable by <b>you</b> in any <b>policy year</b> before <b>we</b> will pay for any <b>covered benefits</b>
Dependants	Any other people covered by this <b>policy</b> , as named on the insurance certificate.
Diagnostic tests	Investigations, such as X-rays or blood tests, to find the cause of <b>your</b> symptoms.
Dietician	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the <b>treatment</b> is received.
Doctor	A person who: is legally qualified in medical practice following attendance at a recognised medical school to provide medical <b>treatment</b> , does not need a <b>specialist's</b> training, and is licensed to practise medicine in the country where the <b>treatment</b> is received. By recognised medical school <b>we</b> mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.
Emergency	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgment of a reasonable person, requires immediate <b>treatment</b> , generally within 24 hours of onset, and which would otherwise put <b>your</b> health at risk.
Family Members	Persons of a family relationship (related to <b>you</b> by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
Guide to your Bupa Global health plan	The booklet entitled " <b>Guide to your Bupa Global health plan</b> " for the <b>health plan</b> which is stated to apply to <b>you</b> on <b>your</b> insurance certificate. This sets out which <b>treatments</b> and benefits are included under and any exclusions that apply to this <b>policy</b> . Where <b>you</b> the <b>policyholder</b> have a different <b>health plan</b> to the <b>dependants</b> , a different " <b>Guide to your Bupa Global health plan</b> " will apply to each of <b>you</b> .
Health plan	Any insurance plans made available by <b>Bupa Global</b> from time to time.
Hong Kong	The <b>Hong Kong</b> Special Administrative Region of the People's Republic of China.
Hospital	A centre of <b>treatment</b> which is registered, or recognised under the local country's laws, as existing primarily for carrying out major <b>surgical operations</b> , or providing <b>treatment</b> which only <b>specialists</b> can provide.
In-patient	<b>Treatment</b> which for medical reasons normally means that <b>you</b> have to stay in <b>hospital</b> bed overnight or longer.

Ineligible medical practitioner, hospital or healthcare facility	<ul style="list-style-type: none"> <li>◦ <b>treatment</b> that <b>you</b> have from a person or at a place if:           <ul style="list-style-type: none"> <li>◦ the relevant local authorities do not recognise them as having <b>specialist</b> knowledge of, or expertise in treating the disease, illness or injury that <b>you</b> need <b>treatment</b> for, or</li> <li>◦ <b>we</b> have told them in writing that <b>we</b> will not pay for <b>treatment</b> they give to anyone covered by <b>our health plans</b>. <b>You</b> can contact <b>us</b> for details of who <b>we</b> have sent written notice to, or visit Facilities Finder at <a href="http://bupaglobal.com/en/facilities/finder">bupaglobal.com/en/facilities/finder</a></li> </ul> </li> <li>◦ <b>treatment</b> <b>you</b> give yourself</li> <li>◦ <b>treatment</b> from anyone who lives with <b>you</b></li> <li>◦ <b>treatment</b> from a <b>family member</b>.</li> </ul>
Intensive care	<b>Intensive care</b> 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/ <b>Intensive care</b> Unit (ITU/ICU): a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation. Coronary Care Unit (CCU): a unit that provides a higher level of cardiac monitoring. Special care baby unit: a unit that provides the highest level of care for babies.
Medical practitioner	A <b>specialist</b> , <b>doctor</b> , <b>psychologist</b> , <b>psychotherapist</b> , <b>physiotherapist</b> , <b>osteopath</b> , <b>chiropractor</b> , <b>dietician</b> , <b>speech therapist</b> , <b>complementary therapist</b> or <b>therapist</b> who provides <b>active treatment</b> of a known condition.
Medically necessary:	<b>Treatment</b> , medical service or prescribed drugs/medication which is: <ul style="list-style-type: none"> <li>(a) consistent with the diagnosis and medical <b>treatment</b> for the condition ;</li> <li>(b) is consistent with generally accepted standards of medical practice;</li> <li>(c) necessary for such a diagnosis or <b>treatment</b>;</li> <li>(d) not being undertaken primarily for the convenience of the insured or the treating <b>medical practitioner</b></li> </ul>
Mental health treatment	<b>Treatment</b> of mental conditions, including eating disorders.
Network	<b>Hospitals</b> or similar facilities, or <b>Medical practitioner's</b> that have an agreement in effect with <b>Bupa Global</b> or a <b>service partner</b> to provide <b>you</b> with eligible <b>treatment</b> .
Out-patient	<b>Treatment</b> given at a <b>hospital</b> , consulting room, <b>doctor's</b> office or <b>out-patient</b> clinic where <b>you</b> do not stay overnight or as a <b>day-patient</b> to receive <b>treatment</b> .
Ovulation induction treatment	<b>Treatment</b> including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.
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.
Physiotherapists, osteopaths and chiropractors	Practitioners must be fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the <b>treatment</b> is received.
Policy	<b>Your</b> contract of insurance with <b>Bupa Global</b> as described in Clause 1 of the Terms and Conditions.
Policy year	The 12 month period for which this <b>policy</b> is effective, as first shown on <b>your</b> insurance certificate and, if this <b>policy</b> is renewed, each 12 month period which follows the <b>renewal</b> date.

<b>Policyholder</b>	The main applicant set out in the application form and who will be the first person named on the insurance certificate.
<b>Pre-existing condition</b>	<ul style="list-style-type: none"> <li>◦ Any medical condition declared in <b>your</b> application for cover which has been noted as a 'personal exclusion' under <b>your</b> insurance certificate; or</li> <li>◦ Any disease, illness or injury for which <b>you</b> received medication, advice or <b>treatment</b>, or <b>you</b> had experienced symptoms of whether the condition was diagnosed or not, prior to becoming a member which was not disclosed under <b>your</b> application for cover.</li> </ul> <p>Where <b>we</b> have accepted <b>your</b> 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 <b>your</b> original application for cover under that previous insurance product.</p>
<b>Professional sports activities</b>	Any sport the member takes part in and is compensated for, whether when participating in training practice or in competitive practice.
<b>Prophylactic surgery</b>	Surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland.
<b>Psychologist and psychotherapist</b>	A person who is legally qualified and is permitted to practise as such in the country where the <b>treatment</b> is received.
<b>Qualified nurse</b>	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 <b>treatment</b> is received.
<b>Reasonable and Customary</b>	<b>Reasonable and Customary</b> means the 'usual', or 'accepted standard' amount payable for a specific healthcare <b>treatment</b> , procedure or service in a particular geographical region, and provided by <b>benefits providers</b> of comparable quality and experience.
<b>Recognised medical practitioner, hospital or healthcare facility</b>	Any provider who is not an Unrecognised <b>medical practitioner, hospital or healthcare facility</b> .
<b>Rehabilitation (Multidisciplinary rehabilitation)</b>	<b>Treatment</b> 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.
<b>Renewal</b>	Each anniversary of the date <b>you</b> joined the <b>health plan</b> .
<b>Serious acute illness</b>	A medical condition, or symptoms resulting from a disease, illness or injury which arises suddenly and in the reasonable opinion of the attending <b>specialist</b> and <b>our</b> medical consultants, requires immediate <b>treatment</b> , generally within 24 hours of onset, and which would otherwise put <b>your</b> health at serious risk.
<b>Service partner</b>	A company or organisation that provides services on behalf of <b>Bupa Global</b> . These services may include pre-authorisation of cover and location of local medical facilities.
<b>Specialist</b>	A surgeon, anaesthetist or physician who: is legally qualified to practise medicine or surgery following attendance at a recognised medical school, is recognised by the relevant authorities in the country in which the <b>treatment</b> is received as having specialised qualification in the field of, or expertise in, the <b>treatment</b> of the disease, illness or injury being treated. By 'recognised medical school' <b>we</b> 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.
<b>Specified country of nationality</b>	The country of nationality specified by <b>you</b> in <b>your</b> application form or as advised to <b>us</b> in writing, whichever is the later.

<b>Specified country of residence</b>	The country of residence specified by <b>you</b> in <b>your</b> application and shown in <b>your</b> insurance certificate, or as advised to <b>us</b> in writing, whichever is the later. The country <b>you</b> specify must be the country in which the relevant authorities (such as tax authorities) consider <b>you</b> to be resident for the duration of the <b>policy</b> .
<b>Speech therapist</b>	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the <b>treatment</b> is received.
<b>Surgical operation</b>	A medical procedure that involves the use of instruments or equipment which are inserted into the body. This does not apply to minor surgical procedures e.g. removal of wart.
<b>Therapists</b>	An occupational <b>therapist</b> or orthoptist, who is legally qualified and is permitted to practise as such in the country where the <b>treatment</b> is received.
<b>Treatment</b>	Surgical or medical services (including <b>diagnostic tests</b> ) that are needed to diagnose, relieve or cure disease, illness or injury.
<b>We/us/our</b>	<b>Bupa Global</b> .
<b>You the policyholder</b>	Just the <b>policyholder</b> .
<b>You/your</b>	The <b>policyholder</b> and/or any <b>dependants</b> .

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Hong Kong

**Call our Customer Service for questions on your  
policy, payment, coverage**

Open 7am - 7pm (HKT) Mon-Fri  
7am - 4pm (HKT) Weekend and public holiday  
Tel: +852 2531 8503  
Email: [service.hk@bupaglobal.com](mailto:service.hk@bupaglobal.com)

**Call Bupa Global Assistance for 24-hour emergency  
service and medical help**

Tel: +852 2531 8573  
Email: [emergency.hk@bupaglobal.com](mailto:emergency.hk@bupaglobal.com)

**For services in the U.S**

**Blue Shield Global U.S.**  
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18001 Old Cutler Road, Suite 500  
Palmetto Bay, Florida 33157

[info@bupaglobalaccess.com](mailto:info@bupaglobalaccess.com)  
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International Private Medical Insurance products and  
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