

General services:
+44 (0) 1273 323 563
Medical related enquiries:
+44 (0) 1273 333 911
Your calls will be recorded
and may be monitored.

Bupa International
Victory House, Trafalgar
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Bupa International offers
you:
Global medical plans for
individuals and groups
Assistance, repatriation and
evacuation cover
24-hour multi-lingual helpline

bupa-intl.com



2. HOW TO USE YOUR PLAN

TAKING GOOD CARE OF YOU WHEREVER YOU ARE



The world of Bupa

- Care homes
- Cash plans
- Dental insurance
- Health analytics
- Health assessments
- Health at work services
- Health centres
- Health coaching
- Health information
- Health insurance
- Home healthcare
- Hospitals
- International health insurance
- Personal medical alarms
- Retirement villages
- Travel insurance

This booklet explains the terms and conditions of the Company, Maritime, Oil and Gas and International Schools Group Plans. Detailed information such as pre-authorising treatment, making a claim and moving country can be found in this booklet.

www.bupa-intl.com

WELCOME

Please keep **your** booklet in a safe place. If **you** need another copy, **you** can call +44 (0) 1273 323 563 or view and print it online at:
www.bupa-intl.com/membersworld.

Bold words

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

European branch addresses:

Bupa Denmark • 8 Palaegade • DK-1261 Copenhagen K • Denmark

Bupa in Malta • 120 The Strand • Gzira • Malta

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Bupa Cyprus • 3 Ioannis Polemis Street • PO Box 51160 • 3502 Limassol • Cyprus

IMPORTANT MEMBERSHIP DOCUMENTS

The 'How to use **your** plan' and 'Table of benefits' booklets must be read alongside **your** Membership Certificate and **your** application for cover, as together they set out the terms and conditions of **your** membership and form **your** plan documentation.

HOW TO USE YOUR PLAN

This booklet explains how to use **your** plan, including; how to make a claim and other important membership information.

TABLE OF BENEFITS

This booklet talks about **your** cover in full detail, including; what is covered, what is not covered and details of USA cover (if **you** have included this on **your** plan).

QUICK REFERENCE GUIDE

This booklet contains a summary of all **your** important contact information; the sort of information **you** are likely to use on a regular basis.

HOW TO USE YOUR BUPA INTERNATIONAL GROUP PLAN

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Step 1: Where to get treatment

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

Participating hospitals

To help **you** find a facility, **we** have also developed a global **network** of over 7,500 medical centres, called participating **hospitals** and clinics. The list is updated regularly, so please visit www.bupa-intl.com for the latest information. **We** can normally arrange direct settlement with these facilities (see Step 3 below).

Getting treatment in the USA

You must call **our Service Partner** on 800 554 9299 (from inside the US), or +1 800 554 9299 (from outside the US) to arrange any **treatment** in the USA.

Step 2: Contact us

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

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

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

Pre-authorisation puts **us** directly in touch with **your hospital**, so that **we** can look after the details while **you** concentrate on getting well. The 'Pre-authorisation' section contains all of the rules and information about this.

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

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

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

Step 3: Making a claim

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

ABOUT YOUR MEMBERSHIP

Direct settlement/pay and claim

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

We try to arrange direct settlement wherever possible, but it has to be with the agreement of whoever is providing the **treatment**. In general, direct settlement can only be arranged for **in-patient treatment** or **day-case treatment**.

Direct settlement is easier for **us** to arrange if **you** pre-authorise **your treatment** first, or if **you** use a participating **hospital** or clinic.

What to send

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

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

Your claim form

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

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

How we make payments

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

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

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

Tracking a claim

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

Claim payment statement-MyClaim

When **your** claim has been assessed and paid, **we** will send a statement to **you** to confirm when and how it was paid, and who received the payment. Again, please contact **us** if **you** have any questions about this information.

* MembersWorld may not track claims in the USA as **we** use a third party here.

The **Bupa International** Group Plan is a group insurance plan. **You** are therefore one of a group of members, which has a **sponsor** (normally the company that **you**, the **principal member** work for).

This plan is governed by an **agreement** between **your sponsor** and **Bupa International**, which covers the terms and conditions of **your** membership. This means that there is no legal contract between **you** and **Bupa International**. Only the **sponsor** and **Bupa International** have legal rights under the **agreement** relating to **your** cover, and only they can enforce the **agreement**.

As a member of the plan, **you** do have access to **our** complaints process. This includes the use of any dispute resolution scheme **we** have for **our** members.

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

- **you**, the **principal member's** application for cover: this includes any quote request, applications for cover for **you** and **your dependants** (if any) and the declarations that **you**, the **principal member** made during the application process
- **your** rules and benefits in the 'How to use your plan' booklet and 'Table of benefits' booklet within your membership pack
- **your** Membership Certificate

The full name of your insurer is shown on your Membership Certificate.

When your cover starts

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

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

You, the **principal member** must tell **your sponsor** straight away if **your specified country of residence** or **your specified country of nationality** changes.

Your new country may have different regulations about health insurance. **You**, the **principal member** need to tell **your sponsor** of any change so that **we** can make sure that **you** have the right cover and that all local regulations are being met.

PRE-AUTHORISATION

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

What pre-authorisation means

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

- the **treatment** is eligible **treatment** that is covered by **your** plan
- **you** have an active membership at the time that **treatment** takes place
- **your** subscriptions are paid up to date
- the **treatment** carried out matches the **treatment** authorised
- **you** have provided a full disclosure of the condition and **treatment** required
- **you** have enough benefit entitlement to cover the cost of the **treatment**
- **your** condition is not a **pre-existing condition** (see the 'What is not covered?' section in **your** 'Table of benefits' booklet)
- the **treatment** is medically necessary
- the **treatment** takes place within 31 days after pre-authorisation is given

Treatment we can pre-authorise

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

Length of stay (in-patient treatment)

Your pre-authorisation will specify an approved length of stay for **in-patient treatment**. This is the number of days in **hospital** that **we** will cover **you** for. If **your**

treatment will take longer than this approved length of stay, then **you** or **your consultant** must contact **us** for an extension to the pre-authorisation.

Treatment in the USA

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

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

Treatment which has not been pre-authorised

If **you** choose not to get **your treatment** in the USA pre-authorised, **we** will only pay 50 percent towards the cost of covered **treatment**.

Of course **we** understand that there are times when **you** cannot get **your treatment** pre-authorised, such as in an **emergency**. If **you** are taken to **hospital** in an **emergency**, it is important that **you** arrange for the **hospital** to contact **us** within 48 hours of **your** admission. **We** can then make sure **you** are getting the right care, and in the right place. If **you** have been

taken to a **hospital** which is not part of the **network** and, if it is the best thing for **you**, **we** will arrange for **you** to be moved to a **network hospital** to continue **your treatment** once **you** are stable.

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

Out of network treatment

If **your treatment** in the USA has been pre-authorised, but **you** choose not to go to a **network hospital**, **we** will only pay 80 percent towards the cost of covered **treatment**.

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

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

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

Important rules

Please note that pre-authorisation is only valid if all the details of the authorised **treatment**, including dates and locations, match those of the **treatment** received. If there is a change in the **treatment** required, if **you** need to have further **treatment**, or if

any other details change, then **you** or **your consultant** must contact **us** to pre-authorise this separately. **We** make **our** decision to approve **your treatment** based on the information given to **us**. **We** reserve the right to withdraw **our** decision if additional information is withheld or not given to **us** at the time the decision is being made.

MAKING A CLAIM

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

How to make a claim

Claim forms

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

You must complete a new claim form:

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

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

What to send us

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

Requests for further information

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

- medical reports and other information about the **treatment** for which **you** are claiming
- the results of any medical examination performed at **our** expense by an independent **medical practitioner** appointed by **us**

- written confirmation from **you** as to whether **you** think **you** can recover the costs **you** are claiming from another person or insurance company

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

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

Important

When making a claim please note:

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

Confirmation of your claim

We will always send confirmation of how **we** have dealt with a claim. If applicable, for child **dependants** (those aged under 18 years), **we** will write to the

principal member. If the claim is for **treatment** received by the **principal member**, or an adult dependant (those aged over 18 years), **we** will write directly to the individual concerned.

How your claim will be paid

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

Who we will pay

We will only make payments to the member who received the **treatment**, the provider of the **treatment**, the **principal member** of the membership or the executor or administrator of the member's estate. **We** will not make payments to anyone else.

Payment method and bank charges

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

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

exchange, are **your** responsibility, unless they are charged as a result of **our** error.

Cheques are no longer valid if they are not cashed within 12 months. If **you** have an out-of-date cheque, please contact customer services, who will be happy to arrange a replacement.

Payment currency and conversions

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

We cannot pay **you** in any other currency.

Sometimes, the international banking regulations do not allow **us** to make a payment in the currency **you** have asked for. If so, **we** will send a payment in the currency of **your sponsor's** subscriptions.

If **we** have to make a conversion from one currency to another **we** will use the exchange rate that applies on either the date on which the invoices were issued or the last date of the **treatment**, whichever is later.

The exchange rate used will be the average of the buying and selling rates across a wide range of quoted rates by the banks in London on the date in question. If the date is not a working day **we** will use the exchange rate that applies on the last working day before that date.

ASSISTANCE COVER

(optional if purchased)

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

Other claim information

Discretionary payments

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

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

Overpayment of claims

If **we** overpay **you** for **your** claim, **we** reserve the right to deduct the overpaid amount from future claims or seek repayment from **you**.

Claiming for treatment when others are responsible

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

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

Note: Subrogation

In the event of any payment of any claim under **your** membership, **Bupa International** or any person or company that it nominates may be **subrogated** to all rights of recovery of the member and any person entitled to the benefits of this coverage. The member shall sign and deliver all documents and papers and do whatever else is necessary to secure such **subrogated** rights to **Bupa International** or its nominated party. The member shall do nothing after the claim to prejudice such rights.

Claiming with joint or double insurance

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

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

What is Assistance cover?

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

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

Assistance cover-general rules

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

- **you** must contact **our** appointed representatives for confirmation before **you** travel, on +44 (0) 1273 333 911
- **our** appointed representatives must agree the arrangements with **you**
- Assistance cover is applicable for **in-patient treatment** and **day-case treatment** only

- the **treatment** must be recommended by **your consultant** or **family doctor** and, for medical reasons, not available locally
- the **treatment** must be eligible under **your** plan
- **you** must have cover for the country **you** are being treated in, for example the USA
- **you** must have the appropriate level of Assistance cover in place before **you** need the **treatment**

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

We will not approve a transfer which in **our** reasonable opinion is inappropriate based on established clinical and medical practice, and **we** are entitled to conduct a review of **your** case, when it is reasonable for **us** to do so. Evacuation or Repatriation will not be authorised if this would be against medical advice.

How to arrange your Evacuation or Repatriation

Arrangements for Evacuation or Repatriation will be made by **our** appointed representatives and must be confirmed in advance by calling + 44 (0) 1273 333 911. **You** must provide **us** with any information or proof that **we** may reasonably ask **you** for to support **your** request. **We** will only pay if all arrangements are agreed in advance by **Bupa International's** appointed representatives.

Evacuation cover: what we will pay for

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

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

We will pay for either:

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

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

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

Repatriation cover: what we will pay for

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

- **We** will pay in full for **your** reasonable transport costs for **in-patient treatment** or **day-case treatment**.
- **We** will pay for repatriation to **your specified country of nationality** or **your specified country of residence**.
- **We** will pay for one repatriation for each illness or injury per lifetime.
- **We** will pay the reasonable costs for a relative or **your** partner to accompany **you** to **your specified country of nationality** or **your specified country of residence** if **we** have authorised this in advance of the repatriation.
- **We** will also pay an allowance of up to GBP 25, USD 50 or EUR 37 per day for up to 10 days to cover the living expenses of the person accompanying **you**.
- **We** will pay for **you** and the person accompanying **you** to return to where **you** were repatriated from. All arrangements for **your** return must be approved in advance by **Bupa International** or **our** appointed representatives and **you** must make the return journey within fourteen days of the end of the **treatment you** were repatriated for.

We will pay for either:

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

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

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

ANNUAL DEDUCTIBLES

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

Important – please remember that:

- the **annual deductible** applies separately to each person included on **your** membership
- even if the amount **you** are claiming is less than the **annual deductible**, **you** should still submit a claim to us
- this is an **annual deductible**, therefore, if **your** first claim is towards the end of **your membership year**, and **treatment** continues over **your renewal date**, the **annual deductible** is payable separately for **treatment** received in each **membership year**
- if **your** claims are paid direct to **your** medical provider, **you** are responsible for paying any deductible shortfall to the provider after the claim has been assessed and paid

What is an annual deductible?

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

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

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

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

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

Annual deductibles are only available on the following levels of cover:

- Essential
- Classic
- Gold

The following levels of cover do not qualify for **annual deductibles**:

- Classic with dental
- Gold with dental
- Gold Superior
- Gold Superior with optical and dental

The following products do not qualify for **annual deductibles**:

- Maritime
- Oil and Gas

How an annual deductible works

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

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

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

How claims are paid to you

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

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

How claims are paid direct to your medical provider

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

- **we** will send payment to the medical provider for the eligible claim. **We** will deduct from this payment the remaining **annual deductible** on **your** membership
- **we** will send **you** a statement as usual, confirming the amount that **we** have paid towards **your** claim
- **you** are responsible for paying any shortfall to the provider after **your** claim has been assessed and paid

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

YOUR MEMBERSHIP

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

Paying subscriptions and other charges

Your sponsor has to pay any and all subscriptions due under the **agreement**, together with any other charges (such as insurance premium tax) that may be payable.

Starting and renewing your membership

When your cover starts

Your membership starts on the 'effective date' shown on the first Membership Certificate that **we** sent **you**, the **principal member** for **your** current continuous period of **Bupa International** Company membership.

Renewing your membership

The renewal of **your** membership is subject to **your sponsor** renewing **your** membership under the **agreement**.

Ending your membership

Your sponsor can end **your**, the **principal member's** membership, or that of any of **your dependants** (if applicable), from the first day of a month by writing to **us**. **We** cannot backdate the cancellation of **your** membership.

Your membership will automatically end:

- if the **agreement** between **Bupa International** and **your sponsor** is terminated
- if **your sponsor** does not renew **your** membership

- if **your sponsor** does not pay subscriptions or any other payment due under the **agreement** for **you** or for any other person
- if the membership of the **principal member** ends
- upon the death of the **principal member**

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

You, the **principal member** must tell **your sponsor** straight away if **your specified country of residence** or **your specified country of nationality** changes.

We may need to end **your** membership if the change results in a breach of regulations governing the provision of healthcare cover to local nationals, residents or citizens.

The details of regulations vary from country to country and may change at any time.

In some countries **we** have local partners who are licensed to provide insurance cover but which are administered by **Bupa International**. This means that customers experience the same quality **Bupa International** service.

If **you** change **your specified country of residence** to a country where **we** have a local partner, in most cases **you** will be able to transfer to **our** partner's insurance policy without further medical underwriting. **You** may also be entitled to retain **your** continuity of **Bupa International** membership; which means that for those benefits which aren't covered until **you** have

been a member for a certain period, the time **you** were a member with **us** will count towards that. Please note that if **you** request a transfer to a local partner, **we** will have to share **your** personal information and medical history with the local partner.

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

Important – please read

Bupa International can end a person's membership and that of all the other people listed on the Membership Certificate if there is reasonable evidence that any person concerned has misled, or attempted to mislead **us**. By this, **we** mean giving false information or keeping necessary information from **us**, or working with another party to give **us** false information, either intentionally or carelessly, which may influence **us** when deciding:

- whether **you** (or they) can join the plan
- what subscriptions **you** have to pay
- whether **we** have to pay any claim

After your Company membership ends

You, the **principal member** can apply to transfer to a personal **Bupa International** plan if **your** membership of **your** group plan ends. **You** can also apply for **your dependants** (if applicable) to transfer with **you**.

Please contact the customer service helpline for more information.

Making changes to your cover

The terms and conditions of **your** membership may be changed from time to time by **agreement** between **your sponsor** and **Bupa International**.

Amending your Membership Certificate

We will send **you**, the **principal member** a new Membership Certificate if:

- with the **sponsor's** approval, **you**, the **principal member** add a new dependant to **your** membership (if applicable)
- we need to record any other changes requested by **your sponsor** or that **we** are entitled to make

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

General information

Other parties

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

No change to **your** membership will be valid unless it is confirmed in writing. Any confirmation of **your** cover will only be valid if it is confirmed in writing by **us**.

ADDING DEPENDANTS

If **you**, the **principal member** change **your** correspondence address, please contact **us** as soon as reasonably possible, as **we** will send any correspondence to the address **you** last gave **us**.

Correspondence

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

Applicable law

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

If any dispute arises as to interpretation of this document then the English version of this document shall be deemed to be conclusive and taking precedence over any other language version of this document.

This can be obtained at all times by contacting the customer services helpline.

Liability

We shall not be responsible for any loss, damage, illness and/or injury whatsoever, that may occur as a result of any action carried out directly or through a third party, to assist in the provision of services covered by these rules.

Important - please read

You will not be able to add **dependants** on the following products:

- Maritime
- Oil and Gas

Adding dependants

If **your sponsor** agrees, **you**, the **principal member** may apply to include any of **your** family members under **your** membership as one of **your dependants**.

To apply **you**, the **principal member** will need to complete an Adding Members form.

Newborn children can only be included on **your** membership from their date of birth if **you** have completed an Adding Members form, and **we** have received the form before **your** child is 90 days old, provided the child has not been born as a result of **assisted reproduction technologies, ovulation induction treatment**, adopted or born to a surrogate.

Newborn children born as a result of **assisted reproduction technologies, ovulation induction treatment**, adopted or born to a surrogate can be included from their 91st day on completion of an Additional members or Application form.

The medical history for any newborn children **you** apply to include on **your** membership will be reviewed by **our** medical underwriters. This may result in special restrictions or exclusions which will apply from the child's 91st day of life, or **we** may decline to offer cover.

This also applies to newborn children who have been born as a result of assisted reproduction technologies, ovulation induction **treatment**, adopted or born to a surrogate or being enrolled on their own membership who can be included from their 91st day on completion of an Additional Members or Application form.

When cover starts for others on your membership

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

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

MAKING A COMPLAINT

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

If something does go wrong, **we** have a simple procedure to ensure **your** concerns are dealt with as quickly and effectively as possible.

If **you** have any comments or complaints, **you** can call the **Bupa International** customer helpline on +44 (0) 1273 323 563, 24 hours a day, 365 days a year. Alternatively, **you** can email or write to the Head of Customer Relations via www.bupa-intl.com/membersworld or

Bupa International
Victory House
Trafalgar Place
Brighton
BN1 4FY, UK

We want to make sure that members with special needs are not excluded in any way. For hearing or speech impaired members with a textphone, please call +44 (0) 1273 866 557. **We** also offer a choice of Braille, large print or audio for **our** letters and literature. Please let **us** know which **you** would prefer.

Taking it further

It's very rare that **we** can't settle a complaint, but if this does happen, **you** may be able to refer **your** complaint to the Financial Ombudsman Service. **You** can:

- write to them at South Quay Plaza, 183 Marsh Wall, London E14 9JR, UK
- call them on 0845 080 1800 or +44 (0) 20 7964 1000
- find details at their website www.financial-ombudsman.org.uk

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

Confidentiality

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

GLOSSARY

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

DEFINED TERM	DESCRIPTION
Acceptable evidence:	International medical and scientific evidence which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people, or clinical trials which are not registered.
Active treatment:	Treatment from a medical practitioner of a disease, illness or injury that leads to your recovery, conservation of your condition or to restore you to your previous state of health as quickly as possible.
Agreement:	The agreement between Bupa International and the sponsor under which we have accepted you into membership of the plan.
Appliance:	A knee brace which is an essential part of a repair to a cruciate (knee) ligament or a spinal support which is an essential part of surgery to the spine.
Annual deductible:	The amount you , the principal member have to pay towards the cost of the treatment that you receive each membership year that would otherwise be covered under your membership. The amount of your annual deductible is shown on your Membership Certificate. The annual deductible applies separately to each person covered under your membership.
Assisted Reproduction Technologies:	Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction.
Birth centre:	A medical facility often associated with a hospital that is designed to provide a homelike setting during childbirth.
Bupa International:	Bupa Insurance Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.
Complementary medicine practitioner:	An acupuncturist, chiropractor, homeopath, osteopath or traditional Chinese medicine practitioner who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which the treatment is received.
Consultant:	A surgeon, anaesthetist or physician who: <ul style="list-style-type: none"> ○ is legally qualified to practice medicine or surgery following attendance at a recognised medical school, and ○ is recognised by the relevant authorities in the country in which the treatment takes place as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated <p>By recognised medical school we mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.</p>

DEFINED TERM	DESCRIPTION
Day-case treatment:	Treatment which for medical reasons requires you to stay in a bed in hospital during the day only. We do not require you to occupy a bed for day-case psychiatric treatment .
Dental practitioner:	A person who: <ul style="list-style-type: none"> is legally qualified to practice dentistry, and is permitted to practice dentistry by the relevant authorities in the country where the dental treatment takes place
Dependants:	The other people named on your Membership Certificate as being members of the plan and who are eligible to be members, including newborn children.
Diagnostic tests:	Investigations, such as X-rays or blood tests, to find the cause of your symptoms.
Emergency:	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgment of a reasonable person, requires immediate treatment , generally within 24 hours of onset, and which would otherwise put your health at risk.
Family doctor:	A person who: <ul style="list-style-type: none"> is legally qualified in medical practice following attendance at a recognised medical school to provide medical treatment which does not need a consultant's training, and is licensed to practice medicine in the country where the treatment is received <p>By recognised medical school we mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.</p>
Hospital:	A centre of treatment which is registered, or recognised under the local country's laws, as existing primarily for: <ul style="list-style-type: none"> carrying out major surgical operations, and providing treatment which only consultants can provide
In-patient treatment:	Treatment which for medical reasons normally means that you have to stay in a hospital bed overnight or longer.
Intensive care:	Intensive care includes: <ul style="list-style-type: none"> High Dependency Unit (HDU): a unit that provides a higher level of medical care and monitoring, for example in single organ system failure. Intensive Therapy Unit / Intensive Care Unit (ITU/ICU): a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation. Coronary Care Unit (CCU): a unit that provides a higher level of cardiac monitoring.
Medical practitioner:	A complementary medicine practitioner, consultant, dental practitioner, family doctor, psychologist or therapist who provides active treatment of a known condition.
Membership year:	The period beginning on your start date or renewal date and ending on the day before your next renewal date . By start date we mean the 'effective from' date on your first Membership Certificate for your current continuous period of membership.
Network:	A hospital , or similar facility, or medical practitioner which has an agreement in effect with Bupa International or service partner to provide you with eligible treatment .
Out-patient treatment:	Treatment given at a hospital , consulting room, doctors' office or out-patient clinic where you do not go in for in-patient treatment or day-case treatment .
Ovulation Induction Treatment:	Treatment including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.

DEFINED TERM	DESCRIPTION
Persistent vegetative state:	<ul style="list-style-type: none"> 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 <p>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.</p>
Pre-existing condition:	Any disease, illness or injury for which: <ul style="list-style-type: none"> you have received medication, advice or treatment, or you have experienced symptoms <p>whether the condition was diagnosed or not in the four years before the start of your current continuous period of cover.</p>
Principal member:	The person who has taken out the membership, and is the first person named on the Membership Certificate. Please refer to ' you/your '.
Prophylactic surgery:	Surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland.
Psychiatric treatment:	Treatment of mental conditions, including eating disorders.
Psychologist:	A person who is legally qualified and is permitted to practise as such in the country where the treatment is received.
Qualified nurse:	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the treatment takes place.
Registered clinical trial:	An ethically approved and clinically controlled trial that is registered on a national or international database of clinical trials (eg www.clinicaltrials.gov , www.ISRCTN.ORG) or http://public.ukcrn.org.uk)
Rehabilitation:	Treatment in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.
Renewal date:	Each anniversary of the date you , the principal member joined the plan. (If however you are a member of a Bupa International Group Plan with a common renewal date for all members, your renewal date will be the common renewal date for the group. We tell you the group renewal date when you join.)
Service partner:	A company or organisation that provides services on behalf of Bupa International . These services may include approval of cover and location of local medical facilities.
Sound natural tooth/teeth:	A natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally in chewing and speech.
Specified country of nationality:	The country of nationality specified by you in your application form or as advised to us in writing, which ever is the later.
Specified country of residence:	The country of residence specified by you in your application and shown in your membership certificate, or as advised to us in writing, which ever is the later. The country you specify must be the country in which the relevant authorities (such as tax authorities) consider you to be resident for the duration of the policy.
Sponsor:	The company, firm or individual with whom we have entered into an agreement to provide you with cover under the plan.
Subrogated:	The assumption of the member's right by Bupa International to recover from an at fault party the costs of any claims paid by Bupa International for treatment to the member.
Surgical operation:	A medical procedure involving an incision into the body.

