



The world of Bupa

bupa.co.uk

Bupa International offers you

Global medical plans for individuals and groups
 Assistance, repatriation and evacuation cover
 24-hour multi-lingual helpline

Call us:

New business enquiries: +44 (0) 1273 208 200

General services: +44 (0) 1273 323 563

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

bupa-intl.com

Your calls will be recorded
 and may be monitored



**Maritime plan
 Membership Guide**
 From 1 May 2011



Introduction

This Membership Guide contains the rules and benefits of **your Bupa International** Company Maritime Plan cover, and other important information.

If **you** would like to ask any questions about anything that **you** read here, please contact the **Bupa International** customer services helpline. **Our** contact details are opposite, and are repeated on each page.

Important

Please keep this Membership Guide in a safe place. **We** may send **you** amendments when **your** plan renews. If so, please read them and keep them with this Membership Guide. **You** can download an updated version at any time from **our** MembersWorld website or contact **us** to request a new copy.

Bold words

Words in **bold** have particular meanings in this Membership Guide. Please check their definition in the Glossary before **you** read on.

European branch addresses:

Bupa Denmark • 8 Palaegade • DK-1261 Copenhagen K • Denmark
Bupa in Malta • 120 The Strand • Gzira • Malta
Bupa France • Nice Etoile 30 • Avenue Jean Médecin • F-06000 • Nice • France
Bupa Spain • Edif. Santa Rosa 1-D • C/. Santa Rosa 20 • Los Boliches, E-29640 Fuengirola (Málaga) • Spain
Bupa Cyprus • 3 Ioannis Polemis Street • PO Box 51160 • 3502 Limassol • Cyprus

Contact us

General Enquiries: Your Bupa International customer services helpline

- open 24 hours a day, 365 days a year
- membership and payment queries
- claims information

Email: info@bupa-intl.com*
Tel: +44 (0) 1273 323 563

Web: www.bupa-intl.com
Fax: +44 (0) 1273 820 517

Medical Enquiries: Pre-authorisation, Healthline, Evacuation and Repatriation

- open 24 hours a day, 365 days a year
- check cover and pre-authorise **treatment**
- medical advice and information
- find local medical facilities
- medical referrals
- authorise evacuation or repatriation
- embassy and visa information
- interpreter referral service

Tel: +44 (0) 1273 333 911

Fax: +44 (0) 1273 866 301

MembersWorld: www.bupa-intl.com/membersworld

- view membership status
- update personal details
- webchat
- download claim forms
- track claims online **
- access **hospital** directory
- much more

**Any correspondence, including your claims, should be sent to the following address:
Bupa International, Russell House, Brighton, UK, BN1 2NR**

Further help

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.

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

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

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How to use your Bupa International Company Maritime plan

Step 1: Where to get treatment

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

Participating hospitals

To help **you** find a facility, **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).

Step 2: Contact Bupa International

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 as the world's largest international healthcare company.

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

You must contact **us** whenever possible before **in-patient** 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 pre-authorisation.

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.

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** 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**, the **principal member** 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.

About your membership

The **Bupa International** Company Maritime 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.

All the following make up **our agreement** and 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 the declarations that **you**, the **principal member** made during the application process)
- **your** rules and benefits in the Membership Guide
- **your** Membership Certificate

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

When your cover starts

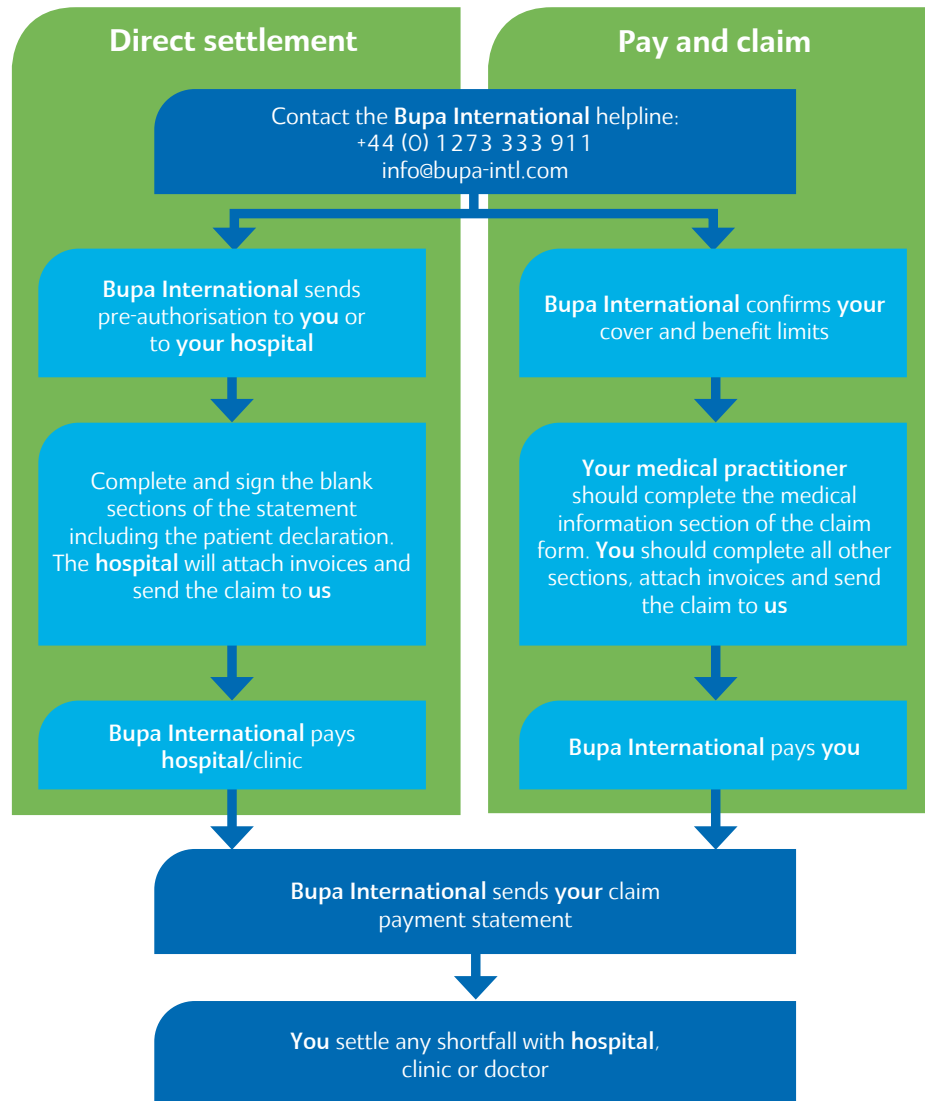
The start date of **your** membership is the 'effective from' date shown on **your** Membership Certificate.

If you move to a new country

You, the **principal member** must inform **your sponsor** straight away if **you** change **your specified country of residence**.

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.

How to claim - summary



What is covered?

This section contains **your** table of benefits and the accompanying notes. Before **you** look at these however, please read the important information below about the kind of costs that **we** cover.

Treatment that we cover

Bupa International covers **you** for the costs of specialist **treatment** of acute conditions. **Your** cover does not include **treatment** for chronic conditions. These are diseases, illnesses or injuries which are long-standing, such as diabetes or multiple sclerosis. Unless **we** specifically state otherwise, **we** will only pay benefits for **treatment** provided by a **consultant**.

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

Reasonable and customary charges

We will pay for reasonable and customary costs. This means that the costs charged by **your treatment** provider should not be more than they would normally charge and be representative of charges by other **treatment** providers in the same area*.

Table of benefits

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

Benefit limits

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

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

* 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) may be published by a government or official medical body. In such cases, or where published insurance industry standards exist, **Bupa International** may refer to these when assessing and paying claims. Charges in excess of published guidelines or reasonable and customary costs may not be paid.

Currencies

All the benefit limits in this table of benefits and notes are set out in three currencies: £Sterling, US\$ and €Euros. The currency in which **your sponsor** pays us subscriptions is the currency that applies to **your** membership for the purpose of the benefit limits.

For example, if **your sponsor** pays us subscriptions in £Sterling then the benefit limits given in £Sterling apply to **your** membership and US\$ and €Euro limits do not apply to **you**.

Your plan - summary

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

Summary of benefits	Summary of exclusions
<p>Out-patient treatment</p> <ul style="list-style-type: none">• Out-patient surgical operations• Consultants' fees for consultations• Pathology, X-ray and diagnostic tests• Costs for treatment by therapists and complementary medicine practitioners• Consultants' fees and psychologists' fees for psychiatric treatment (after two years' membership) <p>In-patient and day-case treatment</p> <ul style="list-style-type: none">• Hospital accommodation• Surgical operations, including pre- and post-operative care• Nursing care, drugs and surgical dressings• Physicians' fees• Theatre charges• Intensive care, intensive therapy, coronary care and high dependency unit• Pathology, X-rays, diagnostic tests and therapies• Prosthetic implants and appliances• Parent accommodation (staying with a child under 18)• Psychiatric treatment (after two years' membership, lifetime maximum 90 days) <p>Further benefits</p> <ul style="list-style-type: none">• Advanced imaging• Cancer treatment• Emergency dental treatment (received during your first visit to your dentist for each dental emergency)• Family doctor treatment and prescribed drugs and dressings• Healthline services• Local road ambulance <p>Optional benefits (if purchased)</p> <p>Assistance cover (Evacuation and Repatriation)</p>	<ul style="list-style-type: none">• Addictive conditions and disorders• Ageing and puberty• Allergies and allergic disorders• Artificial life maintenance• Birth control• Chronic conditions• Conflict and disaster• Congenital conditions• Convalescence and admission for general care• Cosmetic treatment• Deafness• Dental treatment / gum disease• Developmental problems• Donor organs• Experimental treatment• Eyesight• Footcare• Genetic testing• Health Hydros, nature cure clinics etc• Hereditary conditions• HIV / AIDS• Infertility treatment• Maternity• Persistent vegetative state (PVS) and neurological damage• Obesity• Personality disorders• Physical aids and devices• Pre-existing conditions• Preventive and wellness treatment• Reconstructive or remedial surgery• Self-inflicted injuries• Sexual problems / gender issues• Sleep disorders• Speech disorders• Surrogate parenting• Travel costs for treatment• Treatment onboard a ship• Unrecognised physician or facility• USA treatment

Table of benefits

Overall annual maximum - £500,000 / US\$900,000 / €750,000

Out-patient treatment

Important

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

Benefits	Limits	Rules
Out-patient surgical operations	Paid in full	We pay for out-patient surgical operations when carried out by a consultant or a family doctor .
Consultants' fees for consultations	We pay up to £1,000, US\$1,800 or €1,500 as applicable each membership year	This normally means a meeting with a consultant to assess your condition.
Pathology, X-rays and diagnostic tests		<p>We pay for:</p> <ul style="list-style-type: none"> • pathology, such as checking blood and urine samples for specific abnormalities. • radiology, such as X-rays, and • diagnostic tests, such as electrocardiograms (ECGs) <p>when recommended by your consultant or family doctor to help determine or assess your condition.</p>
Costs for treatment by therapists and complementary medicine practitioners		For dieticians, we pay the initial consultation plus two follow-up visits when needed as a result of an eligible condition. Please note that obesity is not covered.
Consultants' fees and psychologists' fees for psychiatric treatment (after two years' membership)		We will pay after you have been a member of the plan (or any Bupa administered plan which includes cover for psychiatric treatment) for the whole of the two years leading up to the psychiatric treatment .

Important

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

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

Long in-patient stays: 10 days or longer

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

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

Benefits	Limits	Rules
Hospital accommodation	Paid in full	<p>We pay charges for your hospital accommodation, including all your own meals and refreshments. We do not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics.</p> <p>We pay for accommodation in a room that is no more expensive than the hospital's standard single room with a private bathroom. This means that we will not pay the extra costs of a deluxe, executive or VIP suite etc.</p> <p>We pay for the length of stay that is medically appropriate for the procedure that you are admitted for.</p> <p>Examples: unless medically essential, we do not pay for day-case accommodation for out-patient treatment (such as an MRI scan), and we do not pay for in-patient accommodation for day-case treatment (such as a biopsy).</p> <p>Please also read convalescence and admission for general care in the 'what is not covered?' section.</p>
Surgical operations, including pre- and post-operative care	Paid in full	<p>We pay surgeons' and anaesthetists' fees for a surgical operation, including all pre- and post-operative care.</p> <p>Note: this benefit does not include follow-up consultations with your consultant, as these are paid under the benefit 'Consultants' fees for consultations'</p>
Nursing care, drugs and surgical dressings	Paid in full	<p>We pay for nursing services, drugs and surgical dressings you need as part of your treatment in hospital.</p> <p>Note: we do not pay for nurses hired in addition to the hospital's own staff. In the rare case where a hospital does not provide nursing staff we will pay for the reasonable cost of hiring a qualified nurse for your treatment.</p>
Physicians' fees	Paid in full	<p>We pay physicians' fees for treatment you receive in hospital if this does not include a surgical operation, for example if you are in hospital for treatment of a medical condition such as pneumonia.</p> <p>If your treatment includes a surgical operation we will only pay physicians' fees if the attendance of a physician is medically necessary, for example, in the rare event of a heart attack following a surgical operation.</p>
Theatre charges	Paid in full	<p>We pay for use of an operating theatre.</p>
Intensive care	Paid in full	<p>We pay for intensive care in an intensive care unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when:</p> <ul style="list-style-type: none"> • it is an essential part of your treatment and is required routinely by patients undergoing the same type of treatment as yours, or • it is medically necessary in the event of unexpected circumstances, for example if you have an allergic reaction during surgery

In-patient and day-case treatment (continued)

Benefits	Limits		Rules
Pathology, X-rays, diagnostic tests and therapies	Paid in full		<p>We pay for:</p> <ul style="list-style-type: none"> • pathology, such as checking blood and urine samples • radiology (such as X-rays), and • diagnostic tests such as electrocardiograms (ECGs) <p>when recommended by your consultant to help determine or assess your condition when carried out in a hospital.</p> <p>We also pay for treatment provided by therapists (such as physiotherapy) and complementary medicine practitioners (such as acupuncturists) if it is needed as part of your treatment in hospital.</p>
Prosthetic implants and appliances	Paid in full		<p>We pay for a prosthetic implant needed as part of your treatment. By this, we mean an artificial body part or appliance which is designed to form a permanent part of your body and is surgically implanted for one or more of the following reasons:</p> <ul style="list-style-type: none"> • to replace a joint or ligament • to replace one or more heart valves • to replace the aorta or an arterial blood vessel • to replace a sphincter muscle • to replace the lens or cornea of the eye • to act as a heart pacemaker • to remove excess fluid from the brain • to control urinary incontinence (bladder control) • to reconstruct a breast following surgery for cancer when the reconstruction is carried out as part of the original treatment for the cancer and you have obtained our written consent before receiving the treatment • to restore vocal function following surgery for cancer <p>We also pay for the following appliances:</p> <ul style="list-style-type: none"> • a knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament, or • a spinal support which is an essential part of a surgical operation to the spine
Parent accommodation	Paid in full		<p>We pay for hospital accommodation for each night you need to stay with your child in the same hospital. This is limited to only one parent each night.</p> <p>Your child must be:</p> <ul style="list-style-type: none"> • aged under 18, and • a member of a Bupa International administered plan receiving treatment for which he or she is covered under their plan
Psychiatric treatment (after two years' membership, lifetime maximum 90 days)	Paid in full		<p>We pay for psychiatric treatment you receive in hospital after you have been a member of the plan (or any Bupa administered plan which includes cover for psychiatric treatment) for two years before the psychiatric treatment.</p> <p>We pay for a total of 90 days' psychiatric treatment in hospital during your lifetime. This applies to all Bupa administered plans you have been a member of in the past, or may be a member of in the future, whether your membership is continuous or not.</p> <p>Example: If we have paid for 45 days' psychiatric treatment in hospital under another Bupa administered plan, we will only pay for another 45 days' psychiatric treatment in hospital under this plan.</p>

Further benefits

Important

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

Benefits	Limits	Rules
Advanced imaging	Paid in full	We pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by your consultant or family doctor .
Cancer treatment	Paid in full	<p>Once cancer is diagnosed, we pay fees that are related specifically to planning and carrying out treatment for cancer. This includes tests, scans, consultations and drugs (such as cytotoxic drugs or chemotherapy).</p> <p>When the acute phase of cancer treatment (by which we mean surgery, radiotherapy or chemotherapy) has been completed, we will continue to pay this benefit for all cancer treatment specifically related to the original diagnosis for up to a further five years.</p> <p>The five years will begin on the first out-patient consultation following completion of the acute phase of treatment. Cover during this period includes any follow-up tests, scans and consultations you may require. It also includes any drugs that may be required to keep the cancer in remission or to prevent relapse, for up to five years.</p> <p>If your treatment needs to continue for more than five years, please contact us for pre-authorisation before proceeding. It may be necessary for us to seek a second opinion as part of our pre-authorisation process.</p>
Emergency dental treatment (received during your first visit to your dentist for each dental emergency)	We will pay 80 percent of the amount you are charged up to a total amount of £400, US\$700 or €600 as applicable each membership year	<p>We will pay for eligible emergency dental treatment that you receive each membership year. By eligible emergency dental treatment we mean emergency dental treatment consisting of:</p> <ul style="list-style-type: none"> • dental examination • radiography (for example an X-ray) • extraction of a tooth (or tooth root) • stopping abnormal heavy bleeding (haemorrhage) • cutting into an abscess • dressing a tooth root canal • prescribed antibiotics • re-cementing a crown, bridge or inlay • adjustment or repair of a denture • construction and fitting of a temporary crown • call-out charge <p>We will only pay for eligible emergency dental treatment that you receive during your first visit to your dental practitioner for each separate dental emergency. We will not pay for follow up visits for emergency dental treatment relating to the same dental injury or condition.</p>
Family doctor treatment and prescribed drugs and dressings	We will pay 80 percent of the amount you are charged up to a total amount of £400, US\$700 or €600 as applicable each membership year	We pay for family doctor treatment and for the cost of drugs and dressings prescribed for you by your medical practitioner for eligible treatment . We only pay for items which need a prescription.

Further benefits (continued)

Benefits	Limits	Rules
Healthline services	Included	<p>This is a telephone advice line which offers help 24 hours a day, 365 days a year. Please call +44 (0) 1273 333 911 at any time when you need to.</p> <p>The following are some of the services that may be offered by telephone:</p> <ul style="list-style-type: none"> • general medical information from a health professional • medical referrals to a physician or hospital • medical service referral (ie locating a physician) and assistance arranging appointments • inoculation and visa requirements information • emergency message transmission • interpreter and embassy referral <p>Note: treatment arranged through this service may not be covered under your plan. Please check your cover before proceeding.</p>
Local road ambulance	We pay up to £300, US\$600, or €450 as applicable each membership year	We pay for medically necessary travel by local road ambulance when related to eligible in-patient or day-case treatment .

Optional benefits, if purchased

Benefits	Limits	Rules
Assistance cover (Evacuation and Repatriation)		<p>Your Membership Certificate will show if you have purchased this cover.</p> <p>The overall annual maximum benefit limit does not apply.</p>

What is not covered?

There are certain conditions and **treatments** that **we** do not cover. If **you** are unsure about anything in this section, please contact **us** for confirmation before **you** go for **your treatment**.

Important - please read

Personal exclusions

Please check **your** Membership Certificate to see if **you** have any personal exclusions or restrictions on **your** plan. The exclusions in this section apply in addition to and alongside any such personal exclusions and restrictions.

General note for all exclusions

For all exclusions in this section, and for any personal exclusions or restrictions shown on **your** Membership Certificate, please note that:

- **we** do not pay for conditions which are directly related to excluded conditions or **treatments**
- **we** do not pay for any additional or increased costs arising from excluded conditions or **treatments**
- **we** do not pay for complications arising from excluded conditions or **treatments**

Example:

You have a personal exclusion for diabetes.

- If **your** diabetes were to cause glaucoma, **we** would not pay for **treatment** for the glaucoma.
- If while receiving **treatment** for another condition, **you** need to stay extra days in **hospital** because of **your** diabetes, **we** would not pay for these extra days.
- If complications arise from excluded **treatment** such as cosmetic or refractive eye procedures, **we** will not pay to treat these complications.

Exceptions

This section describes some circumstances where exceptions can be made to exclusions or restrictions. Where this is the case, benefit is payable up to the limits set out in the table of benefits.

Exclusion	Notes	Rules
Addictive conditions and disorders		Treatment for, or arising from, addictive conditions and disorders, or from any kind of substance or alcohol use or misuse. Example: we do not pay to help you to stop smoking.
Ageing and puberty		Treatment to relieve symptoms caused by ageing, puberty, or other natural physiological cause.
Allergies and allergic disorders		Treatment to de-sensitise or neutralise any allergic condition or disorder.
Artificial life maintenance		Including mechanical ventilation, where such treatment will not result in your recovery or restore you to your previous state of health.
Birth control		Any type of contraception, sterilisation, termination of pregnancy or family planning.
Chronic conditions		We do not pay for treatment for chronic conditions.
Conflict and disaster		Treatment for any disease, illness or injury resulting from nuclear or chemical contamination, war, riot, revolution, acts of terrorism or any similar event, if one or more of the following apply: <ul style="list-style-type: none"> • you have put yourself in danger by entering a known area of conflict where active fighting or insurrections are taking place • you were an active participant • you have displayed a blatant disregard for personal safety
Congenital conditions		Treatment received after the first 90 days following birth (or after the maximum benefit limit for Newborn care has been reached) for any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not, except cancer.

Exclusion	Notes		Rules
Convalescence and admission for general care			<p>Hospital accommodation when it is used solely or primarily for any of the following purposes:</p> <ul style="list-style-type: none"> convalescence, supervision, pain management or any other purpose other than for receiving eligible treatment, of a type which normally requires you to stay in hospital receiving general nursing care or any other services which do not require you to be in hospital, and could be provided in a nursing home or other establishment that is not a hospital receiving services from a therapist or complementary medicine practitioner receiving services which would not normally require trained medical professionals such as help in walking, bathing or preparing meals
Cosmetic treatment			<p>Treatment undergone for cosmetic or psychological reasons to improve your appearance, such as a re-modelled nose, facelift or cosmetic dentistry. This includes:</p> <ul style="list-style-type: none"> dental implants to replace a sound natural tooth hair transplants for any reason treatment related to or arising from the removal of non-diseased, or surplus or fat tissue, whether or not it is needed for medical or psychological reasons any treatment for a procedure to change the shape or appearance of your breast(s) whether or not it is needed for medical or psychological reasons: unless for reconstruction carried out as part of the original treatment for the cancer, when you have obtained our written consent before receiving the treatment (see 'reconstructive or remedial surgery' in this section) <p>Examples: we do not pay for breast reduction for backache or gynaecomastia (the enlargement of breasts in men).</p>
Deafness			<p>Treatment for or arising from deafness or partial hearing loss caused by a congenital abnormality, maturing or ageing.</p>
Dental treatment / gum disease	Please see emergency dental in the table of benefits.		<p>This includes surgical operations for the treatment of bone disease when related to gum disease or damage, or treatment for, or arising from disorders of the temporomandibular joint.</p> <p>Examples: we do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth, etc.</p> <p>Exception: we pay for a surgical operation carried out by a consultant to:</p> <ul style="list-style-type: none"> put a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident treat irreversible bone disease involving the jaw(s) which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage surgically remove a complicated, buried or impacted tooth root, for example in the case of an impacted wisdom tooth
Developmental problems			<p>Treatment for, or related to developmental problems, including:</p> <ul style="list-style-type: none"> learning difficulties, such as dyslexia behavioural problems, including attention deficit hyperactivity disorder (ADHD), or problems related to physical development, including (but not restricted to) short height
Donor organs			<p>Treatment costs for, or as a result of the following:</p> <ul style="list-style-type: none"> transplants involving mechanical or animal organs the removal of a donor organ from a donor the removal of an organ from you for purposes of transplantation into another person the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible diseases or illness the purchase of a donor organ
Experimental treatment			<p>Treatment or prescribed medicines which in our reasonable opinion, based on advice of the local public authority in the country where your treatment takes place, are experimental or have not proved to be effective.</p> <p>Treatment or clinical trials which have not yet been approved in the country in which you are receiving treatment.</p> <p>Prescribed medicines used for purposes other than those defined under their licence, which may vary from country to country.</p> <p>Note: if you are unsure whether your treatment may be experimental, please contact us. We reserve the right to ask for full clinical details from your consultant before approving any treatment, in which case you must receive our written agreement before the treatment takes place.</p>

Exclusion	Notes	Rules
Eyesight		<p>Treatment to correct eyesight, unless required as the result of an injury or acute condition.</p> <p>Examples: we will not pay for routine eye examinations, contact lenses, spectacles or refractive eye procedures. We will pay for treatment of a detached retina, glaucoma or cataracts.</p>
Footcare		<p>Treatment for corns, calluses, or thickened or misshapen nails.</p>
Genetic testing		<p>Genetic tests, when such tests are solely performed to determine whether or not you may be genetically likely to develop a medical condition.</p> <p>Example: we do not pay for tests used to determine whether you may develop Alzheimer's disease, when that disease is not present.</p>
Health hydros, nature cure clinics etc.		<p>Treatment or services received in health hydros, nature cure clinics or any establishment that is not a hospital.</p>
Hereditary conditions		<p>Treatment of abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of your family, except cancer.</p>
HIV / AIDS		<p>Treatment for, or arising from, HIV or AIDS, including any condition that is related to HIV or AIDS, if your current period of membership is less than five years.</p>
Infertility treatment		<p>Treatment to assist reproduction, including but not limited to IVF treatment.</p> <p>Note: we pay for reasonable investigations into the causes of infertility if:</p> <ul style="list-style-type: none"> neither you nor your partner had been aware of any problems before joining, and you have both been members of this plan (or any Bupa administered plan which included cover for this type of investigation) for a continuous period of two years before the investigations start <p>Once the cause is confirmed, we will not pay for any additional investigations in the future.</p>
Maternity		<p>Treatment for maternity or for any condition arising from maternity except the following conditions and treatments:</p> <ul style="list-style-type: none"> abnormal cell growth in the womb (hydatiform mole) foetus growing outside of the womb (ectopic pregnancy) other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant
Obesity		<p>Treatment for, or required as a result of obesity.</p>
Persistent vegetative state (PVS) and neurological damage		<p>We will not pay for in-patient treatment for more than 90 continuous days for permanent neurological damage or if you are in a persistent vegetative state.</p>
Personality disorders		<p>Treatment of personality disorders, including but not limited to:</p> <ul style="list-style-type: none"> affective personality disorder schizoid personality (not schizophrenia) histrionic personality disorder
Physical aids and devices		<p>Any physical aid or device which is not a prosthetic implant, prosthetic device or defined as an appliance.</p> <p>Examples: we will not pay for hearing aids, spectacles, contact lenses, crutches or walking sticks.</p>

Exclusion	Notes	Rules
Pre-existing conditions		<p>Any treatment for a pre-existing condition, related symptoms, or any condition that results from or is related to a pre-existing condition, unless:</p> <ul style="list-style-type: none"> • we were given all the medical information that we asked for during your application for your current continuous period of membership • we did not specifically exclude cover for the pre-existing condition on your Membership Certificate, and • you did not know about the pre-existing condition before the 'effective from' date on the first Membership Certificate for your current continuous period of membership <p>Note: please contact us before your renewal date if you would like us to review a personal exclusion. We may remove your exclusion if, in our opinion, no further treatment will be either directly or indirectly required for the condition, or for any related condition. There are some personal exclusions that, due to their nature, we will not review.</p> <p>To carry out a review, we must receive full current clinical details from your family doctor or consultant. Any costs incurred in obtaining these details are not covered under your plan and are your responsibility.</p> <p>Please note: this exclusion does not apply if your sponsor has purchased cover with medical history disregarded. If you are unsure whether you have this cover, please contact the customer services helpline.</p> <p>For pre-existing conditions for newborns, please see the exclusions for congenital and hereditary conditions in this section.</p>
Preventive and wellness treatment		<p>Health screening, including routine health checks, or any preventive treatment.</p> <p>Note: we may pay for prophylactic surgery when:</p> <ul style="list-style-type: none"> • there is a significant family history of the disease for example ovarian cancer, which is part of a genetic cancer syndrome, and/or • you have positive results from genetic testing (please note that we will not pay for the genetic testing) <p>Please contact us for pre-authorisation before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our pre-authorisation process.</p>
Reconstructive or remedial surgery		<p>Treatment required to restore your appearance after an illness, injury or previous surgery, unless:</p> <ul style="list-style-type: none"> • the treatment is a surgical operation to restore your appearance after an accident, or as the result of surgery for cancer, if either of these takes place during your current continuous membership of the plan • the treatment is carried out as part of the original treatment for the accident or cancer • you have obtained our written consent before the treatment takes place
Self-inflicted injuries		<p>Treatment for, or arising from, an injury that you have intentionally inflicted on yourself, for example during a suicide attempt.</p>
Sexual problems/gender issues		<p>Treatment of any sexual problem including impotence (whatever the cause) and sex changes or gender reassignments.</p>
Sleep disorders		<p>Treatment for insomnia, sleep apnoea, snoring, or any other sleep-related breathing problem.</p>
Speech disorders		<p>Treatment for speech disorders, including stammering, unless the following all apply:</p> <ul style="list-style-type: none"> • the treatment is short term therapy which is medically necessary as part of active treatment for an acute condition such as a stroke • the speech therapy takes place during and/or immediately following the treatment for the acute condition • the speech therapy is recommended by the consultant in charge of your treatment, and is provided by a therapist <p>in which case we may pay at our discretion.</p>
Surrogate parenting		<p>Treatment directly related to surrogacy. This applies:</p> <ul style="list-style-type: none"> • to you if you act as a surrogate, and • to anyone else acting as a surrogate for you

Exclusion	Notes	Rules
Travel costs for treatment		<p>Any travel costs related to receiving treatment, unless otherwise covered by:</p> <ul style="list-style-type: none"> • local road ambulance benefit, or • Assistance cover <p>Examples:</p> <ul style="list-style-type: none"> • we do not pay for taxis or other travel expenses for you to visit a medical practitioner • we do not pay for travel time or the cost of any transport expenses charged by a medical practitioner to visit you
Treatment onboard a ship		<p>We do not pay for any treatment onboard a ship.</p>
Unrecognised physician or facility		<p>Treatment provided by a medical practitioner who is not recognised by the relevant authorities in the country where the treatment takes place as having specialised knowledge, or expertise in, the treatment of the disease, illness or injury being treated.</p> <p>Treatment in any hospital, or by any medical practitioner or any other provider of services, to whom we have sent a written notice that we no longer recognise them for the purposes of our plans.</p> <p>Treatment provided by anyone with the same residence as you or who is a member of your immediate family.</p>
USA treatment		<p>If USA cover has not been purchased, then any treatment received in the USA is ineligible:</p> <ul style="list-style-type: none"> • after the 28th day of your visit to the USA • for any condition of which you were aware before your visit to the USA • when arrangements were not authorised by our agents in the USA • when we know or suspect that you travelled to the USA for the purpose of receiving treatment for a condition, when the symptoms of the condition were apparent to you before travelling. This applies whether or not your treatment was the main or sole purpose of your visit <p>Note: you can claim for unforeseen treatment received within 28 days of your arrival in the USA. you must send evidence of your arrival date with your claim. Examples include a certified photocopy of your airline ticket or your visa stamp.</p> <p>Our Service Partner in the US operates a national network of hospitals, clinics and medical practitioners. This is the US provider network. You must contact our US Service Partner before you have treatment, and they can help to find a suitable network provider for you.</p> <p>For eligible treatment that takes place in the US using the US provider network, benefit is paid at 100 percent. When eligible treatment takes place in the US but outside the provider network, benefit is paid at 80 percent.</p> <p>If USA cover has been purchased, then treatment received in the USA is ineligible when:</p> <ul style="list-style-type: none"> • arrangements for the treatment were not authorised by our agents in the USA, and • we know or suspect that you purchased cover for and travelled to the USA for the purpose of receiving treatment for a condition, when the symptoms of the condition were apparent to you before buying the cover. This applies whether or not your treatment was the main or sole purpose of your visit

Assistance cover (optional if purchased)

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

Note: there are two levels of Assistance Cover: Evacuation and Repatriation. Your 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 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 it would be against medical advice.

How to arrange your Evacuation or Repatriation

Arrangements for evacuation 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 day-case or in-patient 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 under your medical cover as described in your table of benefits and the 'what is covered?' section of this guide. 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 day-case or in-patient 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 £Sterling25, US\$50 or €Euro37 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 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 availablewhichever 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 **your** table of benefits and the 'what is covered?' section of this guide.

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

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 for more details)
- 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 and daycase **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 and daycase **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 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** 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** 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:

- there is no **network hospital** within 30 miles of **your** address
- 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 '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, 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 the claim is for **treatment** received by the **principal member**, 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 Bupa International 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 you pay 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 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.

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:

- 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.

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 to **Bupa International** under the **agreement**, together with any other charges (such as insurance premium tax) that may be payable.

- 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

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 Maritime 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** membership 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

Specified country of residence / citizenship

You, the **principal member** must tell **your sponsor** if **your specified country of residence** or **your** country of citizenship 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 **Bupa International** have other local partners who are licensed to provide insurance cover but which are also administered by **Bupa International**. This means that customers experience the same quality **Bupa International** service.

If **you** change **your** citizenship 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 **your** 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** residency or citizenship, please call **our** customer services helpline so **we** can confirm if **your** 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 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. 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 **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 **Bupa International**.

If **you**, the **principal member** change **your** correspondence address, please contact **your sponsor** 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 the UK.

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

Bupa 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.

Making a complaint

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

The **Bupa International** helpline is always the first number to call if **you** have any comments or complaints. Please call **us** on +44 (0)1 243 323 563 anytime 24 hours a day, 365 days a year. Alternatively **you** can email **us** at info@bupa-intl.com, fax **us** at +44 (0)1 273 820 517 or write to **us** at:

Bupa International
Russell Mews
Brighton. BN1 2NR, UK

We want to make sure that members with special needs are not excluded in any way. For hearing and speech impaired members who have a textphone, please call +44 (0) 1273 866 557.

We can also offer a choice of Braille, large print or audio for correspondence and marketing 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 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 (from inside UK only), +44 (0) 20 7964 1000,
- or find details at their website: www.financial-ombudsman.org.uk

Please let **us** know if **you** want a full copy of **our** complaints procedure.

If something has gone wrong, **we** want to do everything **we** can to put it right. But none of these procedures affects **your** legal rights.

Confidentiality

The confidentiality of patient and member information is of paramount concern to the companies in the Bupa group. To this end, Bupa fully complies with Data Protection Legislation and Medical Confidentiality Guidelines. Bupa sometimes uses third parties to process data on its behalf. Such processing, which may be undertaken outside the EEA, is subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by the Data Protection Act.

Glossary

This explains what we mean by various words and phrases in this Membership Guide. Words written in bold are particularly important as they have specific meanings.

Defined term	Description
Acute treatment:	A disease, illness or injury that is likely to respond quickly to treatment which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.
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.
Bupa International:	Bupa Insurance Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.
Chronic conditions:	A disease, illness or injury (including a mental condition) which has at least one of the following characteristics: <ul style="list-style-type: none"> • it continues indefinitely and has no known cure • it comes back or is likely to come back • it is permanent • you need to be rehabilitated or specially trained to cope with it • it needs long term monitoring, consultations, check-ups, examinations or tests
Complementary medicine practitioner:	An acupuncturist, chiropractor, homeopath, osteopath or 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>
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

Defined term	Description
Diagnostic tests:	Investigations, such as X-rays or blood tests, to find the cause of your symptoms.
Emergency:	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgement of a reasonable person requires immediate treatment , generally within 24 hours of onset, and which would otherwise put your health at risk.
Emergency dental treatment:	Treatment which you urgently require to alleviate pain, inability to eat or an acute dental condition, which presents an immediate and serious threat to your general health.
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, or • providing treatment which only consultants can provide
In-patient treatment:	Treatment which for medical reasons normally means that you have to stay in a hospital bed overnight or longer.
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 day-case or in-patient treatment

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:	<p>Any disease, illness or injury for which:</p> <ul style="list-style-type: none"> you have received medication, advice or treatment, or you have experienced symptoms <p>whether the condition has been diagnosed or not in the four years before the start of your 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 practice 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 in which the treatment takes place.
Rehabilitation:	Treatment in the form of a combination of therapies such as physical, occupational and speech therapy aimed at either restoring full function or the ability to live independently 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 Company Maritime 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.
Specified country of nationality:	The country you , the principal member gave on your application form.
Specified country of residence:	Any country where you are considered by the relevant authorities to be resident. As shown on your membership certificate or as advised to us in writing whichever is the later.
Sponsor:	The company, firm or individual with whom we have entered into an agreement to provide you with cover under the plan.

Defined term	Description
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.
Therapists:	A physiotherapist, occupational therapist , orthoptist, dietician or speech therapist who is legally qualified and is permitted to practice as such in the country where the treatment is received.
Treatment:	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure an acute condition, disease, illness or injury.
United Kingdom/UK:	Great Britain and Northern Ireland.
We/us/our:	Bupa International
You/your:	This means you , the principal member and your dependants unless we have expressly stated otherwise that the provisions only refer to the principal member .

Here are some everyday descriptions of some medical words and phrases used in this membership guide

Cytotoxic drugs:	Drugs that are used specifically to kill off cancerous cells in the body.
Diseased tissue:	Unhealthy or abnormal cells in the human body.
Ectopic pregnancy:	When a foetus is growing outside the womb.
Hormone Replacement Therapy:	Hormone replacement therapy (HRT) is the use of synthetic or natural hormones to treat a hormone deficiency. Most commonly, this is used in the treatment of symptoms accompanying the menopause.
Pathology:	Tests carried out to help determine or assess a medical condition, for example blood tests.
Post-partum haemorrhage:	Heavy vaginal bleeding in the hours and days immediately after childbirth.
Retained placental membrane:	When the afterbirth is left in the womb after delivery of the baby.
Sleep apnoea:	Temporarily stopping breathing during sleep.