



Oil and Gas Plan  
Membership Guide  
From 1 November 2010



# Introduction

This Membership Guide contains the rules and benefits of **your Bupa International Oil and Gas Company 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 and italic 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 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
- check cover and pre-authorise **treatment**
- claims information

email: [info@bupa-intl.com](mailto:info@bupa-intl.com)\*

tel: +44 (0)1273 323 563

web: [www.bupa-intl.com](http://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](http://www.bupa-intl.com/membersworld)

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

### 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.

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

\* 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.

# Contents

- 6 1. How to use your Bupa International Oil and Gas Company plan
- 10 2. What is covered?
- 21 3. What is not covered?
- 30 4. Assistance cover
- 33 5. Pre-authorisation
- 35 6. Making a claim
- 38 7. Your membership
- 41 8. Making a complaint
- 42 9. Glossary
- 47 10. Medical words and phrases



# How to use your Bupa International Oil and Gas Company 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](http://www.bupa-intl.com) for the latest information. **We** can normally arrange direct settlement with these facilities (see Step 3).

### Getting treatment in the USA

If **you**, the **principal member** have purchased USA cover, **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 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.

## Pre-authorising in-patient or 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. Section 5 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 Section 6 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** Oil and Gas Company 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 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.

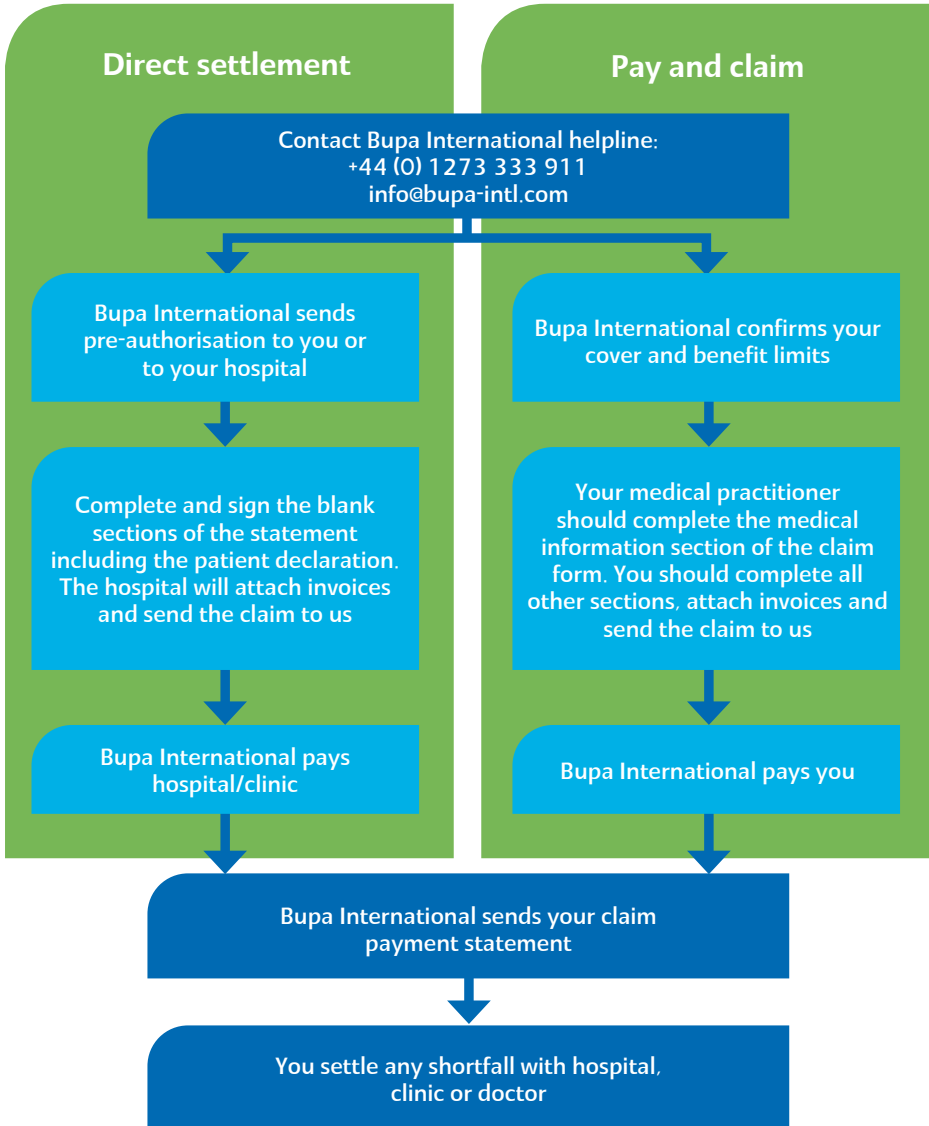
### If you move to a new country

**You**, the **principal member** must inform **us** 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.

## 2.1 Treatment that we cover

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

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

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

## Conditions that we cover

### Acute conditions

This plan covers **you** for **treatment** of acute conditions. **Acute conditions** are diseases, illnesses or injuries that respond to medical care without the need for long-term or

prolonged **treatment**. The **treatment** that **you** receive should be likely to lead to a complete recovery, or restore **you** as closely as possible to **your** previous state of health.

Please note that this definition above means that **you** do not have cover for **treatment** for chronic conditions (please see Section 3 for more information about chronic conditions).

### Acute and chronic conditions – how it works in practice

1. **We** will cover an **acute condition** until **we** become aware that it is chronic.
2. If **you** develop a condition which is known to be chronic, **we** will pay for **treatment** to:

- diagnose **your** condition
- stabilise **your** condition

but **we** will not pay for ongoing **treatment** or drugs to maintain **your** health or control the condition.

3. If **you** suffer an acute flare-up of a chronic condition **we** will pay for **treatment you** receive during this period.

\* 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.

## 2.2 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\*.

## 2.3 Table of Benefits

The "Table of Benefits" overleaf shows the benefits and limits that apply to **your** plan. The notes that follow it in section 2.4 contain the detailed rules for each benefit. **You** also need to read Section 3 "What is not covered?" so that **you** understand the exclusions on **your** plan.

### Benefit limits

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

All benefit limits apply per member. If a benefit limit also applies per **membership year**, this means that once a benefit limit

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

### Currencies

All the benefit limits in 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**.

If **you** are unsure which level of cover **you** have or the currency that applies to **your** membership, **you** can either check on **your** Membership Certificate, through **our** MembersWorld website or contact the customer services helpline.

# Table of benefits

Overall annual maximum	Essential	Classic	Gold
£ Sterling	£500,000	£500,000	£750,000
\$ US Dollar	\$900,000	\$900,000	\$1,200,000
€ Euro	€750,000	€750,000	€1,000,000

## Note 1: Out-patient treatment

Out-patient <b>surgical operations</b>	Note 1a	Paid in full	Paid in full	Paid in full
<b>Consultants'</b> fees for consultations	Note 1b	Not covered	We pay up to £3,000, \$4,800 or €4,500 each membership year	We pay up to £3,000, \$4,800 or €4,500 each membership year
Pathology, X-rays and <b>diagnostic tests</b>	Note 1c			
Costs for <b>treatment</b> by <b>therapists</b> and <b>complementary medicine practitioners</b>	Note 1d			
<b>Consultants'</b> fees and <b>psychologists'</b> fees for <b>psychiatric treatment</b> (after two years' membership)	Note 1e			
Costs for <b>treatment</b> by a <b>family doctor</b>	Note 1f		Not covered	We pay up to £600, \$960 or €900 each membership year
Prescribed drugs and dressings	Note 1g			

## Note 2: In-patient and day-case treatment

<b>Hospital accommodation</b>	Note 2a	Paid in full	Paid in full	Paid in full
<b>Surgical operations</b> , including pre- and post-operative care	Note 2b			
Nursing care, drugs and surgical dressings	Note 2c			
Physicians' fees	Note 2d			
Theatre charges	Note 2e			
<b>Intensive care</b>	Note 2f			
Pathology, X-rays, <b>diagnostic tests</b> and physiotherapy	Note 2g			
Prostheses and <b>appliances</b>	Note 2h			
<b>Psychiatric treatment</b> (after two years' membership, lifetime maximum 90 days)	Note 2i			

## Essential

## Classic

## Gold

## Note 3: Further benefits

		Essential	Classic	Gold
Cancer treatment	Note 3a	Paid in full	Paid in full	Paid in full
Advanced imaging	Note 3b	Paid in full	Paid in full	Paid in full
<b>Emergency</b> local road ambulance journeys related to <b>day-case</b> or <b>in-patient</b> treatment	Note 3c	Paid in full	Paid in full	Paid in full
<b>Emergency</b> dental treatment	Note 3d	Not covered	Not covered	We pay up to £400, \$700 or €600 each membership year
Home nursing after <b>in-patient</b> treatment	Note 3e	Not covered	Not covered	We pay up to £600, \$1,000 or €900 each membership year
Transplant services	Note 3f	Paid in full	Paid in full	Paid in full
Healthline services	Note 3g	Included	Included	Included
USA Cover	Note 3h	100 percent of costs in <b>network</b> . 80 percent of costs out of <b>network</b> . <b>Treatment</b> must be pre-authorized.		

## Note 4: Optional benefits (if purchased)

Assistance Cover (Evacuation and Repatriation)	Section 4	See Section 4 for details of the optional Assistance Cover. <b>Your</b> Membership Certificate will show if <b>you</b> have purchased this cover. The overall annual maximum benefit limit does not apply.		
--	-----------	--	--	--

# Notes to the table of benefits

Each benefit described in this section is payable according to the limits set out in the Table of Benefits (Section 2.3).

## Note 1: Out-patient treatment

This is **treatment** which does not normally require a patient to occupy a **hospital** bed.

Note 1 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.

### 1a: Out-patient surgical operations

**We** pay for out-patient **surgical operations** when carried out by a **consultant** or a **family doctor**.

### 1b: Consultants' fees for consultations

(Classic and Gold cover only)

This normally means a meeting with a **consultant** to assess **your** condition.

### 1c: Pathology, X-rays and diagnostic tests

(Classic and Gold cover only)

**We** pay for:

- pathology, such as checking blood and urine samples for specific abnormalities
- radiology, such as X-rays, and
- **diagnostic tests**, such as electrocardiograms (ECGs)

when recommended by **your consultant** or **family doctor** to help determine or assess **your** condition.

### 1d: Costs for treatment by therapists and complementary medicine practitioners

(Classic and Gold cover only)

Note: for dieticians, **we** pay the initial consultation plus two follow-up visits when needed as a result of an eligible condition. Please note that obesity is not covered.

### 1e: Consultants' fees and psychologists' fees for psychiatric treatment

(Classic and Gold cover only)

**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 **treatment**.

### 1f: Family doctor treatment

(Gold cover only)

**We** pay for **family doctor treatment**.

### 1g: Prescribed drugs and dressings

(Gold cover only)

**We** pay 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.

## Note 2: In-patient and day-case treatment

### Important – for all in-patient and day-case treatment costs:

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

### Long in-patient stays: 10 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

### 2a: Hospital accommodation

**We** pay charges for **your hospital** accommodation, including all **your** own meals and refreshments. **We** do not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics.

**We** pay for accommodation in a room that is no more expensive than the **hospital's** standard single room with a private bathroom. This means that **we** will not pay the extra costs of a deluxe, executive or VIP suite etc.

**We** pay for the length of stay that is medically appropriate for the procedure that **you** are admitted for.

Examples: unless medically essential, **we** do not pay for day-case accommodation for **out-patient treatment** (such as an MRI scan), and **we** do not pay for in-patient accommodation for **day-case treatment** (such as a biopsy).

Please also read "Convalescence and admission for general care" in the "What is not covered?" section.

### 2b: Surgical operations, including pre- and post-operative care

**We** pay surgeons' and anaesthetists' fees for a **surgical operation**, including all pre- and post-operative care.

Note: this benefit does not include follow-up consultations with **your consultant**, as these are paid under benefit Note 1b.

### 2c: Nursing care, drugs and surgical dressings

**We** pay for nursing care, drugs and surgical dressings **you** need as part of **your treatment** in **hospital**.

- **We** do not pay for drugs and surgical dressings **you** receive for **out-patient treatment** or use at home unless **you** have Gold cover (see Note 1g in this section and

"Drugs and dressings" in the "What is not covered?" section)

- **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**

## 2d: Physicians' fees

**We** pay physicians' fees for **treatment you** receive in **hospital** if this does not include a **surgical operation**, for example if **you** are in **hospital** for **treatment** of a medical condition such as pneumonia.

If **your treatment** includes a **surgical operation** **we** will only pay physicians' fees if the attendance of a physician is medically necessary, for example, in the rare event of a heart attack following a **surgical operation**.

## 2e: Theatre charges and intensive care

**We** pay for use of an operating theatre.

## 2f: Intensive care

**We** pay for **intensive care** in an **intensive care unit/ intensive therapy unit**, high dependency or coronary care unit (or their equivalents) when:

- it is an essential part of **your treatment** and is required routinely by patients undergoing the same type of **treatment as yours**, or
- it is medically necessary in the event of unexpected circumstances, for example if **you** have an allergic reaction during surgery

## 2g: Pathology, X-rays, diagnostic tests and therapies

**We** pay for:

- pathology, such as checking blood and urine samples
- radiology (such as X-rays), and
- **diagnostic tests** such as electrocardiograms (ECGs)

when recommended by **your consultant** to help determine or assess **your** condition when carried out in a **hospital**.

**We** also pay for **treatment** provided by **therapists** (such as physiotherapy) and **complementary medicine practitioners** (such as acupuncturists) if it is needed as part of **your treatment** in **hospital**.

## 2h: Prostheses and appliances

**We** pay for a prosthetic implant needed as part of **your treatment**. By this, **we** mean an artificial body part or **appliance** which is designed to form a permanent part of **your** body and is surgically implanted for one or more of the following reasons:

- to replace a joint or ligament
- to replace one or more heart valves
- to replace the aorta or an arterial blood vessel
- to replace a sphincter muscle
- to replace the lens or cornea of the eye
- to act as a heart pacemaker
- to remove excess fluid from the brain
- to control urinary incontinence (bladder control)
- to reconstruct a breast following surgery for cancer when the reconstruction is carried out as part of the original

**treatment** for the cancer and **you** have obtained **our** written consent before receiving the **treatment**

- to restore vocal function following surgery for cancer

**We** also pay for the following **appliances**:

- a knee brace which is an essential part of a **surgical operation** for the repair to a cruciate (knee) ligament
- a spinal support which is an essential part of a **surgical operation** to the spine

## 2i: Psychiatric treatment

**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**. **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.

Example: If Bupa has 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.

## Note 3-Further benefits

Note 3 covers additional benefits provided by **your** membership of the Oil and Gas Company plan. These benefits may be in-patient, out-patient or day-case. Please check the Table of Benefits to see the limits that apply to **your** level of cover.

### 3j: Cancer treatment

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).

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.

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.

If **your treatment** needs to continue for more than five years, please contact **us** for pre-authorisation (see section entitled Pre-authorisation) before proceeding. It may be necessary for **us** to seek a second opinion as part of **our** pre-authorisation process.

### 3b: Advanced imaging

**We** pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by **your consultant** or **family doctor**.

### 3c: Emergency local road ambulance

If **you** need private **in-patient** or **day-case** **treatment** for which **you** are covered under **your** membership, and it is medically necessary for **you** to travel by local road ambulance, **we** pay in full for travel:

- from **your** home or place of work to **hospital**
- from the site of an accident to a **hospital**
- from **hospital** to home
- between **hospitals**
- between an airport or seaport and **hospital**

### 3d: Emergency dental treatment

(Gold cover only)

**We** pay for **emergency** dental **treatment** that **you** receive from **your dental practitioner** during **your** first visit and the 14 days immediately following that first visit for each dental **emergency** **you** have during the **membership year**. **We** do not have to pay for any dental **treatment**, related to that dental **emergency**, that **you** receive after the 14 days.

**Treatment** may only consist of one or more of the following:

- dental examination
- radiography (for example an X-ray)
- replacement of a lost filling
- extraction of a tooth (or tooth root)

- stopping abnormal heavy bleeding (haemorrhage)
- cutting into an abscess
- dressing a root canal
- prescribed antibiotics
- re-cementing a crown, bridge or inlay
- adjustment or repair to a denture
- construction and fitting of a temporary crown
- call-out charge

### 3e: Home nursing after in-patient treatment

(Gold cover only)

**We** pay for home nursing after eligible **in-patient** **treatment**.

**We** pay if the home nursing:

- is needed to provide medical care, not personal assistance
- is necessary, meaning that without it **you** would have to stay in **hospital**
- starts immediately after **you** leave **hospital**
- is provided by a **qualified nurse** in **your** home, and
- is prescribed by **your consultant**

### 3f: Transplant services

**We** pay for transplant services that **you** need as a result of an eligible condition. **We** pay medical expenses if **you** need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant.

**We** also pay for bone marrow transplants (either using **your** own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy.

We do not pay for costs associated with the donor or the donor organ. Please see "Donor organs" in the "What is not covered?" section.

### Essential plan

We do not pay for any **out-patient treatment** associated with a transplant, either before or after that transplant takes place, including consultations, **diagnostic tests** etc, or drugs prescribed for use as an out-patient, including anti-rejection drugs.

### Classic plan

We do not pay for any drugs prescribed for use as an out-patient, including anti-rejection drugs.

### Gold plan

Any drugs prescribed for use as an out-patient, including anti-rejection drugs are paid from **your** prescribed drugs and dressings benefit (see Note 1 g).

### 3g: Healthline services

This is a telephone advice line which offers help 24 hours a day, 365 days a year. Please call +44 (0) 1273 333 911 at any time when **you** need to.

The following are some of the services that may be offered by telephone:

- general medical information from a health professional
- medical referrals to a physician or **hospital**
- medical service referral (ie locating a physician) and assistance arranging appointments
- inoculation and visa requirements information
- **emergency** message transmission
- interpreter, legal, and embassy referral

**Note: treatment** arranged through this service may not be covered under **your** plan. Please check **your** cover before proceeding.

### 3h: USA Cover

Pre-authorisation and the US provider **network**.

Before any **in-patient** or **day-case treatment** in the US can take place, **you** must contact **our US Service Partner** for pre-authorisation.

Please contact them by calling 800 554 9299 (from inside the US), or +1 800 554 9299 (from outside the US).

**In-patient** or **day-case treatment** received in the US without pre-authorisation may be ineligible. Any pre-authorised **treatment** costs are covered according to the Table of Benefits and Notes 1-3 in this section.

If **Bupa International** knows or suspects 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 starting the cover, treatment is ineligible. This applies whether or not **your treatment** was the main or sole purpose of **your** visit

**Our US Service Partner** uses a national **network** of **hospitals**, clinics and **medical practitioners**. This is the US provider **network**. **Our Service Partner** can help **you** to find a **hospital** or clinic in the US provider **network**, when **you** contact them for pre-authorisation. When eligible **treatment** 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 US provider **network**, benefit is paid at 80 percent.

### Emergency admissions

If **you** are admitted for **emergency treatment** **you** must contact **our US Service Partner** within 48 hours of admission, or as soon as reasonably possible.

If **your** admission for **emergency treatment** is to a non-**network hospital**, **our Service Partner** may arrange to transfer **you** to a **network hospital** as soon as it is medically appropriate to do so.

If the transfer to a **network hospital** is carried out, benefit for all eligible **treatment** received at both facilities will be payable at 100 percent.

If **you** choose to stay in a non-**network hospital** after the date **our US Service Partner** decides a transfer is medically appropriate, benefit for all eligible **treatment** received both before and after that date will be payable at 80 percent.

# 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.

The table overleaf lists the exclusions with any comments that may apply, and the page number where you can find the full rule.

Please note that this table is only a guide, and that **you** must read the full rules to make sure that **you** understand **your** cover.

## 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:

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

### Example:

**You have a personal exclusion for diabetes.**

1. If **your** diabetes were to cause glaucoma, **we** would not pay for **treatment** for the glaucoma
2. 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
3. If complications arise from excluded **treatment** such as cosmetic or laser eye surgery, **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 **your** Table of Benefits in Section 2.

Exclusion	Comments	See Page
1 Addictive conditions and disorders		23
2 Ageing, menopause and puberty		23
3 Allergies and allergic disorders		23
4 Artificial life maintenance		23
5 Birth control		23
6 Chronic conditions		23
7 Complications from excluded or restricted <b>treatment</b>		23
8 Conflict and disaster		23
9 Congenital conditions		24
10 Convalescence and admission for general care		24
11 Cosmetic <b>treatment</b>		24
12 Deafness		24
13 Dental <b>treatment</b> / gum disease		24
14 Dialysis		25
15 Donor organs		25
16 Drugs and dressings for out-patient or take-home use	Essential and Classic cover only	25
17 Experimental <b>treatment</b>		25
18 Eyesight		26
19 <b>Family doctor treatment</b>	Essential and Classic cover only	26
20 Footcare		26
21 Genetic testing		26
22 Health hydros. nature cure clinics etc.		26
23 Hereditary conditions		26
24 HIV / AIDS		26
25 Hormone Replacement Therapy and Bone Densitometry		26
26 Infertility <b>treatment</b>		27
27 Learning difficulties, behavioural and development problems		27
28 Maternity		27
29 Obesity		27
30 <b>Persistent vegetative state (PVS)</b> and neurological damage		27
31 Physical aids and devices		27
32 <b>Pre-existing conditions</b>		27
33 Preventive and wellness <b>treatment</b>		28
34 Reconstructive or remedial surgery		28
35 Self-inflicted injuries		28
36 Sexual problems/gender issues		28
37 Sleep disorders		28
38 Speech disorders		29
39 Travel costs for <b>treatment</b>		29
40 Unrecognised physician or facility		29

The following conditions and **treatments** are excluded from **your** plan.

## 1. 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.

## 2. Ageing, menopause and puberty

**We** do not pay for any **treatment** to relieve symptoms commonly associated with any bodily change arising from any physiological or natural cause such as ageing, menopause or puberty and which is not due to any underlying disease, illness or injury.

Please also read 'Hormone Replacement Therapy and bone densitometry' in this section.

## 3. Allergies and allergic disorders

**Treatment** to de-sensitise or neutralise any allergic condition or disorder.

## 4. Artificial life maintenance

Including mechanical ventilation, where such **treatment** will not result in **your** recovery or restore **you** to **your** previous state of health.

## 5. Birth control

Any type of contraception, sterilisation, termination of pregnancy or family planning.

## 6. Chronic conditions

**We** do not pay for **treatment** of a chronic condition. By this, **we** mean a disease, illness or injury (including a mental condition) which has at least one of the following characteristics:

- has no known cure, or recurs
- leads to permanent disability
- is caused by changes to **your** body which cannot be reversed
- requires **you** to be specially trained or rehabilitated
- needs prolonged supervision, monitoring and **treatment**

Exception: **We** pay for **treatment** of a disease, illness or injury arising out of a chronic condition, or for **treatment** of any symptoms of a chronic condition that flare up. However, **we** will only pay if the **treatment** is likely to lead quickly to a complete recovery or to **you** being restored fully to **your** previous state of health, without **you** having to continue receiving the **treatment**. For example, **we** pay for **treatment** following a heart attack arising out of chronic heart disease.

## 7. Complications from excluded or restricted conditions/treatment

**We** do not pay any increased **treatment** costs **you** incur because of complications directly caused by a disease, illness, injury or **treatment** for which cover has been excluded or restricted under **your** membership. For example, if cover for diabetes is excluded on **your** Membership Certificate, and if, because **you** have diabetes, **you** have to spend extra days in **hospital** after any operation, **we** would not pay for these extra days.

## 8. 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:

- **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

## 9. Congenital conditions

**Treatment** received after the first 90 days following birth for any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not, except cancer.

## 10. Convalescence and admission for general care

**Hospital** accommodation when it is used solely or primarily for any of the following purposes:

- convalescence, supervision, pain management or any other purpose other than for receiving eligible **treatment**, of a type which normally requires **you** to stay in **hospital**
- receiving general nursing care or any other services which do not require **you** to be in **hospital**, and could be provided in a nursing home or other establishment that is not a **hospital**
- receiving services from a **therapist** or **complementary medicine practitioner**
- receiving services which would not normally require trained medical professionals such as help in walking, bathing or preparing meals

## 11. Cosmetic treatment

**Treatment** undergone for cosmetic or psychological reasons to improve **your** appearance, such as a re-modelled nose, facelift or cosmetic dentistry. This includes:

- dental implants to replace a sound natural tooth
- hair transplants for any reason
- **treatment** related to or arising from the removal of non-diseased, or surplus or fat tissue, whether or not it is needed for medical or psychological reasons
- any **treatment** for a procedure to change the shape or appearance of **your** breast(s) whether or not it is needed for medical or psychological reasons: unless for reconstruction carried out as part of the original **treatment** for the cancer, when **you** have obtained **our** written consent before receiving the **treatment**. Please also see "Reconstructive or remedial surgery" in this section

Examples: **we** do not pay for breast reduction for backache, or gynaecomastia (the enlargement of breasts in men).

## 12. Deafness

**Treatment** for or arising from deafness or partial hearing loss caused by a congenital abnormality, maturing or ageing.

## 13. Dental treatment/gum disease

This includes **surgical operations** for the **treatment** of bone disease when related to gum disease or damage, or **treatment** for, or arising from disorders of the temporomandibular joint.

Examples: **we** do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth, etc.

Exception: **We** pay for a **surgical operation** carried out by a **consultant** to:

- put a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident
- treat irreversible bone disease involving the jaw(s) which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage
- surgically remove a complicated, buried or impacted tooth root, for example in the case of an impacted wisdom tooth

#### Gold cover only:

Please see Note 3d in the "What is covered?" section for details of **your emergency** dental benefit.

### 14. Dialysis

**We** do not pay for **treatment** for, or associated with, haemodialysis (meaning the removal of waste matter from **your** blood by passing it through a kidney machine or dialyser) or peritoneal dialysis (meaning the removal of waste matter from **your** blood by introducing fluid into **your** abdomen which acts as a filter).

Exception: **We** pay for a short-term kidney dialysis if **you** need this immediately before or after a kidney transplant. **We** also pay if the kidney dialysis is needed temporarily for sudden kidney failure resulting from a disease, illness or injury affecting another part of **your** body.

### 15. Donor organs

**Treatment** costs for, or as a result of the following:

- transplants involving mechanical or animal organs
- the removal of a donor organ from a donor
- the removal of an organ from **you** for purposes of transplantation into another person
- the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible diseases or illness
- the purchase of a donor organ

### 16. Drugs and dressings for out-patient or take-home use

(Essential and Classic cover only)

Any drugs or surgical dressings that are provided or prescribed for **out-patient treatment**, or for **you** to take home with **you** on leaving **hospital**, for any condition.

#### Gold cover only:

Please see Note 1g in the "What is covered?" section for details of **your** prescribed drugs and dressings benefit.

### 17. Experimental treatment

**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.

**Treatment** or clinical trials which have not yet been approved in the country in which **you** are receiving **treatment**.

Prescribed medicines used for purposes other than those defined under their licence, which may vary from country to country.

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.

## 18. Eyesight

**Treatment** to correct eyesight, unless required as the result of an injury or **acute condition**.

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.

## 19. Family doctor treatment

(Essential and Classic cover only)

**Treatment** or services carried out by a **family doctor**, including vaccinations.

### Gold cover only:

Please see Note 1f in the "What is covered?" section for details of **your family doctor** benefit.

## 20. Footcare

**Treatment** for corns, calluses, or thickened or misshapen nails.

## 21. Genetic testing

Genetic tests, when such tests are solely performed to determine whether or not **you** may be genetically likely to develop a medical condition.

Example: **we** do not pay for tests used to determine whether **you** may develop Alzheimer's disease, when that disease is not present.

## 22. Health hydros, nature cure clinics etc.

**Treatment** or services received in health hydros, nature cure clinics or any establishment that is not a **hospital**.

## 23. Hereditary conditions

**Treatment** of abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of **your** family, except cancer.

## 24. HIV and AIDS

**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.

## 25. Hormone Replacement Therapy (HRT) and Bone Densitometry

**We** do not pay for hormone replacement therapy (HRT) or bone densitometry.

Exception: **We** may pay for bone densitometry recommended to **your consultant** to help determine or assess **your** condition as part of **out-patient, day-case** or **in-patient treatment**. However, **we** must receive full clinical details from **your consultant** before **we** are able to give **our** decision. If **we** agree to pay for bone densitometry **we** will only pay for an initial bone densitometry scan, and for one followup scan if this is carried out:

- within three years of **you** starting **treatment**, and
- during **your** current continuous period of membership

## 26. Infertility treatment

**Treatment** to assist reproduction, including but not limited to IVF **treatment**.

Note: **We** pay for reasonable investigations into the causes of infertility if:

- 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

Once the cause is confirmed, **we** will not pay for any additional investigations in the future.

## 27. Learning difficulties, behavioural and developmental problems

**We** do not pay for **treatment** for or related to learning difficulties, such as dyslexia, or behavioural problems, such as attention deficit hyperactivity disorder (ADHD), or development problems, such as shortness of stature.

## 28. Maternity

**Treatment** for maternity or for any condition arising from maternity except the following conditions and **treatments**:

- 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

## 29. Obesity

**Treatment** for, or required as a result of obesity.

## 30. Persistent vegetative state (PVS) and neurological damage

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

## 31. Physical aids and devices

Any physical aid or device which is not a prosthetic implant, prosthetic device or defined as an **appliance**.

Examples: **we** will not pay for hearing aids, spectacles, contact lenses, crutches or walking sticks.

## 32. Pre-existing conditions

Any **treatment** for a **pre-existing condition**, related symptoms, or any condition that results from or is related to a **pre-existing condition**, unless:

- **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

**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.

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.

**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.

For **pre-existing conditions** for newborns, please see the exclusions for congenital and hereditary conditions in this section.

### 33. Preventive and wellness treatment

Health screening, including routine health checks, or any preventive **treatment**.

**Note:** **we** may pay for **prophylactic surgery** when:

- there is a significant family history of the disease for example ovarian cancer, which is part of a genetic cancer syndrome, and/or
- **you** have positive results from genetic testing (please note that **we** will not pay for the genetic testing)

Please contact **us** for pre-authorisation (see Section 5) before proceeding with **treatment**. It may be necessary for **us** to seek a second opinion as part of **our** pre-authorisation process.

### 34. Reconstructive or remedial surgery

**Treatment** required to restore **your** appearance after an illness, injury or previous surgery, unless:

- the **treatment** is a **surgical operation** to restore **your** appearance after an accident, or as the result of surgery for cancer, if either of these takes place during **your** current continuous membership of the plan
- the **treatment** is carried out as part of the original **treatment** for the accident or cancer
- **you** have obtained **our** written consent before the **treatment** takes place

### 35. Self-inflicted injuries

**Treatment** for, or arising from, an injury that **you** have intentionally inflicted on yourself, for example during a suicide attempt.

### 36. Sexual problems and gender issues

**Treatment** of any sexual problem including impotence (whatever the cause) and sex changes or gender reassignments.

### 37. Sleep disorders

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

### 38. Speech disorders

**Treatment** for speech disorders, including stammering, unless the following all apply:

- the **treatment** is short term therapy which is medically necessary as part of active treatment for an **acute condition** such as a stroke
- the speech therapy takes place during and/ or immediately following the **treatment** for the acute condition
- the speech therapy is recommended by the **consultant** in charge of **your treatment**, and is provided by a **therapist**

in which case **we** may pay at **our** discretion.

### 39. Travel costs for treatment

Any travel costs related to receiving **in-patient** or **day-case treatment**, unless otherwise covered by:

- **emergency** local road ambulance benefit (see Note 3c)
- Assistance Cover (see Section 4)

Examples:

- **we** do not pay for taxis or other travel expenses for **you** to visit a **medical practitioner**
- **we** do not pay for travel time or the cost of any transport expenses charged by a **medical practitioner** to visit **you**

### 40. Unrecognised physician or facility

- **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.
- **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.
- **Treatment** provided by anyone with the same residence as **you** or who is a member of **your** immediate family.

# Assistance Cover

(optional if purchased)

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

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

## What is Assistance Cover?

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.

### 4.1 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.

## 4.2 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.

## 4.3 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:

- 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 **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.

## 4.4 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 4.3 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 for:
  - 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 **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.

## 5.1 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 Section 3, "What is not covered?")
- the **treatment** is medically necessary
- the **treatment** takes place within 31 days after pre-authorisation is given

## 5.2 Treatment we can pre-authorise

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

## 5.3 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.

## 5.4 Treatment in the USA

All **in-patient** 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** 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, and
- 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**.

## 5.5 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.

## 6.1 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 Section 7.6.

### 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.

## 6.2 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 **your** subscriptions are paid, 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.

## 6.3 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

## 7.1 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.

## 7.2 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** Oil and Gas Company membership.

### Renewing your membership

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

## 7.3 Ending your membership

1. **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.

2. **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**

### Specified country of residence / citizenship

**You**, the **principal member** must tell **us** 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 **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** 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 **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** residency or citizenship, 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 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** can join the plan
- what subscriptions **you** have to pay
- whether **we** have to pay any claim

### After your Oil and Gas 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.

## 7.4 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.

## 7.6 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 **you** and **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 International** 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** have 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.

## Making a complaint

**We** are always pleased to hear about any aspect 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](http://www.bupa-intl.com/membersworld), 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 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 is 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](http://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 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 **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 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.

<b>Acute conditions:</b>	A disease, illness or injury that is likely to respond quickly to <b>treatment</b> which aims to return <b>you</b> to the state of health <b>you</b> were in immediately before suffering the disease, illness or injury, or which leads to <b>your</b> full recovery.
<b>Agreement:</b>	The <b>agreement</b> between <b>Bupa International</b> and the <b>sponsor</b> under which <b>we</b> have accepted <b>you</b> into membership of the plan.
<b>Appliance:</b>	A knee brace which is an essential part of a <b>surgical operation</b> for the repair to a cruciate (knee) ligament or a spinal support which is an essential part of a <b>surgical operation</b> to the spine.
<b>Bupa International:</b>	Bupa Insurance Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.
<b>Chronic conditions:</b>	A disease, illness or injury which has at least one of the following characteristics: <ul style="list-style-type: none"> <li>• it continues indefinitely and has no known cure</li> <li>• it comes back or is likely to come back</li> <li>• it is permanent</li> <li>• <b>you</b> need to be rehabilitated or specially trained to cope with it</li> <li>• it needs long term monitoring, consultations, checkups, examinations or tests</li> </ul>
<b>Complementary medicine practitioner:</b>	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 <b>treatment</b> is received.

**Consultant:** A surgeon, anaesthetist or physician who:

- 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

By recognised medical school **we** mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.

**Day-case treatment:** **Treatment** which for medical reasons requires **you** to stay in a bed in **hospital** during the day only. **We** do not require **you** to occupy a bed for day-case **psychiatric treatment**.

**Dental practitioner:** A person who:

- is legally qualified to practice dentistry, and
- is permitted to practice dentistry by the relevant authorities in the country where the dental **treatment** takes place

**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:

- is legally qualified in medical practice following attendance at a recognised medical school to provide medical **treatment** which does not need a **consultant's** training, and
- is licensed to practice medicine in the country where the **treatment** is received

By recognised medical school **we** mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.

**Hospital:**

A centre of **treatment** which is registered, or recognised under the local country's laws, as existing primarily for:

- carrying out major **surgical operations**, or
- providing **treatment** which only **consultants** can provide.

**In-patient treatment:**

**Treatment** which for medical reasons normally means that **you** have to stay in a **hospital** bed overnight or longer.

**Intensive care:**

**Intensive care** includes:

- High Dependency Unit (HDU) - a unit that provides a higher level of medical care and monitoring, for example in single organ system failure.
- Intensive Therapy Unit / **Intensive Care** Unit (ITU/ICU) - a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation.
- Coronary care unit (CCU)-a unit that provides a higher level of cardiac monitoring.

**Medical practitioner:**

**A complementary medicine practitioner, consultant, dental practitioner, family doctor, psychologist 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**.

**Persistent vegetative state:**

- a state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and
- the person does not respond to stimuli such as calling their name, or touching

The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.

**Pre-existing condition:**

Any disease, illness or injury for which:

- **you** have received medication, advice or **treatment**; or
- **you** have experienced symptoms

whether the condition has been diagnosed or not in the four years before the start of **your** current continuous period of cover.

**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 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.

**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**.

# Medical words and phrases

Here are some everyday descriptions of some medical terms 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.



## The world of Bupa

[bupa.co.uk](http://bupa.co.uk)

### Bupa International offers you

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

### Contact 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](http://bupa-intl.com)

Your calls will be recorded  
and may be monitored

