

STANDARD COMPANY PLAN OVERVIEW

FROM 1 OCTOBER 2010

COMPANY PLAN OVERVIEW

As a Bupa International Recognised Provider we want you fully informed about the level of cover our standard plans provide to enable you to continue giving quality healthcare to our members, within their policy limits. The table on page two gives you an overview of our standard Company plans. Our Company plans have four levels of cover: Essential, Classic, Gold and Gold Superior. Our members can therefore opt for the level of cover that best suits their needs. You can identify which level of cover the member has on their membership card, please see the example below.

BESPOKE PLANS

In addition to our standard Company plan, outlined here, we also offer our corporate clients bespoke plans, which provide cover for some of the conditions that we usually exclude. They may also exclude benefits we usually include in the standard plan. If you have any doubts as to the extent of a member's cover please do contact our customer services team who can advise you.

PRE-AUTHORISATION

We ask you to contact us to pre-authorise all in-patient, day-case treatment and scans. This allows us to verify the member's identity and confirm with you that the treatment is eligible on their plan. We will then Company Plan Overview issue you with a pre-authorisation statement confirming the treatment is covered on the plan and informing you of any non-eligible treatments or services and whether there is a deductible amount on the member's plan (please see below for further details on Annual Deductibles).

BENEFIT LIMITS

Please note that for some treatments benefit limits apply. Where a benefit limit applies to a treatment category (please see the table) payments will be made for that treatment until the member's limit is reached. Therefore there is a risk of shortfall in payments if the member's limit has been reached and you will need to recover the cost from the member.

ANNUAL DEDUCTIBLES

Our members can opt to add an annual deductible to their policy. An annual deductible is an amount that the member pays towards their treatment each year before we will reimburse their claims. For example, if a member has opted to add a £100 deductible to their policy, they will pay the first £100 of their eligible treatment costs for that membership year; we will then pay any further eligible treatment costs. We will inform you if the member has a deductible on their plan at the time you pre-authorise treatment. You will then need to recover the amount directly from the member.



MEMBERSHIP CARDS

Shown above is an example of our current Company Membership card. A full range of our membership cards can be seen at: <http://www.bupa-intl.com/for-providers> We have various partnerships around the world. You may sometimes see dual branded cards to reflect this. Therefore, please note that cover may vary on dual branded plans from our standard plans.

BUPA INTERNATIONAL COMPANY BENEFITS AND EXCLUSIONS: TABLE OF BENEFITS

This is an overview of the Company plan. All treatment must be medically necessary and be charged at reasonable and customary rates. Please pre-authorise all in-patient, day-case treatment and scans to confirm benefits available to the member.

CONTACT US

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 **web:** www.bupa-intl.com

tel: +44 (0) 1273 323 563 **fax:** +44 (0) 1273 820 517

pre-authorisation fax: +44 (0) 1273 866 301

pre-authorisation tel: +44 (0) 1273 333 911

Alternatively you can find information on our pre-authorisation and billing processes at: www.bupa-intl.com/for-providers

Any correspondence should be sent to the following address:

Bupa International, Russell House, Brighton, UK, BN1 2NR

	Essential	Classic	Gold	Gold Superior	
OUT-PATIENT TREATMENT					
Out-patient surgical operations	Paid in full	Paid in full	Paid in full	Paid in full	
Wellness — mammogram, PAP test, prostate cancer screening or colon cancer screening (one test annually after one year's membership)	Not covered	Benefit limit applies*	Benefit limit applies*	Benefit limit applies*	
Full Health Screening - cholesterol, blood pressure, diabetes, anaemia, lung function, liver and kidney function, cardiac risk assessment and hearing tests (after one year's membership)					
Consultants' fees for consultations			Paid in full	Paid in full	
Pathology, X-rays and diagnostic tests			Benefit limit applies*	Benefit limit applies*	
Costs for treatment by therapists and complementary medicine practitioners					
Consultants' fees and psychologists' fees for psychiatric treatment (after two years' membership)					Benefit limit applies*
Vaccinations					
Costs for treatment by a family doctor			Not covered	Paid in full	
Prescribed drugs and dressings			Not covered		
Accident-related dental treatment			Not covered		Benefit limit applies*
IN-PATIENT TREATMENT					
Hospital accommodation	Paid in full	Paid in full	Paid in full	Paid in full	
Surgical operations, including pre- and post-operative care					
Nursing care, drugs and surgical dressings					
Physicians' fees					
Theatre charges and intensive care					
Pathology, X-rays, diagnostic tests and therapies					
Prosthetic implants and appliances					
Parent accommodation					
Psychiatric treatment (after two years' membership, lifetime maximum 90 days)					
FURTHER BENEFITS					
Advanced imaging	Paid in full	Paid in full	Paid in full	Paid in full	
Cancer treatment	Not covered	Benefit limit applies*	Benefit limit applies*	Benefit limit applies*	
HIV/AIDS drug therapy including ART (after five years' membership)					
Home nursing after in-patient treatment	Benefit limit applies*	Benefit limit applies*	Benefit limit applies*	Benefit limit applies*	
Hospice and palliative care					
Local air ambulance	Paid in full	Paid in full	Paid in full	Paid in full	
Local road ambulance					
Maternity cover (after 10 months' membership)	Not covered	Benefit limit applies*	Benefit limit applies*	Benefit limit applies*	
Newborn care (covers the first 90 days of the baby's life)	Benefit limit applies*				
Prosthetic devices					
Rehabilitation (in-patient, out-patient and day case treatment)	Benefit limit applies*	Benefit limit applies*	Benefit limit applies*	Benefit limit applies*	
Transplant services					Paid in full
OPTIONAL BENEFITS (IF PURCHASED)					
Dental treatment Optical (Dental treatment and optical must be purchased together) Preventive (100 percent of eligible costs) Routine (80 percent of eligible costs) Major restorative (50 percent of eligible costs)	Not covered	Not covered	Benefit limit applies*	Benefit limit applies*	

*risk of shortfall in payment if member's benefit limit reached.