



Oil and Gas Plan
Membership Guide
From 1 November 2009



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

European branch addresses:

ihi Bupa, 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

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

Healthline, Evacuation and Repatriation

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

tel: +44 (0) 1273 333 911

MembersWorld:

www.bupa-intl.com/membersworld

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

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

* Please note that we cannot guarantee the security of email as a method of communication. Some companies do monitor email traffic, so please bear this in mind when sending us confidential information.
** MembersWorld may not track claims in the USA as we use a third party here.

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How to use your Bupa International 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 5,500 medical centres, called participating **hospitals** and clinics. The list is updated regularly, so please visit www.bupa-intl.com for the latest information. **We** can normally arrange direct settlement with these facilities (see Step 3).

Getting treatment in the USA

You must call **our Service Partner** on 866 815 5327 (from inside the US), or +1 972 461 5103 (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 as the world's largest international healthcare company.

Pre-authorising in-patient 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** 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** 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.

- **Your** application for cover: this includes any quote request, applications for cover and the declarations that **you** 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.

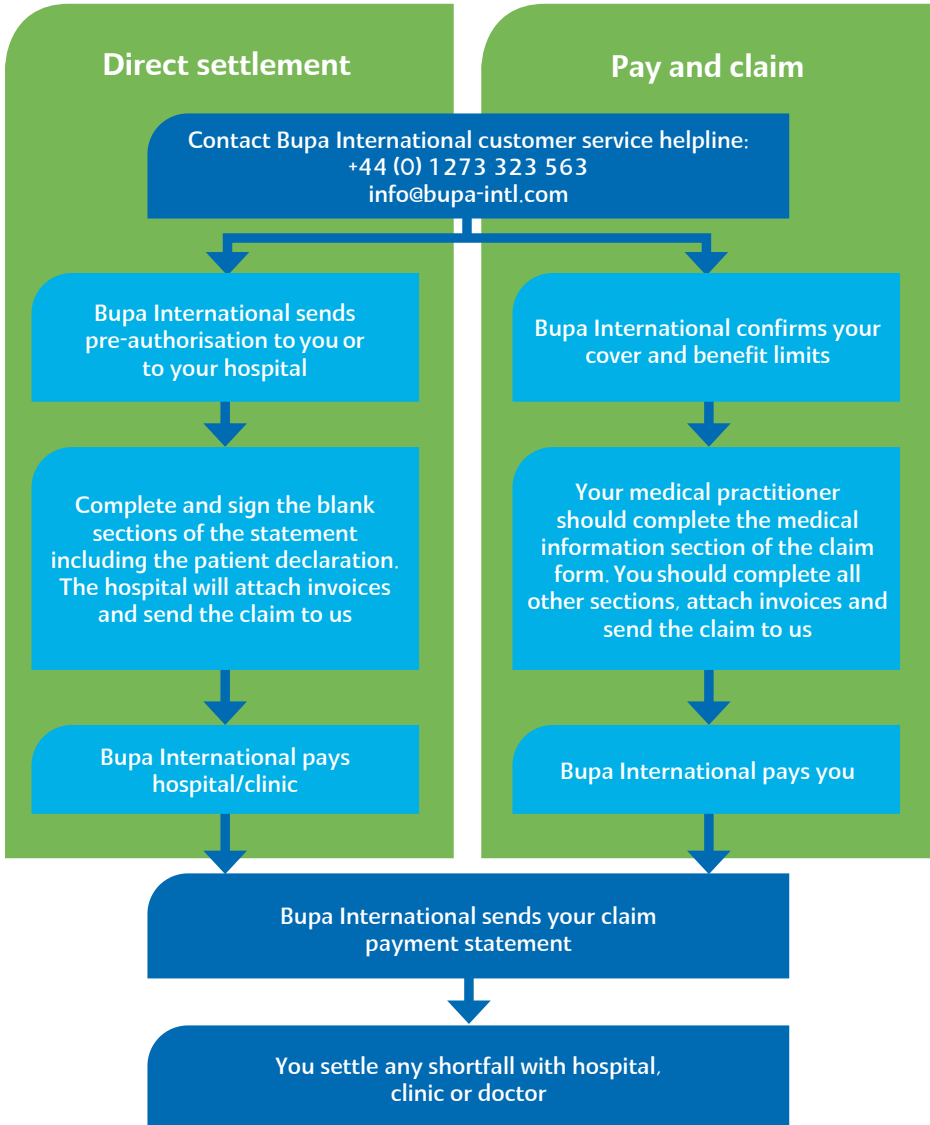
If you move to a new country

You must inform **your sponsor** straight away if **you** change **your country of residence**.

Your new country may have different regulations about health insurance. **You** 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

2.2 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.

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*.

* 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.

2.3 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 limit shown in this table. The "overall annual maximum" is the maximum **we** will pay for all benefits in total for each person each **membership year**. Some benefits also have a limit applied to them separately; for example 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** 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.

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

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

Note 2: In-patient treatment

		Essential	Classic	Gold
<i>Hospital</i> accommodation	Note 2a	Paid in full	Paid in full	Paid in full
<i>Surgical operations</i> , including pre- and post-operative care	Note 2b			
Nursing care, drugs and surgical dressings	Note 2c			
Physicians' fees	Note 2d			
Theatre charges and <i>intensive care</i>	Note 2e			
Pathology, X-rays, <i>diagnostic tests</i> and physiotherapy	Note 2f			
Prostheses and <i>appliances</i>	Note 2g			

Essential

Classic

Gold

Note 3: Further benefits

Cancer <i>treatment</i>	Note 3a	Paid in full	Paid in full	Paid in full
MRI, CT and PET scans	Note 3b	Paid in full	Paid in full	Paid in full
Emergency local road ambulance journeys related to day-case or in-patient treatment	Note 3c	Paid in full	Paid in full	Paid in full
Emergency dental treatment	Note 3d	Not covered	Not covered	We pay up to £400, \$700 or €600 each membership year
Home nursing after <i>in-patient treatment</i>	Note 3e	Not covered	Not covered	We pay up to £600, \$1,000 or €900 each membership year
Healthline services	Note 3f	Included	Included	Included

Note 4: Optional benefits (if purchased)

USA Cover	Note 4a	100 percent of costs in network. 80 percent of costs out of network. Treatment must be pre-authorised.		
Assistance Cover (Evacuation and Repatriation)	Section 4	See Section 4 for details of the optional Assistance Cover. Your Membership Certificate will show if you 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

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

1c: Pathology, X-rays and diagnostic tests

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**

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

We will pay after **you** have been a member of the plan (or any Bupa plan which includes cover for **psychiatric treatment**) for the whole of the two years leading up to the **treatment**.

1f: Family doctor treatment

We pay for **family doctor treatment**.

1g: Prescribed drugs and dressings

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 services, drugs and surgical dressings **you** need as part of **your treatment** in **hospital**.

Note:

- we do not pay for nurses hired in addition to the *hospital's* own staff. In the rare case where a *hospital* does not provide nursing staff *we* will pay for the reasonable cost of hiring a *qualified nurse* for *your treatment*.

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.

We pay for *intensive care* in an *intensive care* unit, intensive therapy unit, high dependency unit or cardiac care unit if:

- *intensive care* is routinely required after the *treatment*, such as after heart or brain surgery, or
- *intensive care* is medically essential due to unexpected circumstances, in which case *your consultant* should contact *us* at the earliest opportunity

2f: 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 therapists (such as acupuncturists) if it is needed as part of *your treatment* in *hospital*.

2g: 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*

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

Note 3 - Further benefits

Note 3 covers additional benefits provided by **your** membership of the 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.

3a: 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: MRI, CT and PET scans

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 day-case or in-patient 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

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

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: 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.

Note 4: Optional benefits (if purchased) 4a: USA Cover

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

If **you** have USA Cover, then before any in-patient or **day-case treatment** in the US, **you** must contact **our US Service Partner** for pre-authorisation.

Please contact them by calling 866 815 5327 (from inside the US), or +1 972 461 5103 (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.

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 48hrs 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.

*Please also see "USA **treatment**" in "What is not covered?"*

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 below 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**.

No	Exclusion	Comments	Page
1	Addictive conditions and disorders		22
2	Ageing, menopause and puberty		22
3	Allergies and allergic disorders		22
4	Artificial life maintenance		22
5	Birth control		22
6	Chronic conditions		22
7	Complications from excluded or restricted treatment		22
8	Conflict and disaster		22
9	Congenital conditions		23
10	Convalescence and admission for general care		23
11	Cosmetic treatment		23
12	Deafness		23
13	Dental treatment / gum disease		23
14	Dialysis		24
15	Donor organs		24
16	Drugs and dressings for out-patient or take-home use	Essential and Classic cover only	24
17	Experimental treatment		24
18	Eyesight		24
19	Family doctor treatment	Essential and Classic cover only	25
20	Footcare		25

No	Exclusion	Comments	Page
21	Health Hydros, nature cure clinics etc.		25
22	Hereditary conditions		25
23	HIV / AIDS		25
24	Hormone Replacement Therapy and Bone Densitometry		25
25	Infertility treatment		25
26	Learning difficulties, behavioural and development problems		25
27	Obesity		26
28	Physical aids and devices		26
29	Pre-existing conditions		26
30	Pregnancy and childbirth		26
31	Preventive and wellness treatment		27
32	Reconstructive or remedial surgery		27
33	Self-inflicted injuries		27
34	Sexual problems/gender issues		27
35	Sexually transmitted diseases		27
36	Sleep disorders		27
37	Speech disorders		27
38	Travel costs for treatment		27
39	Unrecognised physician or facility		28
40	USA treatment		28

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 procedure to change the shape or appearance of **your** breast(s) whether or not it is needed for medical or psychological reasons: unless for reconstruction carried out as part of the original **treatment** for the cancer, when **you** have obtained **our** written consent before receiving the **treatment** (see "Reconstructive or remedial surgery" in this section)

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 "What is covered?" for details of **your** prescribed drugs and dressings benefit.

17. Experimental treatment

Treatment, including medication, which in **our** reasonable opinion is experimental or has not been proved to be effective, based on established medical practice, and which has not been approved as appropriate by a recognised body in the country in which **you** receive the **treatment**.

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 "What is covered?" for details of **your family doctor** benefit.

20. Footcare

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

21. Health hydros, nature cure clinics etc.

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

22. 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.

23. 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.

24. 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

25. 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 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.

26. 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.

27. Obesity

Treatment for, or required as a result of obesity.

28. Physical aids and devices

Any physical aid or device not defined as a **prosthesis** or **appliance**.

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

29. 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, and
- **we** did not specifically exclude cover for the **pre-existing condition** on **your** Membership Certificate
- 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.

30. Pregnancy and childbirth

We do not pay for treatment for, or any condition arising from, pregnancy and childbirth.

Exception: **We** will pay for treatment of the following conditions:

- miscarriage or when the foetus has died and remains with the placenta in the womb
- stillbirth
- abnormal cell growth in the womb (hydatidiform mole)
- foetus growing outside the womb (ectopic pregnancy)
- heavy bleeding in the hours and days immediately after childbirth (post-partum haemorrhage)
- afterbirth left in the womb after delivery of the baby (retained placental membrane)
- complications following any of the above conditions

Exception: **We** pay treatment costs for delivering a baby by caesarean section if it is medically necessary. However, unless specifically agreed otherwise under the agreement between **us** and **your** sponsor **we** will only pay if the mother has been a member of this scheme for at least 10 months before the delivery.

31. 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.

32. 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

33. Self-inflicted injuries

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

34. Sexual problems and gender issues

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

35. Sexually transmitted diseases

We do not pay for **treatment** for Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice or Trichomoniasis.

36. Sleep disorders

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

37. 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.

38. Travel costs for treatment

Any travel costs to receive **treatment**, unless otherwise covered by:

- local road ambulance benefit (see note 3c)
- Assistance Cover (see Section 4)

Example: **we** do not pay for taxis.

39. 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.

40. USA treatment

If USA Cover has not been purchased, then any **treatment** received in the USA is ineligible:

- after the 28th day of **your** visit to the USA
- for any condition of which **you** were aware before **your** visit to the USA.
- when arrangements were not authorised by **our** agents in the USA
- when **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 travelling. This applies whether or not **your treatment** was the main or sole purpose of **your** visit

Note: **you** can claim for unforeseen **treatment** received within 28 days of **your** arrival in the USA, **you** must send evidence of **your** arrival date with **your** claim. Examples include a certified photocopy of **your** airline ticket or **your** visa stamp.

Bupa International's Service Partner in the US operates a national **network** of **hospitals**, clinics and **medical practitioners**. This is the US provider **network**. **You** must contact **our** US **Service Partner** before **you** have **treatment**, and they can help to find a suitable **network** provider for **you**.

For eligible **treatment** that takes place in the US using the US provider **network**, benefit is paid at 100 percent. When eligible **treatment** takes place in the US but outside the provider **network**, benefit is paid at 80 percent.

If USA Cover has been purchased, then **treatment** received in the USA is ineligible when:

- arrangements for the **treatment** were not authorised by **our** agents in the USA
- **Bupa International** knows or suspects that **you** purchased cover for and travelled to the USA for the purpose of receiving **treatment** for a condition, when the symptoms of the condition were apparent to **you** before buying the cover. This applies whether or not **your treatment** was the main or sole purpose of **your** visit

Assistance Cover

(optional if purchased)

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

Note: There are two levels of Assistance Cover: Evacuation and Repatriation. **Your** certificate will show if **you** have Evacuation or Repatriation but **you** can visit the MembersWorld website or contact the Customer Services helpline if **you** are unsure.

What is Assistance Cover?

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

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

Doctors from **Bupa International's** appointed representatives will discuss all relevant factors with **your own consultant** or **family doctor** before authorising travel. Evacuation or Repatriation will not be authorised if this 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**.
- **We** will only pay for evacuation to the nearest place where the required **treatment** is available. This could be to another part of the country that **you** are in, and may not be **your** home country.
- **We** will pay for the reasonable travel costs for another **Bupa International** member to accompany you, but only if it is medically necessary.
- **We** will also pay for the reasonable costs of **your**, and the accompanying member's, return journey to the place **you** were evacuated from. All arrangements for **your** return should be approved in advance by **Bupa International** or **our** appointed representatives and the journey must be made within fourteen days of the end of the **treatment**. **We** will pay for either:
 - the reasonable cost of the return journey by the most direct route available by land or sea, or
 - the cost of an economy class air ticket by the most direct route available, whichever is the lesser amount.
- **We** will pay reasonable costs for the transportation only of **your** body, subject to airline requirements and restrictions, to **your** home country, in the event of

your death while **you** are away from home. **We** do not pay for burial or cremation, the cost of burial caskets etc. or the transport costs for someone to collect or accompany **your** remains.

Note: **we** do not pay for any other costs related to the evacuation such as hotel accommodation or taxis. Costs of any **treatment you** receive are not payable under Evacuation cover, but are payable from **your** medical cover as described in **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**.
- **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** if **we** have authorised this in advance of the repatriation.
- **We** will also pay an allowance of up to £Sterling25, US\$50 or €Euro37 per day

for up to 10 days to cover the living expenses of the person accompanying you.

- **We** will pay for **you** and the person accompanying **you** to return to where **you** were repatriated from. All arrangements for **your** return must be approved in advance by **Bupa International** or **our** appointed representatives and **you** must make the return journey within fourteen days of the end of the **treatment you** were repatriated for. **We** will pay either:
 - the reasonable cost of the return journey by the most direct route available by land or sea, or
 - the cost of a scheduled return economy class air ticket by the most direct route 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**
- 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 daycase **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 daycase **treatment**, cancer **treatment** and MRI, CT or PET scans in the USA must be pre-authorised. If **you** are going to receive any of these **treatments**, ask **your** medical provider to contact Bupa for pre-authorisation. All the information they need is on **your** membership card.

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

Treatment which has not been pre-authorised

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

Of course **we** understand that there are times when **you** cannot get **your treatment** pre-authorised, such as in an emergency. If **you** are taken to **hospital** in an emergency, it is important that **you** arrange for the **hospital** to contact **us** within 48 hours of **your** admission. **We** can then make sure **you** are getting the right care, and in the right place. If **you** have been taken to a **hospital** which is not part of the **network** and, if it is the best thing for **you**, **we** will arrange for **you** to be moved to a **network hospital** to continue **your treatment** once **you** are stable.

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

Out of network treatment

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

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

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

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

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 or advance invoices
- **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.

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, **we** will only pay **our** share of the cost of the **treatment**.

Your membership

This section contains the rules about **your** membership, including when it will start and end, renewing **your** plan, how **you** 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.

- 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**.

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** for **your** current continuous period of **Bupa International** Company membership.

Renewing your membership

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

Country of residence / citizenship

You must tell **us** if **your 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.

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

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.

For a list of **our** local partners and whether **we** can offer this transfer service please call the **Bupa International** customer services helpline.

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 Company membership ends

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

Correspondence

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

Applicable law

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

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

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

Liability

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

Making a complaint

We're always pleased to hear about aspects of **your** membership that **you** 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 via 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

If **we** have not been able to resolve the problem and **you** wish to take **your** complaint further, please call the **Bupa International** customer helpline on +44 (0) 1273 323 563 or write to **our** Head of Customer Relations at:

Bupa International
Russell Mews
Brighton
BN1 2NR, UK

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

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

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

Confidentiality

The confidentiality of 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 and italic are particularly important as they have specific meanings.

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

Consultant:

A surgeon, anaesthetist or physician who:

- 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.

Country of residence:

Any country where **you** are considered by the relevant authorities to be resident.

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: <ul style="list-style-type: none"> • carrying out major surgical operations, or • providing treatment which only consultants can provide.
In-patient treatment:	Treatment which for medical reasons normally means that you have to stay in a hospital bed overnight or longer.
Intensive care:	Treatment in an intensive care unit (ICU), intensive therapy unit (ITU), high dependency unit (HDU), or coronary care unit (CCU), which gives constant monitoring after an operation or illness.
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
Pre-existing condition:	Any disease, illness or injury for which: <ul style="list-style-type: none"> • you have received medication, advice or treatment; or • you have experienced symptoms <p>whether the condition has been diagnosed or not in the four years before the start of your current continuous period of cover.</p>
Principal member:	The person who has taken out the membership, and is the first person named on the Membership Certificate. Please refer to " you/your ".
Prophylactic surgery:	Surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland.
Prosthesis:	An artificial body part which is designed to form a permanent part of your body. We only pay for those prostheses listed in Note 2g.
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** 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** gave on **your** application form. This is the country to which **you** will be returned if **you** have purchased Repatriation cover.

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**. Please refer to **Principal member** in this section.

Medical words and phrases

Here are some everyday descriptions of some medical terms **used** in this Membership Guide:

<i>Cytotoxic drugs:</i>	Drugs that are used specifically to kill off cancerous cells in the body.
<i>Diseased tissue:</i>	Unhealthy or abnormal cells in the human body.
<i>Ectopic pregnancy:</i>	When a foetus is growing outside the womb.
<i>Hormone Replacement Therapy:</i>	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.
<i>Pathology:</i>	Test carried out to help determine or assess a medical condition, for example blood tests.
<i>Post-partum haemorrhage:</i>	Heavy vaginal bleeding in the hours and days immediately after childbirth.
<i>Retained placental membrane:</i>	When the afterbirth is left in the womb after delivery of the baby.
<i>Sleep apnoea:</i>	Temporarily stopping breathing during sleep.



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