



“We can relax
now our health
is taken care of”

BUPA
International

Guernsey membership guide
from 1 April 2004

the world health service

This booklet contains the rules of your BUPA International Guernsey scheme (printed in black) which form the basis of the contract between BUPA and you, the member. However, where the member is a member of a group, the rules form the basis of the contract between BUPA and your sponsor.

Some rules are accompanied by explanatory notes printed in orange type. These notes are intended only for your general guidance and are not part of any contract.

If you have any queries about the rules of your scheme, please contact:

BUPA International Customer Services
BUPA International, Russell Mews,
Brighton, BN1 2NR,
UK

Telephone: 01273 323563

Fax: 01273 820517

Email: info@bupa-intl.com

BUPA International Guernsey scheme rules

1. These rules must be read as a whole and in conjunction with the table of benefits and subscriptions, the list of BUPA participating hospitals, the member's application form and the membership certificate. These documents constitute the contract between the member and BUPA International. The notes to the table of benefits and subscriptions are part of the contract. Where, however, the member is a member of a group, these documents are part of an agreement ("the agreement") which is a contract between the sponsor and BUPA International. The full name of BUPA International is shown on your membership certificate.

The purpose of the BUPA International Guernsey scheme is to assist where an acute episode of illness or injury makes it necessary to receive treatment from specialists. There is no undertaking to pay for any costs arising from any illnesses or injuries which existed before you first became a member ("pre-existing conditions"). The terms "treatment", "specialist" and "pre-existing condition" are defined in rule 21 together with other terms. Wherever these terms are used in the contract or in this commentary they are shown beginning with capital letters.

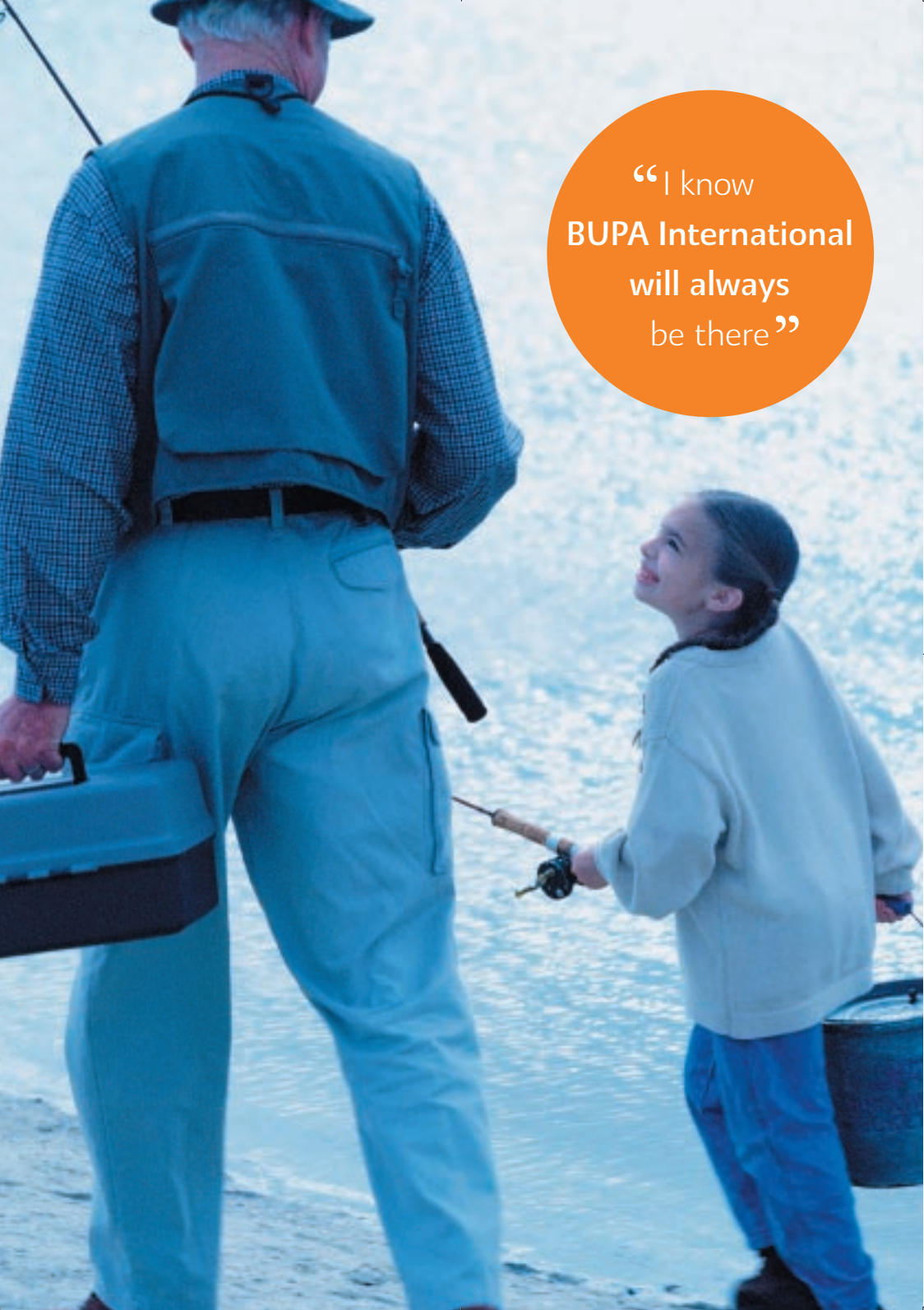
The BUPA International Guernsey scheme is an agreement between you and BUPA International. Only **you**, the **principal member**, and **BUPA International** have legal rights under the agreement

between us relating to the cover that you have arranged under the scheme. This means that only you may enforce the agreement, although we will allow anyone who is covered under your membership complete access to our complaints and dispute resolution process. Where, however, the member is a member of a group, the BUPA International Guernsey company scheme, which is an agreement between your sponsor and BUPA International applies. The terms and conditions of your membership have, therefore, been agreed between your sponsor and BUPA International and there is no legal contract between you and BUPA International covering your membership of the scheme.

2. No changes to these contractual terms will be valid and effective unless made as a matter of record and duly confirmed by BUPA International in writing.

Unconfirmed verbal communications cannot override the written terms of the contract or amount to any agreement to vary any of its terms.

If you telephone our staff they will always be glad to provide general advice based on the information you give them. However, to avoid any scope for misunderstanding, please ask for written confirmation if you should ever consider that a change in the terms of the contract arises from any verbal contact with BUPA International's staff or agents.



“I know
BUPA International
will always
be there”

Membership

3. All applications for enrolment of members and their eligible dependants are subject to the requirements set out in BUPA International's application form. The applicant must make full and complete written disclosure of all the information required by the form. Eligibility for membership shall be restricted to persons who are resident in the Bailiwick of Guernsey.

Please see the commentary on rule 13(a).

4. BUPA may carry any application into immediate contractual effect. This would be subject to any terms notified to the applicant when BUPA International issued the membership card to the applicant.

If no claims had been made, the applicant would have the right to cancel the resulting contract in writing within 28 days of the date of issue.

5. You may apply to include any of your dependants under our membership providing you fill in an 'addition of dependants form'.

Renewal

6. Your membership can be renewed automatically every year on your renewal date, subject on each occasion to acceptance of our renewal terms and Note 6.2, by continuing to pay your subscriptions and any other payments due under your agreement with us. Renewal of membership shall be restricted to persons who are resident in the Bailiwick of Guernsey.

If we decide not to continue with the scheme of which you are currently a member, you may join another BUPA International scheme that we may offer you, on the basis of the rules and benefits of that scheme. If you transfer within one month, without a break in your cover, we will not add any special restrictions or exclusions to your cover under your new scheme, that are personal to you, other than those which already apply to you under this scheme.

6.1 Making Changes to your cover

Application may be made at the annual renewal date to vary the terms of a registration. Acceptance for any higher rates of benefit shall not apply to any condition or complaint existing at the time of BUPA International's acceptance for which there was then a foreseeable need for treatment or for consultation with any medical practitioner unless such foreseeable need was fully disclosed in the application form and accepted by BUPA International.

6.2 If we make changes

We may change the terms and conditions of your cover on your renewal date. These changes could affect, for example how much your subscriptions will be, how often you have to pay them or the cover you and your dependants receive including the benefits payable.

Renewal of a group shall be subject to the arrangements set out in the agreement between the sponsor and BUPA International.

Subscriptions

7. Each individual member shall elect at the beginning of a year to pay a quarterly or annual subscription. The rates of subscription for each subscription period shall be those prevailing generally as at the date of enrolment or annual renewal.

In addition to paying subscriptions, you also have to pay to us the amount of any insurance premium tax (IPT) and other taxes, levies or charges relating to your cover under the scheme that we are required by law to pay or collect from you. The amount of any taxes, levies or charges that you have to pay to us is shown on your membership certificate.

You must pay to us any such taxes, levies or charges when you pay your subscriptions, unless otherwise required by law.

Each year on your renewal date, we may change how we calculate your subscriptions, how we determine the subscriptions, what you have to pay and the method of payment. Subscriptions generally rise above the UK inflation rate and there may be other factors which directly affect subscriptions, such as age or the country in which you are resident. Please be assured that if we do make changes they will only apply from your renewal date.

We may change the amount you have to pay us in respect of taxes, levies or charges at any time if there is a change in the rate of taxes, levies or charges payable or any new tax, levy or charge is introduced.

If we do make any changes to your subscriptions or to the amount you have to pay in respect of IPT or other taxes, levies or charges, we will write to tell you about the changes. If you do not accept any changes we make you can end your membership. We will treat the changes as not having been made if you end your membership:

- within 28 days of the date on which the changes take effect, or
- within 28 days of us telling you about the changes, whichever is later.

Membership of a group shall be subject to the arrangements set out in the agreement between the sponsor and BUPA International.

Subscriptions shall be due in advance at the beginning of each subscription period. If payment is not received by BUPA International on or before a due date, the enrolment will terminate on that date.

If any overdue payment is received within 30 days after the due date, BUPA International may in its sole discretion permit the membership and entitlements to benefit to continue.

Benefits

8. General rules on benefits

All claims are subject to the general rules contained in rule 8 and special rules relating to: charges by hospitals for accommodation (rule 9) charges by practitioners who are not specialists (rule 10) and mental conditions (rule 11).

Type of treatment covered

Acute and Chronic conditions

BUPA International Guernsey scheme covers you for the costs of specialist treatment of acute conditions. By this we mean treatment of diseases, illnesses or injuries which respond quickly to medical or surgical care and which is likely to lead to a full recovery, or to restore you to your previous state of health, without you having to receive prolonged treatment.

Cover does not include treatment for chronic conditions. These are diseases, illnesses or injuries which are long-standing, such as diabetes or allergies. See 13(n) for more details.

What is a chronic condition?

It is a disease, illness or injury which has at least one of the following characteristics:

- 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.

What does this mean in practice?

We will pay for treatment, such as diagnostic tests, that you need to diagnose the disease, illness or injury or costs incurred before the disease, illness or injury becomes chronic. However, cover will stop once a chronic condition is confirmed and no further benefits will be paid for treatment of this disease, illness or injury.

What if your condition gets worse?

If there is an acute flare-up of a chronic condition we will pay for treatment you receive during this period. Please see the example below for further information.

Example of chronic conditions.

Alan has been with BUPA International for many years. He develops chest pain and is referred to a specialist. He has a number of investigations and is diagnosed as suffering from angina. Alan is placed on medication to control his symptoms.

BUPA International will meet the cost of claims for treatment, diagnostic tests and investigations, until Alan's condition has been diagnosed. Alan will then be advised that costs incurred from this point onwards will not be met, as he is receiving on-going treatment for a chronic condition.

Two years later, Alan's chest pain recurs more severely and his specialist recommends that he has a heart bypass operation.

We will pay for treatment required during an acute phase of a chronic condition if the treatment is likely to lead quickly to a full recovery or to Alan being restored to his previous state of health. Therefore, in these circumstances, eligible expenses incurred as a result of Alan's heart bypass operation will be met up to the benefit limits set out in the rules and table of benefits of the scheme.

It must have been necessary for the treatment to be given by a specialist.

- 8.1** The treatment must have been based on established medical practices.

Benefits are not payable for any experimental or unproven treatments unless all costs are incurred with BUPA International's prior written agreement.

- 8.2** Claims must be exclusively for receiving treatment provided by specialists and confined to reasonable and customary charges for services specified in the table of benefits.

Any payments for any other purposes will be made at BUPA International's sole discretion, but will count towards any maximum benefits specified in the contract. BUPA International reserves the right to consider all cases on their own facts and a discretionary payment creates no right to any similar payment on any future occasion.

We believe that a positive approach to cost containment is in everybody's interests. We may also seek written assurances as to their usual levels of charges from anybody whose fees are claimed from BUPA International. Obviously, no insurer could normally be expected to accept any extra charge which had been made simply because the patient was known to be insured. If we accepted such practices they would either inflate levels of subscription or reduce our scope for assisting our other members. Please always check with us if you ever have reason to be in any doubt over any proposed levels of charge.

- 8.3** All claims are subject to any maximum amounts of benefit stated in the contract.

Claims are assessed by reference to the rules and table of benefits as at the dates the services were received. The patient must have been included in a current BUPA International Guernsey scheme enrolment at the time of receiving the services.

9. Hospital charges

Additional conditions apply to claims for any charges by hospitals for accommodation. These are as follows: benefit for in-patient and day-case treatment is payable for each day the use of the accommodation was essential for receiving a course of treatment by a specialist.

The accommodation must have been occupied for that purpose alone. Benefits are not payable for any use of hospital accommodation which is arranged or continued for purposes of convalescence, rehabilitation or general nursing, or is mainly for any custodial, supervisory or domestic reasons.

10. Charges by non-specialists

Claims for the services of practitioners who are not specialists are subject to additional conditions as follows:

10.1 Therapists

Entitlements for fees charged by a therapist (as defined in rule 21.19) will be limited to benefit 8.

For that purpose, the claim will be assessed in the same way as if the therapist had been a specialist.

The term "therapist" applies mainly to qualified physiotherapists, occupational therapists, orthoptists or speech therapists. The services of these therapists would not in themselves support a claim for in-patient accommodation. In-patient benefit would be available only if the patient needed to be in hospital to be treated by a specialist.

10.2 General practitioners

Despite the requirements of rules 8.1 and 8.3 benefits are payable for fees charged by a general practitioner. Entitlements for benefits for these purposes will, however, be limited to benefit 10.



“I enjoy
life to
the full”

10.3 Any other practitioners

Claims for the services of any other practitioners are not eligible for benefit unless:

- (i) all the services were provided as an essential part of an overall course of treatment given principally by a specialist and
- (ii) the specialist has specifically referred the patient to that practitioner before any of the services were provided.

11. Mental conditions

For in-patient or day-case treatment related to any mental condition or disorder any payments in respect of hospital accommodation under benefits 1-6, shall in respect of each person included in the membership, be restricted to a maximum entitlement of 90 days notwithstanding any renewal of the membership from year to year.

12. International cover

This scheme can also be used internationally. In this case the benefits will be limited to the Guernsey Board of Health limits. Please refer to the table of benefits at the back of this booklet.

13. Exclusions on benefits

Benefits are not payable for:

13(a) Treatment for a pre-existing condition, or a condition which results from or is related to a pre-existing condition.

However, this exclusion will not apply if all the following requirements have been met:

(i) the member gave BUPA International all the information BUPA International asked the member for before BUPA International sent the member the first membership card for the member's current continuous period of membership which lists the person with the pre-existing condition

(ii) neither the member nor the person with the pre-existing condition knew about it before the 'effective date' or the 'issue date' whichever is the later date on that membership card

(iii) BUPA International did not exclude cover for the costs of treatment, when BUPA International sent the member the membership card.

BUPA International are always willing to review a special condition at a member's renewal date where the special condition is no longer appropriate, such as, where the condition has been cured and no further treatment is needed. If a member would like BUPA International to consider such a review, the member will need to contact BUPA International prior to their annual renewal date. Please note that BUPA International must receive full, current, clinical details from the person's GP or consultant before BUPA International can give their decision.

Rule 21.15 defines "pre-existing condition". This is particularly important if you need treatment for any medical condition that might have existed before you joined the BUPA International Guernsey scheme. This term applies to all illnesses or injuries which were present before you joined the BUPA International Guernsey scheme and any complications resulting from them.

One of the purposes of this exclusion is to protect existing members. They too would have been subject to exclusions for pre-existing conditions when they first joined, and it would be unfair to expect them to pay higher subscriptions to cover other members' undisclosed pre-existing conditions.

The questions asked in our application form are straightforward and we ask applicants to reply to them fully. This enables us to advise them where exactly they would stand if they subsequently needed to make any claims for pre-existing conditions.

“We provide
first class
health care”



We do not expect expert medical knowledge. We simply ask for full details of previous medical treatment (including all consultations), the reasons they were sought, and known symptoms. Matters which might seem trivial at the time of application can sometimes prove at the time of claim to have been more significant than originally supposed. We therefore ask applicants to ensure that they omit none of the information required by the form.

Rule 13(a) excludes benefits if any manifestation of symptoms or other event relating to a pre-existing condition is experienced within 28 days of our receiving the completed application form or before your date of enrolment. The rule will not apply to any accident or any new illness which originates entirely after you join BUPA International Guernsey scheme.

- 13(b)** Costs attributable to any illness or injury which is excluded from benefits by the terms of the member's contract.

This exclusion applies to any increased costs of treatment which are attributable to complications caused by any illness or injury which was itself ineligible for benefits.

- 13(c)** Treatment for any mental condition or disorder if it is received within two years of the date of enrolment.

This exclusion will not apply if the claimant had been in continuous membership of a United Kingdom BUPA International scheme for two years prior to joining the BUPA International Guernsey scheme.

- 13(d)** Pregnancy or childbirth.
BUPA International may, at its sole discretion, make a contribution towards any additional costs caused by complications of delivery necessitating any unforeseen increases in charges to an in-patient made by hospitals and/or specialists.

No discretionary payments will be made for any charges incurred within twelve months of the patient's date of enrolment.

13(e) Treatment arising from assisted reproduction, sterilisation or termination of pregnancy.

Reasonable costs of investigations into the causes of infertility will be covered if both the member and their dependant:

- (i) had at the time been in continuous membership of a BUPA International scheme for at least two years, and
- (ii) had been unaware of any problem of infertility at their dates of enrolment.

Assisted reproduction, sterilisation and termination of pregnancy are not themselves services which are carried out for any immediate purpose of curing or relieving acute episodes of illness or injury. They do not therefore come within our definition of treatment. The BUPA International Guernsey scheme is not intended to cover such wider services or treatment given for any complications resulting from them.

The exclusion for termination of pregnancy will not apply in any cases where it is necessary to remove a foetus as an essential preliminary step to major surgery or major medical procedures fulfilling the definition of treatment in rule 21.20, eg, surgery in cases of serious accident. However, the exclusion will apply in all cases where removal of a live foetus is carried out for any social, domestic or psychological reasons. We cannot make any discretionary payments for any sterilisation carried out for such reasons.

13(f) Supportive treatment for renal failure, including dialysis.

This exclusion will not apply if:

- (i) the patient had been in hospital for the immediate purpose of receiving a kidney transplant, or
- (ii) the costs were incurred in connection with acute secondary failure when the dialysis was part of intensive care.

13(g) Treatment arising from AIDS or Human Immunodeficiency Virus Infection present at any time within five years after the date of enrolment.

This exclusion will not apply if the claimant has been in continuous membership of any BUPA scheme since 1 July 1987.

13(h) Treatment arising from any cosmetic surgery.

"Cosmetic surgery" is defined in rule 21.4 as surgery undertaken with a view to improving or enhancing the patient's appearance. Any cosmetic surgery arranged for any kind of psychological reasons will not be covered. This exclusion also applies to treatment for any complications resulting from cosmetic surgery.

Any surgery that is entirely for purposes of restoring a patient's original appearance following an accident will not be considered "cosmetic" if the surgery was undertaken during the course of treatment of the accident.

13(i) We do not pay for treatment for any disease, illness or injury resulting from nuclear or chemical contamination, war, riot, revolution, acts of terrorism or any similar event.

Exception: We pay for treatment provided that:

- the company or employee have not recklessly put themselves in danger by entering a known area of conflict where active fighting/insurrections are taking place, or
- they were not an active participant, or
- they have not displayed a blatant disregard for personal safety, and
- there is a legitimate business reason for them to be there.

13(j) Charges for services received in health hydros, nature cure clinics or similar establishments.

13(k) Treatment directly or indirectly arising from any addictive condition or disorder, any misuse of drugs or alcohol, self-inflicted injuries or sexually transmitted diseases.

The term "addictive condition" includes all substance abuse, eg, alcoholism or addiction resulting from misuse of drugs, whether medically prescribed or not or solvents.

13(l) Treatment for congenital abnormalities (save for emergency operations undertaken within fourteen days of birth).

13(m) Out-patient drugs and dressings.

13(n) Treatment of chronic conditions. By this, BUPA International 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 the body which cannot be reversed

- requires the person with the condition to be specially trained or rehabilitated
- needs prolonged supervision, monitoring or treatment.

14. Pre-conditions of entitlement

Entitlements to benefit are subject to the claimant observing all of the following pre-conditions:

We have a duty to all members to ensure that valid claims are paid and that all claimants are dealt with on an equal footing. With the great majority of claims, all we need is the medical information supplied in the claim form and your bills. However, there are occasions when we need further information to ensure that the funds subscribed by all our other members (whose year to year subscriptions are the true source of all claims payments) are being properly applied. If we are to discharge those responsibilities, we must reserve the necessary powers. There is consequently no right to benefits if the pre-conditions

set out in this rule are not observed by the claimant.

“My family are in safe hands”



14(a) A claim form as currently prescribed by BUPA International is submitted with the minimum delay and, in any event, within six months of receiving the treatment and incurring any cost claimed from BUPA International.

There is also a time limit of six months on sending BUPA International:

- (i) all accounts in support of any claim, and
- (ii) a full reply to any request for further information.

In accordance with good insurance practice BUPA International will extend the six month time-limit where the claimant had genuinely been in no position to comply with that limit. There are exceptional cases, eg, where the member had died or was no longer of sound mind and the people dealing with his or her affairs had been unaware of the BUPA International membership. We do not undertake to extend the time-limit if a delay had been due to any lesser causes within the claimant's own control.

14(b) BUPA International may (i) require a medical report giving such information as BUPA International reasonably requires, (ii) appoint an independent medical examiner at its own expense, or (iii) require written confirmation as to their customary levels of charges from any parties whose charges are being claimed from BUPA International.

14(c) All statements made by the claimant (or by any person acting on the claimant's authority) must have been true and complete to the best of the claimant's knowledge and belief.



“You can rely on our medical expertise”

14(d) If the claim arises from an accident or other event believed to have been the result of the negligence of another party, BUPA International must be notified in writing without delay. The claimant must continue to keep BUPA International fully informed in writing and take any steps which BUPA International may reasonably require to include all medical expenses in any claim upon the other party with a view to reimbursing BUPA International's outlays.

If the claimant has any other insurance covering medical expenses BUPA International must be notified of that fact in writing at the time of making a claim against BUPA International. In that event BUPA International will not be liable for more than its rateable proportion.

- 14(e) All subscriptions due from the sponsor must have been paid in full.

This pre-condition would be satisfied if any arrears of subscriptions due from the sponsor under the terms of the agreement were subsequently paid in full.

15. Payment of any claim may, at BUPA International's discretion, be made to any provider of services whose account is the subject of a claim or to the member or an eligible dependant.

Administration

16. BUPA International may alter these rules, the table of benefits and subscriptions, or any subscription discounts or surcharges from time to time and apply such alterations as from a member's annual renewal date.

Changes to the contract may also be sent to all members and sponsors at any time on the basis that they will apply generally from a given future date irrespective of whether that date is an annual renewal date for any group or member.

Any accidental omission or failure by BUPA International to notify the member or the sponsor of any such alterations will not invalidate the alterations.

17. Unless requested to the contrary in writing at the time of submission, BUPA International will not return any documents submitted in support of an application to become a member or increase cover.

These documents will become the property of BUPA International which may use or dispose of them in accordance with its administration requirements in any way it considers appropriate.

18. Information supplied to BUPA International will become part of the data held by BUPA International and its subsidiary companies in accordance with the provisions of the Data Protection Act, 1984.

Access to such data may be granted by BUPA International to others on a strictly confidential basis in the course and for the purpose of the efficient administration of the BUPA group of companies, and for enabling products and services which BUPA International considers may be of interest to its members to be brought to their attention.

19. BUPA International may at any time terminate the contract or subject it to different terms if (a) any person included in the member's enrolment has at any time failed to observe these rules or to act with the utmost good faith, or has ceased to be resident outside the United Kingdom, or (b) BUPA International discontinues the BUPA International Guernsey scheme, or (c) an administrator, administrative receiver, receiver or liquidator has been appointed or a resolution has been passed or an order made for the winding up of BUPA International.

20. 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.

Naturally, you have the right to expect the best possible service and support. We are always pleased to hear about aspects of your membership that you particularly appreciated. We also want to hear about any problems you have with your membership. If something does go wrong, here is a simple procedure to ensure your concerns are dealt with as quickly and effectively as possible.

The BUPA International helpline is always the first number to call if you have any comments or complaints. Please call us on **+44 (0) 1273 323563** anytime 24 hours a day, 365 days a year. Alternatively you can email us at **info@bupa-intl.com**, fax us at **+44 (0) 1273 820517** or write to us at:

BUPA International
Russell Mews
Brighton, BN1 2NR,
UK

If we are unable to resolve the complaint to your satisfaction, please write to our Director of Operations at:

BUPA International
Russell Mews
Brighton, BN1 2NR,
UK

If you are still dissatisfied and you want to take the matter further, please write to the Managing Director of BUPA International at the same address.

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

South Quay Plaza, 183 Marsh Wall,
London, E14 9JR, call them on
0845 080 1800 (from inside UK only),
or find details at their website:
www.financial-ombudsman.org.uk

Please let us know if you would like a full copy of our complaints procedure. If something has gone wrong, we want to do everything we can to put it right. None of these procedures affect your legal rights.

20(a) Rights of Third Parties Act

Following the introduction of the Contracts (Rights of Third Parties) Act 1999 we would like to clarify the position of those covered under this scheme.

Only you or your sponsor and BUPA have legal rights under the agreement relating to your cover under the scheme. This means that only you or your sponsor and BUPA may enforce the agreement, although we will allow you and anyone who is covered under the scheme complete access to our complaints process. This includes the use of any independent dispute resolution scheme we have for our members.

Definitions

21. The following expressions, where used anywhere in the contract, will have the meanings set out below:
- 21.1 Acute condition:**
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.
- 21.2 Annual renewal date:** The date on which the annual renewal of the contract falls due.
- 21.3 Chronic condition:**
A disease, illness or injury which has at least one of the following characteristics:
- 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.
- 21.4 Cosmetic surgery:** Surgery undertaken with a view to improving or enhancing the patient's appearance.
- 21.5 Date of enrolment:** The effective date of commencement of cover for the member or, as the case may be, any eligible dependant.
- 21.6 Date of issue:** The date on which a membership card and the terms attached to the membership card for a current enrolment was first issued in respect of a member or, as the case may be, any named eligible dependant.
- 21.7 Day-case treatment:** Treatment which is not received as an in-patient but nevertheless necessitates the pre-arranged occupation of a bed or comparable facility for treatment in a hospital.
- 21.8 Diagnostic tests:**
Investigations, such as x-rays or blood tests, to find or help to find the cause of your symptoms.
- 21.9 Eligible dependants:** A member's spouse, and unmarried children under 21 years of age at the date of application or the annual renewal date.
- 21.10 General practitioner:** A registered (or otherwise licensed under law) medical practitioner.
- 21.11 Group member:** A person included in the group from amongst those designated as being eligible for inclusion in accordance with the terms of the agreement.
- 21.12 Hospital:** An establishment which is specifically registered or recognised under the laws of the territory in which that establishment is situated as existing primarily for (a) carrying out the major surgical operations as so classified in the schedule of procedures approved by BUPA International and/or (b) providing treatment of a nature which only specialists can provide.
- 21.13 In-patient:** A patient who occupies a hospital bed overnight.



“I want **the very best** for my baby”

21.14 Out-patient treatment:

Treatment given at a hospital, consulting room, doctor's office or out-patient clinic where you do not go in for day-case or in-patient treatment.

21.15 Pre-existing condition:

Any disease, illness or injury for which:

- you have received medication, advice or treatment; or
- you have experienced symptoms whether the condition has been diagnosed or not in the four years before the start of your cover.

21.16 Schedule of procedures: The World Health Organisation schedule which classifies surgical, major medical and diagnostic procedures for purposes of BUPA International benefits.

21.17 Specialist: A registered (or otherwise licensed under law) medical or dental practitioner who (a) has at any time held a consultant appointment in a hospital, or (b) has held a consultant appointment which BUPA International, on professional advice, accepts as being of equivalent professional status and has received BUPA International's written notice of that acceptance.

21.18 Sponsor: The employer with whom BUPA International has agreed to operate the BUPA International Guernsey scheme group.

21.19 Therapist: (a) A chartered or state registered physiotherapist, an occupational therapist or orthoptist with state registration, or a member of the College of Speech Therapists.

(b) Physiotherapists, occupational therapists, orthoptists and speech therapists in countries outside the United Kingdom holding qualifications having equivalent international recognition to those specified in item (a) of this rule.

(c) Any other practitioner who holds written confirmation from BUPA International specifically notifying its acceptance that the practitioner is of recognised status for the purposes of BUPA International's schemes.

BUPA International's recognition of the status of therapist for the purposes of its schemes will not, however, apply to any practitioner who has received written notice of withdrawal of BUPA International's recognition for those purposes.

21.20 Treatment: Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure an acute condition, disease, illness or injury.

21.21 Year: A period of cover commencing at the member's date of enrolment or annual renewal date and ending when the member reaches the next annual renewal date.

Notes on benefits

1. Cover for intensive care

In addition to benefit 7 entitlements, BUPA International will pay a supplementary benefit at its discretion for physicians' fees, for a maximum of 14 days a year, during the intensive care phase of certain acute major medical illnesses (as in an appendix to the schedule).

2. Surgical dressings and drugs

As with all services, BUPA International may require full itemisation of charges for drugs prescribed to establish that costs are reasonable and customary - see rule 8.3.

3. Cash benefit

Cash benefit is payable in lieu of benefits 1, 2, 3, 4, 6 and 7 for each night spent in an NHS hospital in the UK or the Princess Elizabeth Hospital in Guernsey, for in-patient treatment received either without accommodation charge or in an amenity bed.

4. Emergency local road ambulance charges

This is payable only for ambulance charges incurred in medical emergencies where the patient had an immediate need for treatment qualifying for payment of benefits under this scheme, was not ambulant, and where local use of a road ambulance (as distinct from any other means of transport) was medically essential for taking the patient to or from the nearest place capable of providing the necessary treatment.

Costs not covered

The scheme is intended to provide benefit for the treatment of acute conditions necessitating the services of a specialist. Full details of the exclusions from cover are given in rule 13, but some of the costs not included are:

- home nursing
- pregnancy and childbirth
- cosmetic treatment
- routine dental treatment not involving an oral-surgical operation
- routine health checks
- congenital abnormalities
- sexually transmitted diseases
- alcoholism
- drug addiction
- out-patient drugs and dressings
- overseas transportation costs
- any known pre-existing conditions
- chronic conditions.

Table of benefits

Benefit	Guernsey	UK Mainland	International
In-patient & day-case			
1. Accommodation	Full refund*	Full refund*	£170 per night
2. Amenity bed when treatment received as a state insured patient	Full refund*	Full refund*	£135 per night
3. Specialists' fees for surgical operations	Full refund*	Full refund*	Minor £238 Intermediate £589 Major £926 Supplement for complex major (at BUPA International's discretion) £2097
4. Consultations & treatment in pathology, physiotherapy or radiology received as an in-patient or day-case	Full refund*	Full refund*	£500 per year
5. Cash benefit for treatment received free of charge per night (maximum 182 nights)	£100	£100	£100
6. Physicians' fees - supplement for intensive care	£50 per day 14 days £100 per day	£50 per day 14 days £100 per day	£50 per day 14 days £100 per day
7. Oncology (in-patient & out-patient) - including chemotherapy & radiotherapy - Specialists' fees - Fees for specifically related tests - Fees for specifically related drugs	Full refund* Full refund Full refund	Full refund* Full refund Full refund	£380 per course
8. Out-patient consultations & treatment each year up to	£700	£700	£700
9. Ambulance fees each year up to	£150	£150	£150
10. General practitioner - Consultations	Full refund*	Up to £22 per visit	Up to £22 per visit

The BUPA International Guernsey scheme can also be used internationally. In this case we will pay up to the limits shown above. Before travelling overseas contact BUPA International customer services who can advise you whether the level of cover available with the BUPA International Guernsey scheme will be sufficient for the country to which you are travelling.

Full refund only where a patient occupies a category B or C bed in a BUPA participating hospital. We will pay up to £325 per day for hospital charges if you occupy accommodation which is not a category B or C bed in a BUPA participating hospital.

* Full refund means a full refund of reasonable and customary charges for treatment covered under the scheme up to agreed Guernsey Board of Health charges. The cost of drugs is only covered for drugs used whilst receiving treatment as an in-patient or day-case patient in a hospital where the cost of treatment is covered under the scheme.

Notes

Notes



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