



Maritime Plan
Membership Guide
From 1 May 2009



Introduction

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

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

Important

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

Bold 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.

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 *
tel: +44 (0)1273 323 563

web: www.bupa-intl.com
fax: +44 (0) 1273 820 517

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.

Contents

- 5 1. How to use your Bupa International Company Maritime Plan

- 9 2. What is covered?

- 17 3. What is not covered?

- 25 4. Assistance cover

- 28 5. Pre-authorisation

- 30 6. Making a claim

- 33 7. Your membership

- 35 8. Making a complaint

- 37 9. Glossary

- 42 10. Medical words and phrases

How to use your Bupa International Company Maritime plan

Step 1: Where to get treatment

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

Participating hospitals

To help **you** find a facility, **we** have also developed a global **network** of over 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).

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 Maritime plan is a group insurance plan. **You** are therefore one of a group of members, which has a **sponsor**, (normally the company that **you** 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 for **you** 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.

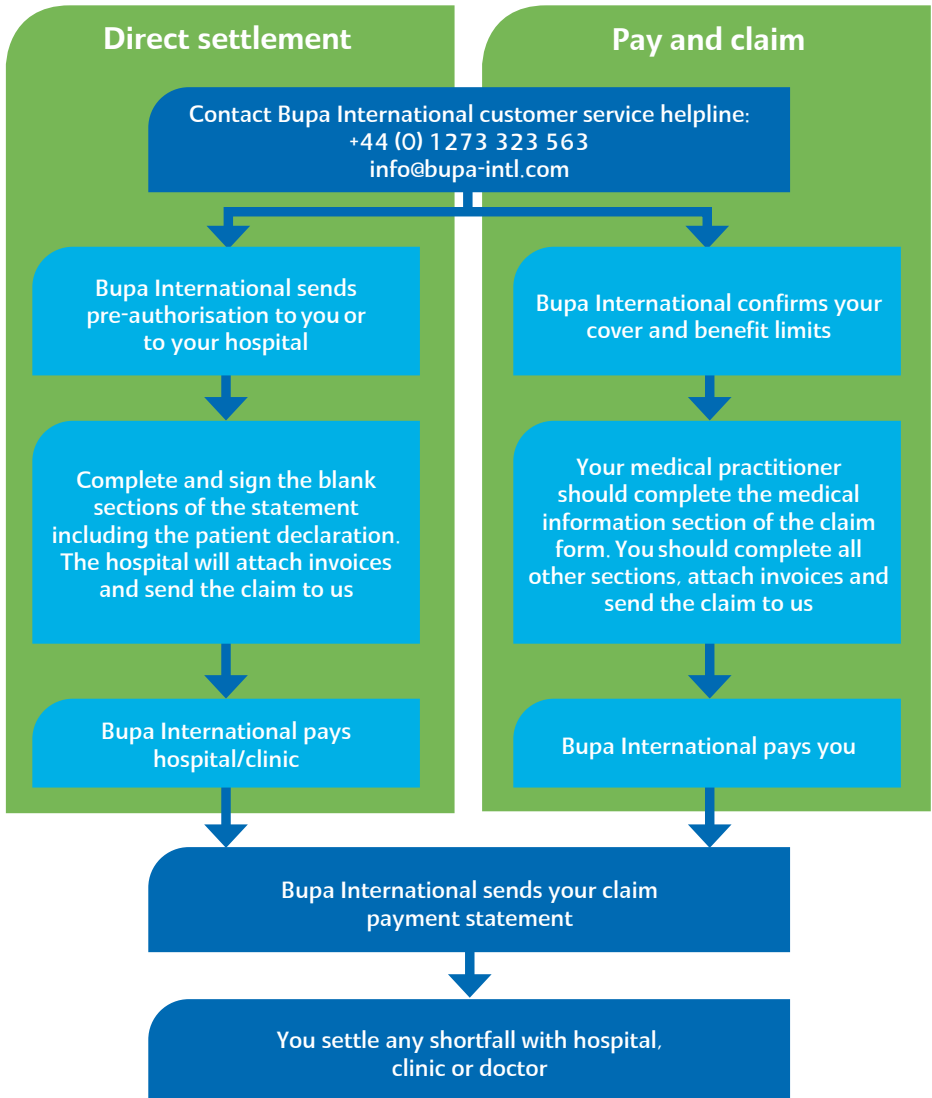
If you move to a new country

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

Bupa International covers **you** for the costs of specialist **treatment** of **acute conditions**. **Your** cover does not include **treatment** for **chronic conditions**. These are diseases, illnesses or injuries which are long-standing, such as diabetes or multiple sclerosis.

Unless **we** specifically state otherwise, **we** will only pay benefits for **treatment** provided by a **consultant**.

2.2 Reasonable and customary charges

We only pay costs when the charges made by the provider of services are reasonable and customary. By this **we** mean that the charges are the same as those made to **our** members by the majority of other service providers in the same country; and also that they are not more than the provider would normally charge.

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, **family doctor treatment**.

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

Currencies

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

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

Table of benefits

Overall annual maximum

| | |
|--------------|-----------|
| £ Sterling | £500,000 |
| \$ US Dollar | \$900,000 |
| € Euro | €750,000 |

Note 1: Out-patient treatment

| | | |
|--|---------|--|
| Out-patient <i>surgical operations</i> | Note 1a | Paid in full |
| <i>Consultants'</i> fees for consultations | Note 1b | We pay up to £Sterling 1,000, US\$1,800 or €Euro 1,500 as applicable each <i>membership year</i> |
| Pathology, X-ray and <i>diagnostic tests</i> | Note 1c | |
| Costs for <i>treatment</i> by <i>therapists</i> 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 | |

Note 2: In-patient treatment

| | | |
|--|---------|--------------|
| <i>Hospital</i> accommodation | Note 2a | Paid in full |
| Nursing care, drugs and surgical dressings | Note 2b | |
| Surgeons', anaesthetists' and physicians' fees | Note 2c | |
| Theatre charges and <i>intensive care</i> | Note 2d | |
| Pathology, X-rays, MRI and CT scans, <i>diagnostic tests</i> and therapies | Note 2e | |
| <i>Prosthesis</i> (artificial body parts) and <i>appliances</i> | Note 2f | |
| Parent accommodation (staying with a child under 18) | Note 2g | |
| <i>Psychiatric treatment</i> (after two years' membership, lifetime maximum 90 days) | Note 2h | |

Note 3: Further benefits

| | | |
|--|---------|---|
| Cancer <i>treatment</i> | Note 3a | Paid in full |
| Advanced imaging | Note 3b | Paid in full |
| Local road ambulance | Note 3c | We pay up to £Sterling 300, US\$600 or €Euro 450 as applicable each <i>membership year</i> |
| <i>Family doctor treatment</i> and prescribed drugs and dressings | Note 3d | We will pay 80 percent of the amount <i>you</i> are charged up to a total amount of £Sterling 400, US\$700 or €Euro 600 as applicable each <i>membership year</i> |
| <i>Emergency dental treatment</i> (received during <i>your</i> first visit to <i>your</i> dentist for each dental emergency) | Note 3e | We will pay 80 percent of the amount <i>you</i> are charged up to a total amount of £Sterling 400, US\$700 or €Euro 600 as applicable each <i>membership year</i> |
| Healthline services | Note 3f | Included |

Note 4: Optional benefits (if purchased)

| | |
|--|--|
| Assistance cover (Evacuation and Repatriation) | See Section 4 for details of the optional Assistance cover. <i>Your</i> Membership Certificate will show if <i>you</i> 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 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**.

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: 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**.

2c: Consultants' fees

We pay surgeons' and anaesthetists' fees for a **surgical operation** forming part of day-case or **in-patient treatment**.

We pay physicians' fees for day-case or **in-patient treatment** if the day-case or **in-patient treatment** does not include a **surgical operation**. If **your** day-case or **in-patient 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**.

2d: 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.

2e: 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**.

2f: Prosthesis (artificial body parts) and appliances

We pay for a prosthesis 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.

2g: Parent accommodation

We pay for **hospital** accommodation for each night **you** need to stay with **your** child in the same **hospital**. This is limited to only one parent each night.

Your child must be:

- aged under 18
- a **Bupa International** member receiving **treatment** for which he or she is covered under their plan.

2h: Psychiatric treatment

We pay for **psychiatric treatment** you receive in **hospital** after **you** have been a member of the plan (or any Bupa plan which includes cover for **psychiatric treatment**) for two years before the **treatment**.

We pay in full for **consultants'** fees for **psychiatric treatment** you receive as day-case or **in-patient treatment** in a **hospital**.

We pay for a total of 90 days' **psychiatric treatment** in **hospital** during **your** lifetime. This applies to all Bupa plans **you** have been a member of in the past, or may be a member of in the future, whether **your** membership is continuous or not.

Example: If Bupa has paid for 45 days' **psychiatric treatment** in **hospital** under another Bupa plan, **we** will only pay for another 45 days' **psychiatric treatment** in **hospital** under this plan.

Note 3 - Further benefits

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

We pay in full for **consultants'** fees that are related specifically to planning and carrying out **out-patient treatment** for cancer.

We also pay **hospital** charges in full for tests and drugs (such as cytotoxic drugs) that are related specifically to planning and carrying out **out-patient treatment** for cancer.

3b: Advanced imaging, for example MRI, CT and PET scans (head and body scanning)

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

We pay for medically necessary travel by local road ambulance when related to eligible **in-patient** or **day-case treatment**.

3d: Family doctor treatment and prescribed drugs and dressings

We pay for **family doctor treatment** and for the cost of drugs and dressings prescribed for **you** by **your medical practitioner** for eligible **treatment**. We only pay for items which need a prescription.

3e: Emergency dental treatment

We will pay 80 percent of the amount that **you** are charged, up to a total amount of £Sterling 400 or US\$700 or €Euro 600 as applicable each **membership year** for eligible emergency dental **treatment** that **you** receive each **membership year**. By eligible emergency dental **treatment we** mean emergency dental **treatment** consisting of:

- dental examination
- radiography (for example an X-ray)
- extraction of a tooth (or tooth root)
- stopping abnormal heavy bleeding (haemorrhage)
- cutting into an abscess
- dressing a tooth root canal
- prescribed antibiotics
- re-cementing a crown, bridge or inlay
- adjustment or repair of a denture
- construction and fitting of a temporary crown
- call-out charge.

We will only pay for eligible emergency dental **treatment** that **you** receive during **your** first visit to **your dental practitioner** for each separate dental emergency. **We** will not pay for follow up visits for emergency dental **treatment** relating to the same dental injury or condition.

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.

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 | Page | No | Exclusion | Page |
|----|--|------|----|--|------|
| 1 | Addictive conditions and disorders | 18 | 20 | Health Hydros, nature cure clinics etc. | 21 |
| 2 | Ageing and puberty | 18 | 21 | Hereditary conditions | 21 |
| 3 | Allergies and allergic disorders | 18 | 22 | HIV / AIDS | 21 |
| 4 | Artificial life maintenance | 18 | 23 | Infertility treatment | 21 |
| 5 | Birth control | 18 | 24 | Maternity | 21 |
| 6 | Chronic conditions | 18 | 25 | Obesity | 22 |
| 7 | Conflict and disaster | 19 | 26 | Personality disorders | 22 |
| 8 | Congenital conditions | 19 | 27 | Physical aids and devices | 22 |
| 9 | Convalescence and admission for general care | 19 | 28 | Pre-existing conditions | 22 |
| 10 | Cosmetic treatment | 19 | 29 | Preventive and wellness treatment | 22 |
| 11 | Deafness | 19 | 30 | Reconstructive or remedial surgery | 23 |
| 12 | Dental treatment / gum disease | 19 | 31 | Self-inflicted injuries | 23 |
| 13 | Developmental problems | 20 | 32 | Sexual problems/gender issues | 23 |
| 14 | Donor organs | 20 | 33 | Sleep disorders | 23 |
| 15 | Drugs and dressings (out-patient) | 20 | 34 | Speech disorders | 23 |
| 16 | Experimental treatment | 20 | 35 | Surrogate parenting | 23 |
| 17 | Eyesight | 20 | 36 | Travel costs for treatment | 23 |
| 18 | Footcare | 21 | 37 | Treatment onboard a ship | 23 |
| 19 | Genetic testing | 21 | 38 | Unrecognised physician or facility | 24 |
| | | | 39 | USA treatment | 24 |

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 and puberty

Treatment to relieve symptoms caused by ageing, puberty, or other natural physiological cause.

3. Allergies and allergic disorders

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

4. Artificial life maintenance

Including life support machine use, where such *treatment* will not result in *your* recovery or to 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* for *chronic conditions*.

Important – please read

Personal exclusions

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

General note for all exclusions

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

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

Example:

You have a personal exclusion for diabetes.

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

Exceptions

– this section describes some circumstances where exceptions can be made to exclusions or restrictions. Where this is the case, benefit is payable up to the limits set out in *your* Table of Benefits in Section 2.

7. 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.

8. Congenital conditions

Treatment received after the first 28 days following birth for any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not.

9. 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 **medical practitioner**
- receiving services which would not normally require trained medical professionals such as help in walking, bathing or preparing meals.

10. 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).

11. Deafness

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

12. 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.

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

13. Developmental problems

Treatment for, or related to developmental problems, including:

- learning difficulties, such as dyslexia
- behavioural problems, including attention deficit hyperactivity disorder (ADHD), or
- problems related to physical development, including (but not restricted to) short height.

14. 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.

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

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.

Please see Note 3d in "What is covered?" for details of **your** prescribed drugs and dressings benefit.

16. 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.

17. 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 laser eye procedures. **We** will pay for **treatment** of a detached retina, glaucoma or cataracts.

18. Footcare

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

19. Genetic testing

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

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

20. Health hydros, nature cure clinics etc.

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

21. 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.

22. 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.

23. 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.

24. Maternity

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

- 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 following childbirth (post-partum haemorrhage)
- afterbirth left in the womb after delivery of the baby (retained placental membrane)
- medically essential caesarean section delivery, provided the mother has been

a member of this plan for 10 months before the delivery

- complications following any of the above conditions or **treatments**.

25. Obesity

Treatment for, or required as a result of obesity.

26. Personality disorders

Treatment of personality disorders, including but not limited to:

- affective personality disorder
- schizoid personality (not schizophrenia)
- histrionic personality disorder

27. 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.

28. 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 the "What is not covered" section.

29. 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 page 28) before proceeding with **treatment**. It may be necessary for **us** to seek a second opinion as part of **our** pre-authorisation process.

30. 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.

31. Self-inflicted injuries

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

32. Sexual problems and gender issues

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

33. Sleep disorders

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

34. 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.

35. Surrogate parenting

Treatment directly related to surrogacy. This applies:

- to **you** if **you** act as a surrogate, and
- to anyone else acting as a surrogate for you.

36. Travel costs for treatment

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

- emergency local road ambulance benefit (see note 3c), or
- Assistance Cover (see Section 4).

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

37. Treatment onboard a ship

We do not pay for any **treatment** onboard a ship.

38. 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.

39. 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) 1 273 333 911. **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**
- **your** condition is not a **pre-existing condition** (see Section 3, "What is not covered?")
- the **treatment** is medically necessary
- the **treatment** takes place within 31 days after pre-authorisation is given.

5.2 Treatment we can pre-authorise

We can pre-authorise in-patient and 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. If the claim is for **treatment** received by the **principal member**, **we** will write directly to the individual concerned.

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 **you** pay **your** subscriptions, the currency of the invoices **you** send us, or the currency of **your** bank account.

We cannot pay **you** in any other currency.

Sometimes, the international banking regulations do not allow **us** to make a payment in the currency **you** have asked for. If **so**, **we** will send a payment in the currency of **your** subscriptions.

If **we** have to make a conversion from one currency to another **we** will use the exchange rate that applies on either the date on which the invoices were issued or the last date of the **treatment**, whichever is later.

The exchange rate used will be the average of the buying and selling rates across a wide range of quoted rates by the banks in London on the date in question. If the date is not a working day **we** will use the exchange rate that applies on the last working day before that date.

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**.

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.

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 Maritime membership.

Renewing your membership

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

7.4 Ending your membership

1. **Your sponsor** can end **your** membership from the first day of a month by writing to **us**. **We** cannot backdate the cancellation of **your** membership.

2. **Your** membership will automatically end:

- if the **agreement** between **Bupa International** and **your sponsor** is terminated
- if **your sponsor** does not renew **your** membership
- if **your sponsor** does not pay subscriptions or any other payment due under the **agreement** for **you** or for any other person
- if the membership of the **principal member** ends
- upon the death of the **principal member**.

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 the regulations vary from country to country, and may change at any time.

Important – please read

Bupa International can end a person's membership if there is reasonable evidence that any person concerned has misled, or attempted to mislead **us**. By this, **we** mean giving false information or keeping necessary information from **us**, or working with another party to give **us** false information, either intentionally or carelessly, which may influence **us** when deciding:

- whether **you** (or they) can join the plan
- what subscriptions **you** have to pay
- whether **we** have to pay any claim.

After your Company membership ends

You 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.

7.5 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've particularly appreciated, or that you have had problems with. If something does go wrong, here is a simple procedure to ensure your concerns are dealt with as quickly and effectively as possible.

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.financialombudsman.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.

Acute treatment: A disease, illness or injury that is likely to respond quickly to **treatment** which aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or injury, or which leads to **your** full recovery.

Agreement: The **agreement** between **Bupa International** and the **sponsor** under which **we** have accepted **you** into membership of the plan.

Appliance: A knee brace which is an essential part of a repair to a cruciate (knee) ligament, or a spinal support which is an essential part of surgery to the spine.

Bupa International: Bupa Insurance Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.

Chronic conditions: A disease, illness or injury (including a mental condition) which has at least one of the following characteristics:

- it continues indefinitely and has no known cure
- it comes back or is likely to come back
- it is permanent
- you need to be rehabilitated or specially trained to cope with it
- it needs long term monitoring, consultations, check-ups, examinations or tests.

Complementary medicine practitioner: An acupuncturist, chiropractor, homeopath, osteopath or Chinese medicine practitioner who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which the **treatment** is received.

Consultant: A surgeon, anaesthetist or physician who:

- 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.

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|--------------------------------|---|
| Hospital: | A centre of treatment which is registered, or recognised under the local country's laws, as existing primarily for: carrying out major surgical operations , or providing treatment which only consultants can provide. |
| In-patient treatment: | Treatment which for medical reasons normally means that you have to stay in a hospital bed overnight or longer. |
| Intensive care: | 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 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 2f. |
| 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 Maritime group plan with a common **renewal date** for all members, **your renewal date** will be the common **renewal date** for the group. **We** tell **you** the group **renewal date** when **you** join.)

Service Partner: A company or organisation that provides services on behalf of **Bupa International**. These services may include approval of cover and location of local medical facilities.

Specified country of nationality: The country **you** 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: When printed in bold italic type - ie **you/your** this means you, the **principal member**, only. When printed in plain type - ie **you/your** we mean 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:

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| <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. |

Notes:

European branch addresses:

ihl 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



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individuals and groups
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Your calls will be recorded
and may be monitored