A guide to your Company Africa Plan

Membership Guide

This Membership Guide explains the terms and conditions of the Company Africa Plan. Detailed information such as pre-authorising treatment, making a claim and moving country can be found in this guide. It also explains your benefits, limits and exclusions with detailed rules on how to use them.

From 1 June 2024

bupaglobal.com

Contents

Remember we can offer a second medical opinion service

The solution to health problems isn't always black and white. That's why **we** offer **you** the opportunity to get another opinion from an independent **specialist**.

Welcome

Within this membership guide, **you'll** find easy to understand information about **your** plan.

This includes:

- advice on what to do when **you** need **treatment**
- simple steps to understanding the claims process
- a 'Table of Benefits' and list of 'Exclusions' which outline what is and isn't covered along with any benefit limits that might apply
- a 'Glossary' to help understand the meaning of some of the terms used

You should read this guide with **your** insurance certificate and application for cover. These set out the terms and conditions of **your** cover. To make the most of the plan, please read these sections:

- 'Table of benefits'
- 'What is not covered' and
- 'The lifecycle of your plan'.

They explain what the plan covers **you** for.

Please keep this guide in a safe place. If **you** need another copy, **you** can call **us**, or view and download it any time in MembersWorld.

Bold words
Some words in this guide appear in **bold** type. These are words that have special meanings in this guide. **You** can find these meanings in the Glossary.

Contact us

Open 24 hours a day, 365 days a year

You can access details about **your** plan any time of the day or night through MembersWorld.
You can also call **us** at any time for advice and support from people who can help **you**.

Healthline

(inside Kenya):
+254 (0) 207 602 027

(rest of the world):
+44 (0) 1273 323 563

You can ask **us** for help with:

- finding places and people to treat **you**. **We** try to do this within 48 hours
- access to a second medical opinion
- information on vaccines and visas
- interpreter and embassy referral.

We get information from a number of sources. **You** should check this as **we** can't verify it. **We** can't be held responsible for any errors or omissions, or any loss, damage, illness or injury that may occur as a result of this information.

You can ask us to arrange a medical evacuation if **you** have cover for this. This can include:

- air ambulance
- commercial flights, with or without medical escorts
- stretcher transport
- transport for a body or ashes
- travel for relatives and escorts.

We believe that every person and situation is different and **we** focus on finding answers and solutions that work for **you**.

Our team will help **you** from start to finish, so **you** always talk to someone who knows what is happening.

Question about your plan?

MembersWorld is the first place to go for information about:

- cover details
- pre-authorisation
- claims
- membership and payment questions.

It's often the quickest way to contact **us** too.

You can also:

Phone: (inside Kenya): +254 (0) 207 602 027
(rest of the world): +44 (0) 1273 323 563

Email: info@bupaglobal.com

Write to:

Bupa Global,
Victory House,
Trafalgar Place,
Brighton,
BN1 4FY,
United Kingdom

We may record or monitor **your** calls.

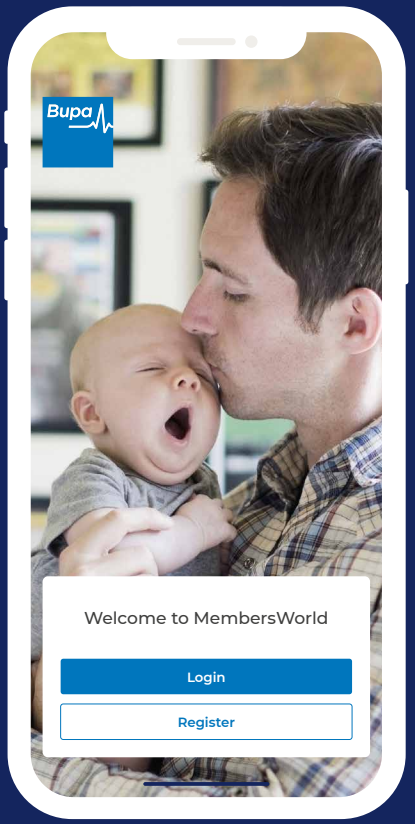
Sight or hearing difficulties?

We have documents in braille, large print or audio. Please let **us** know if **you** would like **us** to send **you** some.

Contact details changed?

It's very important that **you** let **us** know when **you** change **your** contact details (postal or email address or phone number). **We** need to keep in touch with **you** so **we** can give **you** important information about **your** plan or **your** claims. To update **your** details, simply log onto MembersWorld or call, email or write to **us**.

Welcome to MembersWorld



MembersWorld connects **you** to **Bupa Global** when **you** need **us**.

You can join at:
https://membersworld.bupaglobal.com

MembersWorld is for anyone on the plan aged 16 or over. If **you** are the **main member** and want to see details of **your dependants**, they will need to join MembersWorld and give their permission for **you** to do this.

How to access MembersWorld

You can access and register online at **https://membersworld.bupaglobal.com** with **your** favourite web browser or via **our** app.

Search for "MembersWorld" on the App Store or Google Play and download to **your** device for access to **your** account on-the-go

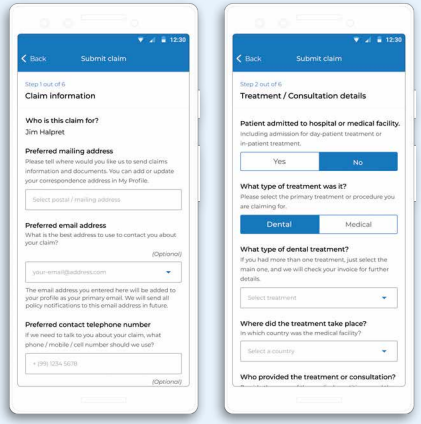
Download on the App Store

GET IT ON Google Play

Claims and pre-authorisations

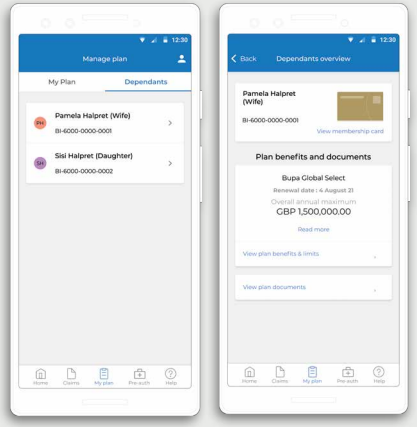
- Request pre-authorisation
- Submit claims*
- View and track their progress*
- Review and send **us** more or missing information

*MembersWorld may not track claims in the U.S.



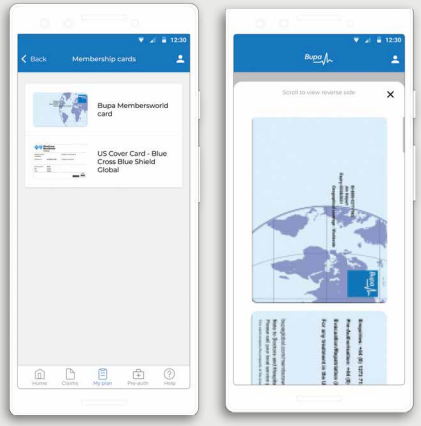
Dependants

- View **dependants'** plans, documents and membership cards
- Submit and view claims*
- **Main members** can manage a **dependant's** account



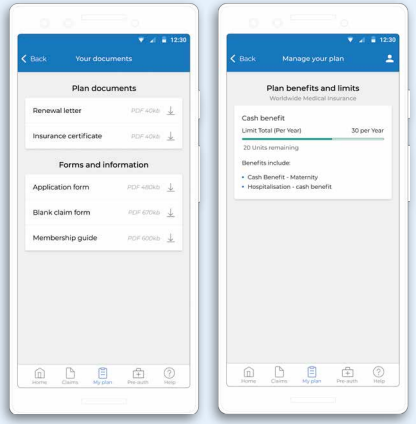
Membership cards

- Access to **your** membership cards any time **you** need them



Policy documents

- View and download **your** plan documents



Wellbeing Services

At Bupa Global, **we** care about more than just physical health. **We** offer wellbeing programmes to support **you** and **your** family whenever **you** need them and **you** can use them right away!

They are free to use as soon as **your** plan starts. Using them does not use any of **your** benefit limits. If **you** have any questions, please contact **us** to talk.

Your Wellbeing

You can find more about **your** health and lifestyle at **https://www.bupaglobal.com/en/your-wellbeing**

You can also find news, articles and simple tips to help **you** and **your** family live longer, healthier, happier lives.

Second Medical Opinion*

With **Bupa Global**, **you** can always ask for a second medical opinion from leading **specialists**.

This gives **you** the peace of mind that **your treatment** is right for **you**. An independent team of **specialists** will look at **your** medical history and treatment and give **you** a detailed report on what should happen next.

You can ask for a second medical opinion on **your** MembersWorld app or by email at info@bupaglobal.com

Global Virtual Care*

You can access a network of international doctors right in **your** pocket! They can help **you** get the best available care, wherever **you** are

Global Virtual Care offers:

- Video and telephone consultations
- Doctors' notes
- Self-care
- Referrals
- Prescriptions

Virtual Care

You can book appointments any time of the day or night in **your** MembersWorld app.

Bupa LifeWorks*

Bupa LifeWorks is here to help **you** with all of life's challenges.

You can get advice about **your** mental, financial, physical and emotional health, including short-term counselling, any time of the day or night. Just use the mobile app or call. There are also lots of articles, podcasts, videos and more.

It's easy to start. Just visit https://app.lifeworks.com/ or search "TELUS Health One" in the App Store or Play Store then use with the code "Bupa" and your MembersWorld login details.

* These are not **Bupa Global** services - **we** have contracts with other companies to provide them to **you**. We can change or remove them at any time.

We are not responsible:

- for any information they give **you**
- if, for any reason, they are not available.

Pre-authorisation

The importance of pre-authorisation

We want everything to run smoothly when **you** need **treatment**. That way **you** can focus on getting better.

Why you should pre-authorise treatment

So that **you** can tell **us** about **treatment** that **you** need to have. **You** should contact **us** before **you** have **your treatment** to give **us** the details.
We can then:

- check if **we** cover **your treatmen**t
- check if the provider is part of **our network**
- help **you** find a provider within **our network**
- explain any limits that apply
- tell the provider that **you** are a **Bupa Global** member. **We** have agreements with **our network** providers for **treatment** charges
- case-manage complex **treatment**. The table of benefits clearly shows the complex **treatments we** want **you** to tell **us** about. Please contact **us** if **you** need any of these. **We** may ask for more information (for example to check if any policy exclusion applies)
- see if **we** can pay any bills directly to the provider. This will mean **you** don't have to pay and claim the costs from **us**.

If **you** have **treatment** with a provider that is not in **our network, we** may only pay costs that are **reasonable and customary**. This could leave **you** with a shortfall to pay.

Before **we** can approve **treatment** or pay a claim **we** may ask for more information, for example a medical report. If **we** don't receive this promptly, there may be a delay to pre-authorisation and to paying **your** claim. If **we** do not receive this at all, **we** may not be able to pay **your** claim.

We may appoint an independent medical professional and ask **you** to have a medical examination with them (at **our** cost). They will then give **us** a medical report.

When **you** have pre-authorised **treatment** with a provider that is in **our** network, **we** will cover the costs if, when **you** have it:

- the policy is in force
- **you** are covered by the policy
- premiums are paid up to date
- the pre-authorisation is still valid. When **we** authorise **treatment, we** will tell **you** how long it is valid for.

How to pre-authorise treatment

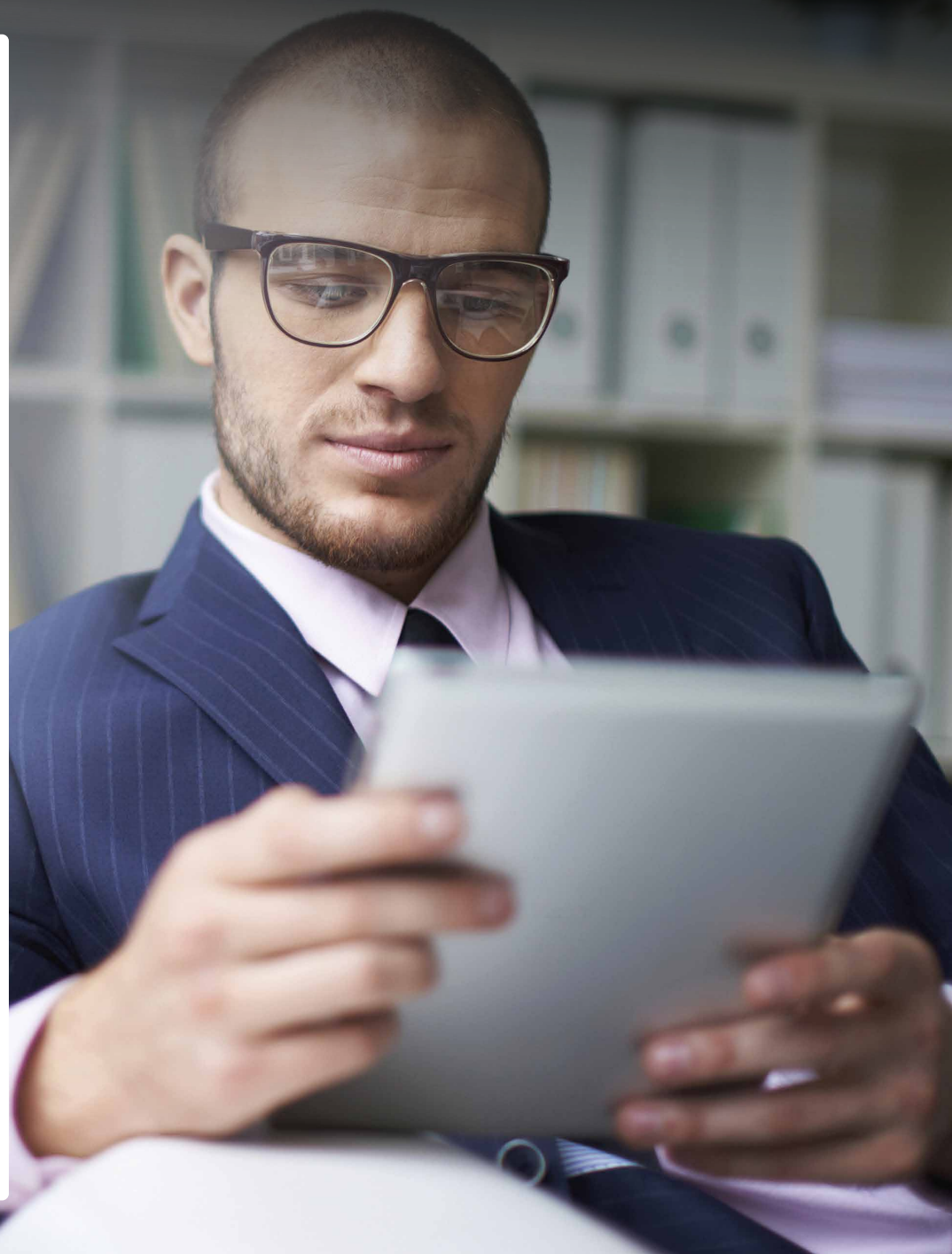
Login to the MembersWorld app, go to **https://membersworld.bupaglobal.com** or contact **us** by phone or email. When **we** have the details, **we** will send **you** and the provider a pre-authorisation statement.

If your pre-authorisation is no longer valid

Just follow the process again.

If you need to go to hospital in an emergency

In an emergency there might not be time to contact **us**. If this happens, it is important that the hospital contacts **us** within 48 hours.



The claiming process

If **you** need help with a claim **you** can
- use MembersWorld
- call **us** on: (inside Kenya) +254 (0) 207 602 027
  (rest of the world) +44 (0) 1273 323 563
- email info@bupaglobal.com

Whether **you** choose direct settlement or 'pay and claim' **we** provide a quick and easy claims process. **We** aim to arrange direct settlement wherever possible, but it has to be with the agreement of whoever is providing the **treatment**. In general, **we** can only arrange direct settlement for **in-patient treatment** or **day-case treatment**. Direct settlement is easier for **us** to arrange if you pre-authorise **your treatment** first, or if **you** use a hospital or healthcare facility in **our network**.

How to make a claim
The quickest way to make a claim is by using **your** MembersWorld account. **You** have the choice of making an on-line claim or uploading any completed claim form.

Make sure **we've** got all the information **we** ask for. The biggest delays to paying a claim are incomplete, missing or unreadable information.

Make sure **you** give **us your** correct bank details. Bank transfer is by far the quickest way to receive **your** payment.

	1	2	3	4	5
Direct Settlement Direct settlement is where the provider of **your treatment** claims directly from **us**. This means that **you** do not have to pay and then claim the costs back from **us**.	**You** should show **your** membership card when **you** receive **treatment**.	**We** send the provider a pre-authorisation statement. **We** will also send **you** a copy if **you** ask **us**.	If **you** have a co-insurance or remaining **deductible** on any benefit, **you** will need to pay this directly to **your** provider. They will then send **your** claim to **us**.	**We** pay them directly.	**We** will send **your** claim payment statement to **you**. **We** pay **your** claim in line with the limits shown in **your** 'Table of benefits'. If **you** have a **deductible**, please refer to the 'Deductibles' section in this guide for more details. It is important that **you** send all **your** claims to us, even if the value of the claim is less than the remaining **deductible**.
Pay and Claim The alternative is for **you** to pay and then claim back the costs from **us**.	When **you** go for **treatment**, **you** should take a claim form with **you** so that the **medical practitioner** can fill in the medical information section. **You** can get a claim form from MembersWorld.	Once **you** have received **treatment** and made a payment to the provider, **you** should complete all other sections of the claim form, include the original invoices, and send the claim to **us**.	**You** can make **your** claim via MembersWorld or email it to **us**.	**We** pay **you**. If **you** have an annual **deductible** or a co-insurance applied to **your** claim, we will pay **you** the cost of the claim minus the percentage of the co-insurance or the amount of the remaining annual **deductible**.	

Things you need to know about your health plan

About your membership

This is a group insurance plan. This means that **you** are one of a group of members which has a **sponsor** (the company that the **main member** works for).

This plan is governed by an **agreement** between the **sponsor** and **Bupa Global**. It covers the terms and conditions of **your** membership.

There is no legal contract between **you** and **Bupa Global**. Only the **sponsor** and **Bupa Global** have legal rights under the **agreement** relating to **your** cover. Only they can enforce the **agreement**.

However, if **you** are a contributing individual, **you** will have legal rights as set out in this Membership Guide. Please see the section 'Contributing individuals'.

There are three documents that set out the terms of **your** membership:

- **your** application for cover. This includes quote requests, forms for anyone covered, and anything declared when **you** applied for cover
- **your** rules and cover shown in this guide
- **your** insurance certificate. This shows the name of the insurer.

Pre-authorisation

When **you** need **treatment we** want to make sure that everything runs as smoothly as possible. If **you** contact **us** before having **treatment**, **we** can explain **your** benefits and confirm if the **treatment** is covered by **your** plan. **We** can also offer any help or advice **you** may need, such as suggesting **hospitals**, clinics and doctors.

If **you** need **hospital treatment** (**in-patient treatment** or **day-case treatment**), contacting **us** also means that **we** can get in touch with the **hospital** or clinic and make sure they have everything they need to go ahead with **your treatment**. If possible, **we** will arrange to pay them directly too.

There are certain benefits which **you** must receive pre-authorisation for. **You** can see these in the 'Table of benefits'. **We** may not pay for **your treatment** if **you** haven't pre-authorised it first.

Direct settlement is where **we** pay the provider of **your treatment** directly. This makes things easier for **you** as **you** do not have to pay and then claim the costs back from **us**. **We** try to do this whenever possible, and the provider of the **treatment** has to agree to it. Direct settlement is usually only available 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 **hospital** or clinic that is in **our network**.

If direct settlement is not possible, **you** will need to pay for **your treatment** and claim the costs back from **us**.

There are some benefits which **you** must pre-authorise. These are detailed in **your** 'Table of benefits'. **We** may not pay a claim if **we** have not pre-authorised it.

How to pre-authorise

You can pre-authorise **your treatment** on the MembersWorld app, by email, or by phone. When **we** have the details **we** need, **we** send a pre-authorisation statement to **your hospital** or clinic. **We** will send **you** a pre-authorisation statement if **you** ask **us** to.

When **you** contact **us**, please have **your** membership number ready. **We** will ask **you** questions. These could include:

- do **you** know the condition **you** have?
- when did **your** symptoms first start?
- when did **you** first see **your family doctor** about them?
- what **treatment** do **you** need?
- when will **you** have the **treatment**?
- what is the name of **your specialist**?
- where will **your** proposed **treatment** take place?
- how long will **you** need to stay in **hospital**?

If **we** pre-authorise **your treatment**, **we** will pay up to the limits of **your** plan if:

- the plan covers the **treatment**. **We** may ask **you** for more details. This could be, for example, to rule out any link to a **pre-existing condition**
- **you** are covered when the **treatment** takes place
- the premiums are paid up-to-date
- the **treatment you** have matches the **treatment we** authorised
- **you** have given **us** all the details of the condition and **treatment you** need
- **you** have enough benefit to cover the cost of the **treatment**
- the **treatment** is not for a **pre-existing condition** (see the 'What is not covered' section)
- the **treatment** is **medically necessary**.

If **we** do not receive the information **we** need, this may delay pre-authorisation and claims payment. **We** may ask an independent **medical practitioner** to examine **you** and give **us** a report. **We** will pay for this.

Staying in hospital

The pre-authorisation will include the number of nights in **hospital** that **we** will cover for **your in-patient treatment**. If **you** need to stay longer, **you** or **your** doctor must contact **us** to extend the pre-authorisation.

Important

Pre-authorisation is only valid if all the details of the **treatment we** authorise match the **treatment you** have. This includes when and where **you** have the **treatment**. If any detail changes, or **you** need more **treatment**, **we** need to pre-authorise the change. This means that **you** or **your** doctor must tell **us** the details. **We** can only approve **your treatment** based on the information **we** receive.

We may change **our** decision if the information **we** receive differs from what **we** were told when **we** first assessed **your treatment**. If **we** do not receive details that **we** have asked for, **we** may treat this as a sign of fraud. If this happens, **we** may pass information to third parties, which may include

other insurers. The aim of this to prevent and detect fraud.

Using our network

If **you** choose to have **treatment** from a person or place (for instance a doctor or clinic) that is in **our network**, **we** will pay the costs (after taking into account any benefit limits, co-insurance or a **deductible** that may apply to the plan).

We can help **you** find a person or place that is in **our network**. **You** can also find **our network** at bupaglobal.com/en/facilities/finder

If **you** choose to have **treatment** from someone or in a place that is not part of **our network**, **we** will only cover costs that are **reasonable and customary**. This applies whether **we** pay them directly, or **you** pay the costs and claim this back from **us**. To calculate this **we** look at:

- costs that are the usual, or accepted standard amount payable for the **treatment you** have
- the quality and experience of the person or place that treated **you**
- the region where **you** have the **treatment**.

We may look at the usual and most common charges that **we** pay in that region. Some governments, medical bodies or insurance industry groups publish guidelines for fees and medical practice. These can include standard **treatment** plans which outline the best course of care for a given illness or **treatment**.

We may refer to these global guidelines when **we** assess and pay claims.

We will not pay costs from a provider that is not part of **our network** and which are higher than what is **reasonable and customary**. This means that:

- **you** will have to pay any costs which are higher than what is **reasonable and customary**. **You** will need to pay the provider directly
- **we** cannot control what the provider will charge **you**.

There may be times when it is not possible for **you** to be treated by a provider in **our network**, for instance in an **emergency**. When this happens, **we** ask that **you** or the provider, contact **us** within 48 hours (or as soon as possible afterwards). **We** may arrange for **you** to move and have **treatment** from a provider that is in **our network**. **We** will only do this if it is safe for **you**. If **you** decide not to move, **we** will pay **reasonable and customary** costs for **your treatment**.

In some countries there may be other processes that apply if **you** have **treatment** from a provider that is not part of **our network**.

Treatment in the U.S.

All **in-patient treatment** and **day-case treatment**, cancer **treatment**, MRI, CT, and PET scans in the U.S. must be pre-authorised. If **you** are going to receive any of these **treatments**, ask **your** medical provider to contact the U.S. service centre for pre-authorisation. All the information they need is on **your** membership card.

We have made special arrangements if **you** need to have **treatment**, be admitted to **hospital**, or visit a doctor in the U.S. These include access to a select **network** of quality medical providers and direct settlement of all covered expenses when **you** receive **treatment** in a **hospital** in **our network**.

Treatment that has not been pre-authorised

If **you** choose not to get **your in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans in the U.S. pre-authorised, **we** will pay 50% towards the cost of covered **treatment**.

We know that there are times when **you** can't pre-authorise **your treatment**, for example in an **emergency**. If **you** go to **hospital** in an **emergency**, it is important that the **hospital** contacts **us** within 48 hours. If this isn't possible, they should contact **us** as soon as they can. **We** can then make sure **you** are getting the right care and are in the right place. If **you** are in a **hospital** that is not part of **our network**, **we** may arrange for **you** to move and have **your treatment** in a **hospital** that is in **our network**. **We** would only do this when **you** are stable and if it is the best thing for **you**. If **you** decide to stay where **you** are, **we** will pay the **reasonable and customary** costs of any covered **treatment** or services that **you** have after the proposed date of the transfer.

If **we** have been notified within 48 hours of **your emergency** admission to a **hospital** that is in **our network**, **we** will not ask **you** to share the cost of **your treatment**.

Treatment outside our network

Even if **your treatment** in the U.S. has been pre-authorised, if **you** choose to use a **hospital**, clinic or **medical practitioner** that is not part of **our network**, **we** will pay **reasonable and customary** costs. Please see 'Using **our network**' in the Pre-authorisation section of this membership guide.

There may be times when **you** cannot be treated at a **hospital** in **our network**. These include:

- where there is no **hospital** in **our network** within 30 miles of **your** address, and
- when the **treatment you** need is not available in at a **hospital** in **our network**.

When this happens, **we** will not ask **you** to share the cost of **your treatment**.

Deductibles

Please read this section if **you** have a **deductible** on **your** plan.

What is a deductible?

The **deductible** is the total value that **your** covered claims must reach each **membership year** before **we** will start to pay any benefit. For example, if **you** have a **deductible** of USD 500, the total value of **your** covered claims must reach USD 500 before **we** will pay any benefit.

The **deductible** applies to each person covered.

The amount of the **deductible** is shown on **your** insurance certificate. **You** can see this in MembersWorld. If **you** want to know the amount of **your** remaining **deductible**, please contact **us**.

Annual **deductibles** are only available on the following levels of cover:

- Essential
- Classic
- Gold

How an annual deductible works

If a claim is smaller than any remaining **deductible**, **you** should still make a claim. **We** will not pay the claim, but it will count towards reaching **your deductible**. **We** will send **you** a statement to tell **you** how much is left.

If a covered claim is more than **your** remaining **deductible**, **we** will pay the amount of the claim minus the remaining **deductible**.

When **you** have paid the full **deductible**, **we** will pay all covered claims up to the limits of the plan.

How claims are paid to you

If **you** make a claim and have asked **us** to pay **you**:

- **we** will take the **deductible** from any payment **we** make
- **we** will send **you** a statement showing how **your** claim has been settled, including any amounts set against the **deductible**.

How we pay claims to a medical provider

If **you** have asked **us** to pay a medical provider directly:

- **we** will send payment to them for the covered claim. **We** will subtract any remaining **deductible** on **your** cover from this payment
- **we** will confirm the amount **we** have paid towards **your** claim
- **you** must pay any shortfall to them.

You must pay the **deductible** in all circumstances.

Important

- the **deductible** applies separately to each person covered
- even if **your treatment** cost is less than the **deductible**, **you** should still make a claim
- this **deductible** applies each **membership year**. If **your** first claim is towards the end of a **membership year** and continues after **your renewal date**, **you** must pay the **deductible** again for that **treatment**. This is because it will be a new **membership year**
- if **your** claims are paid directly to the person who treated **you**, **you** must pay them any shortfall after **we** have assessed and paid the claim.

Making a claim

We want it to be simple for **you** to make a claim. **We** try to pay providers directly but sometimes this isn't possible.

Claim forms

The claim form gives **us** the information **we** need to check that the plan covers **your** claim. Please make sure that **you** complete the form. If **we** have to ask for more information, this can take time and delay any payment.

You can:

- complete a claim form on the MembersWorld app or website, or
- contact **us** and **we** will send **you** one.

You must make a separate claim for each:

- member
- condition
- in-patient or day-case stay, and
- currency of claim.

What we need for your claim

As well as **your** completed claim form, **we** need original versions of any invoices, receipts and prescriptions for the claim. **You** can send **us** copies. **We** can't send these original documents back to **you**. If **you** do send an original document, **we** can send **you** a copy if **you** ask **us**.

You must make a claim within two years of having the **treatment**. **We** only pay claims for **treatment** after two years if there is a good reason why **you** couldn't make the claim earlier.

We may ask for more information about **your** claim. For example:

- medical reports or other information about **your treatment** or condition
- the results of any medical examination by a **medical practitioner** who **we** appoint and pay for.

If **we** don't have the information **we** ask for, **we** may not be able to pay **your** claim.

Important

We pay for **treatment**:

- **you** have while **you** are on the plan
- up to the benefit limits that apply at the time **you** have it
- costs that are **reasonable and customary**.

Paying your claim

Where possible, **we** follow the instructions in the 'Payment details' section of the claim form.

Who **we** will pay

We can make payments to the:

- member who received the **treatment**
- provider of the **treatment**
- **main member**
- executor or administrator of the member's estate.

We can pay a **dependant** if:

- they received the **treatment**
- they are aged 16 or over, and
- **we** have their bank details.

We do not make payments to anyone else.

If **you** are aged 16 or over, **we**'ll explain to **you** how **we** have dealt with **your** claim. For **dependants** aged 15 and under, **we** will contact the **main member**.

Payment method

We can transfer payment to **your** bank account. This is quick and secure. However, **we** can send a payment only if **we** know details of where to send the payment, for example the full account number, SWIFT code, bank address and (in Europe only) IBAN number.

If **your** bank charges **you** for a transfer **we** make, **we** will try to refund this as well. **We** do not pay any other bank charges, for example currency exchange fees.

Payment currency

We will reimburse **you** in the currency:

- in which **we** receive the premium, or
- of the invoices **you** send **us**, or
- of **your** bank account.

Sometimes banking rules may not let **us** pay in the currency **you** would like. So, **we** will pay in the currency in which **we** receive the premium.

Very rarely, paying in a certain currency may be illegal or expose **us** (or the **Bupa Group**) to sanctions. If so, **we** may not be able to pay **you** straight away. Or **we** will pay **you** in a currency which **we** are able and allowed to use.

How we convert one currency to another

We use the rate that is in place in the **UK** on the invoice date. If there is no invoice date, **we** will use **your treatment** date. The exchange rate **we** use will be from a leading market provider of rates. Please call **us** if **you** would like more details.

Other claim information

Payment of claims in error

This is if **we** pay too much for a claim, or pay a claim that is not covered. **We** can deduct from future claims the extra amount **we** have paid, or ask **you** to pay **us** back.

Discretionary payments

If **we** make a payment for a benefit **your** plan doesn't cover, **we** don't have to pay the same or similar costs in the future. The payment will count towards the overall annual maximum that applies to **your** cover.

Claiming for treatment when others are at fault

You may need to claim for **treatment** that **you** need because something has happened that is someone else's fault, for example a road traffic accident. **You** will need to complete the relevant section of the claim form and take any reasonable steps **we** ask of **you**. This could be to help **us**:

- recover from the person at fault the cost of the **treatment we** paid for. This could be through their insurance company
- claim interest if **you** are entitled to do so.

We may make a claim in **your** name. **You** must give **us** any help **we** reasonably need to do this, or example:

- giving **us** any documents or witness statements
- signing court documents, and
- having a medical examination.

You must not:

- take any action
- settle any claim or
- do anything which has a negative effect on **our** right to claim in **your** name.

Claiming with joint or double insurance

If **you** have other insurance for costs **you** have claimed from **us**, **you** must:

- tell **us** about this when **you** make a claim from **us**
- complete the appropriate section of the claim form.

We will only pay **our** share of the costs.

Detecting and preventing fraud

We check **your** details with:

- fraud prevention agencies
- other insurers, and
- other relevant third parties.

If **you** give **us** false or inaccurate information, **we** may suspect fraud and **we** may record this with a fraud prevention agency. **We** and other organisations may also use these records to:

- help make decisions about cover for **you** and members of **your** plan
- help make decisions on other insurance proposals and claims for **you** and members of **your** plan or group
- trace debtors, recover debt, prevent fraud and manage **your** insurance plans
- find or confirm **your** identity
- run credit searches and other fraud searches.

Fraudulent claims

If a claim on the plan is fraudulent in any way, **we** can:

- refuse to pay it and any later claim
- recover any payments **we** have already made for it and for any later claim.

If the **main member** makes a fraudulent claim, **we** can cancel the plan from the date of that claim.

If a **dependant** makes a fraudulent claim, **we** can cancel their cover from the date of that claim.
In either case **we** don't have to refund any premium already paid to **us**.

Examples of fraudulent claims include:

- making a false or exaggerated claim
- giving **us** false information, for example forged, falsified or manipulated documents
- not giving **us** information which **we** need to assess a claim
- refusing to give **us** information which **we** have reasonably asked for to assess a claim. For example, medical history reports, proof of payment and original invoices.

The lifecycle of your plan

This section sets out the rules about **your** cover including when it will start, renew and end, and how **you** can change it.

Paying premiums and other charges

Your sponsor has to pay the premiums that are due as well as any other charges (such as taxes) that may be payable. **You** have to pay any **deductible** amount that applies to **your** plan.

If **you** are a contributing individual, please see the section 'Contributing individuals'.

Starting and renewing your cover

Your cover starts on the 'effective date'. This is shown on the first insurance certificate that **we** sent the **main member**, as long as there has been no break in cover since.

The **sponsor** will decide on the renewal of **your** cover as part of **our agreement**.

If **you** are a contributing individual, please see the section 'Contributing individuals'.

Making changes to your cover

The terms and conditions of **your** cover can change if:

- the **sponsor** and **Bupa Global** agree, or
- laws or regulators say they must change.

We will send the **main member** a new insurance certificate if:

- they add a new **dependant** to the plan
- **we** need to record any other changes the **sponsor** asks for or that **we** make.

The new insurance certificate will replace the previous one. It will take effect from the issue date (**you** can see this on the new certificate).

Only **we** can make or confirm a change to **your** membership or cover. This will only be valid if **we** confirm it in writing. Only **we** can decide not to enforce any of **our** rights.

We will contact **you** using the details **we** hold for **you**. If **your** phone number, email or contact address changes, please tell **us** as soon as possible.

Making changes to your cover if you are a contributing individual

We will tell **you** about changes to any terms of **your** cover agreed by the **sponsor** before the change takes effect. If **you** do not accept any of the changes **you** can end **your** cover. To do this **you** must tell the **sponsor** either:

- within 30 days of the date on which the change takes effect, or
- within 30 days of **you** being told about the change,

whichever is later.

If you move to a new country or change your country of nationality

The **main member** must tell the **sponsor** straight away if **your country of residence** or **country of nationality** changes. **We** may need to end **your** cover if the change results in a breach of rules which govern the provision of health cover to local nationals, residents or citizens.

Rules vary from country to country and may change at any time.

In some countries **we** have local partners who are licensed to provide cover which is administered by **Bupa Global**. This means that members get the same quality **Bupa Global** service.

If **you** change **your country of residence** to a country where **we** have a local partner, in most cases **you** will be able to transfer to **our** partner's plan without any more medical underwriting. **You** may also be able to continue **your** cover; which means that for those benefits which have a waiting period, the time **you** were a member with **us** will count towards that. If **you** request a transfer to a local partner, **we** will have to share **your** personal information and medical history with them.

Adding people to the plan

If the **sponsor** agrees, the **main member** may apply to cover any of their **dependants**. The **main member** will need to complete an application form. **You** can find this in MembersWorld or **you** can contact **us** and **we** will send one to **you**.

We will review the medical history for the person **you** wish to add. This may result in special restrictions or exclusions which are personal to them. These will be shown on **your** insurance certificate. **We** may decline to offer cover.

This does not apply if **your sponsor** has chosen cover with medical history disregarded. Please contact **us** if **you** are not sure if this applies to **you**.

Adding your newborn baby

If we receive a newborn application form within 30 days of birth

We cover newborn care and they can be included on **your** cover from their date of birth.

If we do not receive the form within 30 days of birth

The newborn care benefit will be covered from the date **we** receive the form until the 90th day after the birth.

Any underwriting exclusions or restrictions will apply from the 91st day after the birth. **We** may decide not to offer cover.

If **you** do not have full U.S. cover before **you** fell pregnant, **we** will not cover newborn care / **treatment** under the 28 day **emergency** U.S. cover or other benefit. **We** would only cover newborn care / **treatment** if the baby is prematurely born in unexpected circumstances.

Please read 'Newborn care' benefits in **your** 'Table of benefits'.

When cover starts for others

A **dependant's** cover will start on their 'effective date'. This is shown on the first insurance certificate **we** sent for the current continuous period of cover which includes them. They can be covered for as long as the **main member** is covered on the plan.

If cover for the **main member** ends, their **dependants** can apply for cover in their own right.

Adding U.S. cover

The **sponsor** can apply to include cover in the U.S. for **you** at any time after **you** join. **We** will review the application, and this may result in exclusions or restrictions specific to cover in the U.S.

Ending your cover

After your cover ends

The **main member** can apply to transfer to a personal plan if their cover under the group plan ends. They can also apply for any **dependants** to transfer with them. Please contact **us** for more details.

The **sponsor** can end **your** cover by contacting **us**. **We** cannot backdate the cancellation of **your** cover.

Your cover will automatically end:

- if the **agreement** between **Bupa Global** and the **sponsor** ends
- if the **sponsor** does not renew **your** cover
- if the **sponsor** does not pay premiums or any other payment due under the **agreement** for **you** or for anyone else.
- if the **main member's** cover ends
- if the **main member** dies.

Ending your cover if you are a contributing individual

A **main member** who pays the **sponsor** towards their cover can end that cover within 30 days of either:

- the date they receive documents which confirm their cover (these include the insurance certificate), or
- the effective date of their cover,

whichever is later.

This will also end the cover for their **dependants** on the plan. The **main member** must tell the **sponsor** they wish to end their cover.

If they have not made any claims during this 30-day period, **we** will refund to the **sponsor** all of the premiums the **sponsor** has paid for them for that year.

After this 30-day period they can end their cover by telling the **sponsor**. They can do this at any time. **We** will then refund to the **sponsor** any premiums the **sponsor** has paid for them for the period after their cover ends.

If the cover is for a **dependant**, they can tell the **sponsor** they wish to end the cover within 30 days of either:

- the date they receive documents which confirm the **dependant's** cover (including the insurance certificate), or
- the effective date of cover for that **dependant**,

whichever is later.

If the **dependant** has not made any claims during this 30-day period, **we** will refund to the **sponsor** all of the premiums the **sponsor** has paid for them for that year.

After this 30-day period the **main member** can end a **dependant's** cover by telling the **sponsor**. They can do this at any time. **We** will refund to the **sponsor** any premiums the **sponsor** has paid for them that relate to the period after their cover ends.

Cover for **you** and **your dependants** will automatically end if the **sponsor** does not pay premiums or any other payment due under the **agreement** for **you** or any other person. **We** will still assess claims for any period for which **you** can confirm (for example on payslips) that **you** paid **your** premiums to the **sponsor**.

If **we** refund to the **sponsor** premiums paid for **you** or **your dependants**, **you** should contact the **sponsor** to get a refund of the premiums that **you** paid to them.

Making a complaint

Occasionally things go wrong and when this happens, **we**'ll do **our** best to put things right quickly. **You** can:

- contact **us** through MembersWorld (this is the quickest way)
- email: info@bupaglobal.com
- call **us**: (inside Kenya): +254 (0) 207 602 027 (rest of the world): +44 (0) 1273 323 563
- write to: Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, UK.

You can also ask for a copy of **our** complaints process.

Taking it further

If **we** can't settle **your** complaint within eight weeks or **you** don't agree with **our** final decision, **you** may be able to refer it to the Financial Ombudsman Service:

- write to: Financial Ombudsman Service, Exchange Tower, London, E14 9SR, UK
- call them:
  - 0800 023 4 567 (free from most landlines)
  - 0300 123 9 123 from outside the **UK** +44 (0) 20 7964 0500
  - for text relay (18002) 020 7964 1000
- email: complaint.info@financialombudsman.org.uk

For more details go to: www.financialombudsman.org.uk

Explaining your benefits

The 'Table of benefits' explains what is covered on **your** health plan and any limits.

What is covered

Treatment covered by this health plan must be:

- consistent with accepted standards of medical practice in the country in which **you** have it,
- clinically appropriate in terms of the type of **treatment**, how long it lasts, where **you** have it and how often **you** have it.

We do not pay for **treatment** which, in **our** reasonable view, is not appropriate. **We** base **our** view on established practice. **We** may conduct a review of **your treatment** when it is reasonable for **us** to do so.

Active treatment
This plan covers **you** for the costs of **active treatment** only. By this **we** mean **treatment** of a disease, illness or injury that leads to **your** recovery, conservation of **your** condition or to restore **you** to **your** previous state of health as quickly as possible.

Note: please see 'Preventive and wellness **treatment**' in the 'What is not covered' section for information on preventive **treatment**.

Table of benefits
This table shows the benefits, limits and the detailed rules that apply to **your** health plan. **You** should also read the 'What is not covered' section to see what the plan does not cover.

Changes to your benefits
Your sponsor may have agreed changes to the 'Table of benefits' with **us**. If so, **your sponsor** will let **you** know what these changes are.

How to read the 'Table of benefits'
There are four levels of cover: Essential, Classic, Gold and Gold Superior.

You need to read the column in the 'Table of benefits' that applies to **your** level of cover, as shown on **your** insurance certificate. **You** can find this in MembersWorld.

Benefit limits
The 'Table of benefits' has different types of limits:
1. the overall annual maximum.
This is the amount up to which **we** will pay for all benefits in total for each member, every **membership year**.

Gold Superior cover only: there is no 'overall annual maximum'. Instead, there is an annual limit for each condition **you** claim for.

2. some benefits (or groups of benefits) also have a limit. These limits can be the amount up to which **we** will pay, or how many times **we** will pay for something. There are two types:

- **membership year** limits. When a limit has been reached, **we** will no longer pay for that benefit until the next **membership year**. This will be after the plan renews
- lifetime limits. A lifetime limit applies to all Bupa plans **you** have been a member of in the past, or may be a member of in the future. The limit applies even if **you** have a break in cover. When a lifetime limit is reached, **we** will not pay for that benefit again.

All limits apply to each member.

Waiting periods
The plan doesn't cover **treatment you** have during a waiting period. **We** clearly show which benefits these apply to. **We** may have agreed to waive waiting periods on **your** health plan. **You** can call **us** to find out if this applies to **you**.

Currencies
All of the benefit limits in this 'Table of benefits' and notes are set out in more than one currency. The currency in which **we** receive premiums is the one that applies to **your** cover for the purpose of the benefit limits.

For example, if **your sponsor** pays **us** in USD, then the limits given in USD apply to **your** cover. The other limits do not apply to **you**.

Your insurance certificate will show:

- which level of cover **you** have
- the currency that applies to **your** cover
- if **you** have a **deductible** or co-insurance.

You can see this in MembersWorld. If **you** are not sure, please contact **us**.

Bupa LifeWorks
TELUS Health provides wellness support. **Bupa Global** has partnered with TELUS Health to provide **you** with access to Bupa LifeWorks.
This discreet service offers short-term advice, 24/7, for **your** mental, financial, physical and emotional wellness. It offers access to expert tips and toolkits, as well as a wealth of online articles, podcasts, videos, and more.
This service will be offered by TELUS Health straight to **you**.

- **Your** personal data will not be shared by TELUS Health
- **You** can use it 24 hours a day, 7 days per week, 365 days per year
- **You** can access it worldwide and receive support on any work, life, personal or family issue
- Services are offered in a number of languages
- There is no cost to employees and their families to use this service.

Bupa LifeWorks provides counselling, information and resources on the following topics:

- Health and wellbeing:
  - Stress, depression and anxiety, substance abuse, or concern about someone else's, addictions, including gambling, domestic abuse, grief and loss, critical incidents, trauma.
- Financial and legal:
  - Budgeting, investments, retirement planning, managing loans and mortgages, managing debt, tax issues, financial concerns.
- Work-related issues:
  - Workplace stress, workplace conflict, job burnout, coping with change, career development, general work-related issues, bullying and harassment.
- Relationships and family matters:
  - Relationship issues, separation and divorce, childcare and parenting issues, adoption, eldercare and care giving issues, education concerns and student life, relatives with disabilities.

How to contact Bupa LifeWorks
Bupa LifeWorks is easy to access at any time. The mobile app is easy to use and install. **You** will find it in the Apple App Store or in Google Play. Search "TELUS Health One" and look out for the TELUS Health logo. 'Log in' for the first time using the company code 'Bupa', then enter **your Bupa Global** MembersWorld email address and password to sign in. **You** can also access it online by visiting login.lifeworks.com

Bupa LifeWorks rules
These rules apply to the Bupa LifeWorks:

- Access to this service is offered by **Bupa Global** and **your** employer. It is an extra feature to **your** health plan under **your** table of benefits.
- TELUS Health will not share with **Bupa Global**, or **your** employer, any private or personal information that **you** discuss. TELUS Health sends reports to **Bupa Global** but these only show averaged or anonymised data about groups of members. TELUS Health is a Vancouver, Canada based company, and carries out most of the personal data handling in the UAE and U.S.
- If **you** make a complaint to **Bupa Global** about TELUS Health, **we** may ask **you** if **we** can see **your** personal data to help **us** to resolve the complaint. **You** may want to know more about how **Bupa Global** will process **your** personal data. **You** can find this in the privacy notice section.

Calls placed from mobile phones or internet-based lines (VOIP) depend on the carrier. **We** cannot guarantee that **you** will be able to connect. Please contact **us** if **you** have issues when trying to connect.
The transmission of information via the Internet is not completely secure. This is at **your** own risk.

Summary of Benefits

	Essential	Classic	Gold	Gold Superior
Overall Annual Maximum				
Overall Annual Maximum	●	●	●	●
Area of cover options (chosen by **your sponsor**)	●	●	●	●
Annual **deductible** options	●	●	●	No annual **deductible**
Out-patient treatment				
Out-patient surgical operations	●	●	●	●
Specialists' fees for consultations	●	●	●	●
Pathology, X-rays and **diagnostic tests**	●	●	●	●
Specialists' fees, **psychologists'** and **psychotherapists'** fees for **mental health treatment**	●	●	●	●
Costs for **treatment** by **therapists**, **complementary medicine practitioners** and qualified **nurses**	●	●	●	●
Costs for **treatment** by a **family doctor**	●	●	●	●
Prescribed drugs and dressings	●	●	●	●
Durable medical equipment	●	●	●	●
Accident-related dental **treatment**	●	●	●	●
Wellness — mammogram, PAP test, prostate cancer screening or colon cancer screening		●	●	●
Full health screen		●	●	●
Vaccinations		●	●	●
In-patient and day-case treatment				
Hospital accommodation	●	●	●	●
Intensive care	●	●	●	●
Prophylactic surgery	●	●	●	●
Reconstructive surgery	●	●	●	●
Mental health treatment	●	●	●	●
Nursing care, drugs and surgical dressings	●	●	●	●
Parent accommodation	●	●	●	●
Pathology, X-rays, **diagnostic tests** and therapies	●	●	●	●
Specialists' fees	●	●	●	●
Prosthetic implants and appliances	●	●	●	●
Surgical operations, including pre- and post-operative care	●	●	●	●
Theatre charges	●	●	●	●
Further benefits				
Advanced imaging	●	●	●	●
Cancer **treatment**	●	●	●	●
Advanced therapy medicinal products (**ATMPs**)	●	●	●	●
Healthline services	●	●	●	●
Bupa LifeWorks, **your** Global Employee Support Programme	●	●	●	●
HIV/AIDS drug therapy including ART		●	●	●
Home nursing after **in-patient treatment**	●	●	●	●
Hospice and palliative care	●	●	●	●
In-patient cash benefit	●	●	●	●

This is a summary of **your** plan. Please read the table of benefits and exclusions on the following pages for detailed rules and benefit limits.

Summary of Benefits (continued)

	Essential	Classic	Gold	Gold Superior
Further benefits (continued)				
Kidney dialysis	●	●	●	●
Local air ambulance	●	●	●	●
Local road ambulance	●	●	●	●
Maternity cover (after a waiting period of 10 months)	●	●	●	●
Newborn care	●	●	●	●
Prosthetic devices	●	●	●	●
Rehabilitation	●	●	●	●
Transplant services	●	●	●	●
Treatment for or related to gender dysphoria			●	●
Treatment for congenital and hereditary conditions	●	●	●	●
Assistance cover (optional if chosen)				
Medical evacuation	●	●	●	●
Medical repatriation	●	●	●	●
Optional benefits, if purchased				
U.S. cover	●	●	●	●
Dental **treatment**		●	●	●
Optical(Dental **treatment** and optical must be purchased together)		●	●	●
Assistance cover (Evacuation and Repatriation)	●	●	●	●

Summary of Exclusions

	Essential	Classic	Gold	Gold Superior
Antenatal classes	●	●	●	●
Artificial life maintenance	●	●	●	●
Birth control	●	●	●	●
Conflict and disaster	●	●	●	●
Convalescence and admission for general care	●	●	●	●
Cosmetic **treatment**	●	●	●	●
Deafness	●	●	●	●
Dental **treatment**/gum disease	●	●	●	●
Desensitisation and neutralisation	●	●	●	●
Developmental problems	●	●	●	●
Donor organs	●	●	●	●
Experimental or unproven **treatment**	●	●	●	●
Eyesight	●	●	●	●
Footcare	●	●	●	●
Genetic testing	●	●	●	●
Harmful or hazardous use of alcohol, drugs and/or medicines	●	●	●	●
Health hydros, nature cure clinics or any establishment that is not a **hospital**	●	●	●	●
Illegal activity	●	●	●	●
Infertility **treatment**	●	●	●	●
Obesity and weight management	●	●	●	●
Persistent vegetative state (PVS) and neurological damage	●	●	●	●
Physical aids and devices	●	●	●	●
Pre-existing conditions	●	●	●	●
Preventive and wellness **treatment**	●	●	●	●
Reconstructive or remedial surgery	●	●	●	●
Sexual problems	●	●	●	●
Sleep disorders	●	●	●	●
Speech disorders	●	●	●	●
Stem cells	●	●	●	●
Surrogate parenting	●	●	●	●
Travel costs for **treatment**	●	●	●	●
Treatment for or related to gender dysphoria	●	●	●	●
Treatment outside **your area of cover**	●	●	●	●
U.S. **treatment**	●	●	●	●
Unrecognised medical practitioner, provider or facility, **hospital** or healthcare facility	●	●	●	●

This is a summary of **your** plan. Please read the table of benefits and exclusions on the following pages for detailed rules and benefit limits.

Table of benefits

The table of benefits shows the benefits, limits and the detailed rules that apply to the plan. **You** also need to read the 'What is not covered' section. This explains the exclusions that apply to **your** cover.

Overall Annual Maximum

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Overall Annual Maximum	USD 2 million GBP 1.2 million EUR 1.6 million	USD 3 million GBP 1.8 million EUR 2.4 million	USD 5 million GBP 2.9 million EUR 4 million	USD 10 million GBP 5.9 million EUR 8 million	The currency applicable for **your** contract is as shown on **your** insurance certificate.
Area of cover options (chosen by **your sponsor**)	The areas of cover are: Worldwide OR Worldwide, excluding the U.S. OR **Africa Plus** OR **Africa**.	The areas of cover are: Worldwide OR Worldwide, excluding the U.S. OR **Africa Plus** OR **Africa**.	The areas of cover are: Worldwide OR Worldwide, excluding the U.S. OR **Africa Plus** OR **Africa**.	The areas of cover are: Worldwide OR Worldwide, excluding the U.S. OR **Africa Plus** OR **Africa**.	**Your sponsor** chose the **area of cover** which applies to **you**. This is shown on **your** insurance certificate.

Overall Annual Maximum (continued)

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Annual **deductible** options	No annual **deductible** OR USD 200, GBP 120 or EUR 160 OR USD 500, GBP 290 or EUR 400 OR USD 1,000, GBP 590 or EUR 800 OR USD 2,000, GBP 1,200 or EUR 1,600	No annual **deductible** OR USD 200, GBP 120 or EUR 160 OR USD 500, GBP 290 or EUR 400 OR USD 1,000, GBP 590 or EUR 800 OR USD 2,000, GBP 1,200 or EUR 1,600	No annual **deductible** OR USD 200, GBP 120 or EUR 160 OR USD 500, GBP 290 or EUR 400 OR USD 1,000, GBP 590 or EUR 800 OR USD 2,000, GBP 1,200 or EUR 1,600	No annual **deductible**	Please see **your** insurance certificate for details of any annual **deductible** that applies to **your** benefits.

Out-patient treatment

Important

This is **treatment** when the patient does not normally need a **hospital** bed. The list below shows cover 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.

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Out-patient surgical operations	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for out-patient surgical operations when carried out by a **specialist** or a **family doctor**.
Specialists' fees for consultations	**We** pay up to USD 2,000 GBP 1,200 or EUR 1,600 each **membership year**	**We** pay up to USD 10,900 GBP 6,400 or EUR 8,700 each **membership year**	Paid in full	Paid in full	This normally means a meeting with a **specialist** to assess **your** condition. Such meetings may take place: ○ in their office, ○ by telephone, or ○ online.
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 electro-cardiograms (ECGs) when recommended by **your specialist** or **family doctor** to help determine or assess **your** condition.
Specialists' fees, **psychologists'** and **psychotherapists'** fees for **mental health treatment**		Paid in full	Paid in full	Paid in full	**We** cover **mental health treatment** during each **membership year**. This benefit applies to all **treatment** related to the mental health condition.
Costs for **treatment** by **therapists**, **complementary medicine practitioners** and qualified **nurses**		**We** pay in full for up to 35 visits each **membership year**	**We** pay in full for up to 70 visits each **membership year**	Paid in full	**We** pay for nursing charges for general nursing care, for example injections or wound dressings by a qualified **nurse** and consultations and **treatment** with **therapists** and **complementary medicine practitioners** when they are appropriately qualified and registered to practise in the country where **treatment** is received. This includes the cost of both the consultation and **treatment**, including any complementary medicine prescribed or administered as part of **your treatment**. If any complementary medicines or **treatments** are supplied or carried out on a separate date to a consultation, these costs will be treated as a separate visit. Note: for dietitians, **we** pay the initial consultation plus two follow-up visits when needed as a result of a covered condition. Please note that obesity is not covered.

Out-patient treatment (continued)

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Costs for **treatment** by a **family doctor**	Please see previous page for shared limit.	**We** pay in full for up to 20 visits each **membership year**	**We** pay in full for up to 35 visits each **membership year**	Paid in full	**We** pay for **family doctor treatment**. Such meetings may take place: ○ in their office, ○ by telephone, or ○ online. **We** pay any vaccinations from the vaccinations benefit.
Prescribed drugs and dressings	**We** pay up to USD 200, GBP 120 or EUR 160 each **membership year**	**We** pay up to USD 1,000, GBP 590 or EUR 800 each **membership year**	**We** pay up to USD 2,000, GBP 1,200 or EUR 1,600 each **membership year**	Paid in full	**We** pay for the cost of drugs and dressings prescribed for **you** by **your medical practitioner** to treat a disease, illness or injury, for covered **treatment**. Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit described in the costs for **treatment** by **therapists** and **complementary medicine practitioners** benefit.
Durable medical equipment	**We** pay up to USD 500, GBP 290 or EUR 400 each **membership year**	**We** pay up to USD 2,000, GBP 1,200 or EUR 1,600 each **membership year**	**We** pay up to USD 5,100, GBP 3,000 or EUR 4,000 each **membership year**	**We** pay up to USD 10,000, GBP 5,800 or EUR 8,000 each **membership year**	**We** pay for durable medical equipment that: ○ can be used more than once ○ is not disposable ○ is used to serve a medical purpose ○ is not used in the absence of a disease, illness or injury and ○ is fit for use in the home For example, oxygen supplies or wheelchairs.
Accident-related dental **treatment**	**We** pay up to USD 410, GBP 240 or EUR 330 each **membership year**	Paid in full	Paid in full	Paid in full	**We** pay for accident-related dental **treatment** that **you** receive from a **dental practitioner** for **treatment** during an **emergency** visit following accidental damage to any tooth. **We** only pay any accident-related dental **treatment** which takes place up to 30 days after the accident.
Wellness — mammogram, PAP test, prostate cancer screening or colon cancer screening	Not covered	**We** pay up to USD 3,000, GBP 1,800 or EUR 2,200 each **membership year**	**We** pay up to USD 5,000, GBP 2,900 or EUR 4,000 each **membership year**	Paid in full	**We** pay for these four preventive checks only. **You** need to pay and claim for this benefit.

Out-patient treatment (continued)

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Full health screen	Not covered	Please see previous page for shared limit.	Please see previous page for shared limit.	Paid in full	A full health screening generally includes various routine tests performed to assess **your** state of health and could include tests such as high cholesterol, high blood pressure, diabetes, anaemia and lung function, liver and kidney function and cardiac risk assessment. **You** may also have the specific screenings as part of a full health screening. The actual tests **you** have will depend on those supplied by the benefit provider where **you** have **your** screening. **You** need to pay and claim for this benefit.
Vaccinations	Not covered	**We** pay up to USD 430, GBP 250 or EUR 340 each **membership year**	**We** pay up to USD 1,000, GBP 590 or EUR 800 each **membership year**	Paid in full	**We** pay for vaccinations including vaccinations to aid the prevention of cancer, such as the human papilloma virus (HPV) vaccination, as and when such vaccines have completed medical trials and are approved for use in the country of **treatment**. **We** also pay for malaria tablets. **You** need to pay and claim for this benefit.

In-patient and day-case treatment

Important

We pay for in-patient and **day-case treatment** costs as long as:

- it is **medically necessary** for **you** to have a **hospital** bed for **your treatment**
- **you** are under the care of a **specialist** for **your treatment**
- **your** accommodation is no more expensive than the **hospital's** standard single room with a private bathroom. This means that **we** will not pay higher costs, for example for a deluxe or VIP suite. Sometimes the cost of **treatment** is linked to the type of room **you** are in. If this happens, **we** pay the cost of **treatment** as if **you** were in a standard single room with a private bathroom
- the **hospital** where **you** have **your treatment** is recognised.

In-patient stays longer than 10 nights

We pay for an in-patient stay for 10 or more nights as long as **we** have a medical report from **your specialist** before the eighth night, confirming:

- **your** diagnosis
- **treatment** already given
- **treatment** planned
- discharge date.

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Hospital accommodation	Paid in full	Paid in full	Paid in full	Paid in full	**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. **We** pay for the length of stay that is medically appropriate for the procedure that **you** are admitted for. For example, unless medically essential, **we** do not pay for day-case accommodation for **out-patient treatment**, and **we** do not pay for in-patient accommodation for **day-case treatment**. Please also read convalescence and admission for general care in the 'What is not covered' section.
Intensive care	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for **intensive care** in an **intensive care** unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when: ○ it is an essential part of **your treatment** and is routinely needed by patients undergoing the same type of **treatment** as **yours**, or ○ it is **medically necessary** in the event of unexpected circumstances, for example if **you** have an allergic reaction during surgery
Prophylactic surgery	Paid in full	Paid in full	Paid in full	Paid in full	**We** may pay if **Bupa Global**'s medical policy criteria is met, for example, a mastectomy when there is a significant family history and/or **you** have a positive result from genetic testing related to breast cancer. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit will not be paid unless pre-authorisation has been provided.

In-patient and day-case treatment (continued)

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Reconstructive surgery	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for **treatment** to restore **your** appearance after an illness, injury or surgery. **We** may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during **your** current continuous cover. Please contact **us** for pre-authorisation before proceeding with any reconstructive surgery. Benefit will not be paid unless pre-authorisation has been provided.
Mental health treatment	Paid in full	Paid in full	Paid in full	Paid in full	**We** cover **mental health treatment** in **hospital** during each **membership year**, in full. This benefit applies to all **treatment** related to the mental health condition.
Nursing care, drugs and surgical dressings	Paid in full	Paid in full	Paid in full	Paid in full	**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 as well as 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**
Parent accommodation	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay room and board costs for the parent staying in **hospital** with their child when: ○ the costs are for one parent or legal guardian only ○ the parent or guardian is staying in the same **hospital** as the child, ○ the child is aged 17 or under, and ○ the child is receiving **treatment** that is covered by this policy.
Pathology, X-rays, **diagnostic tests** and therapies	Paid in full	Paid in full	Paid in full	Paid in full	**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 specialist** to help determine or assess **your** condition when carried out in a **hospital**. **We** also pay for **treatment** provided by **therapists** (such as physiotherapy) and **complementary medicine practitioners** (such as acupuncturists) if it is needed as part of **your treatment** in **hospital**.
Specialists' fees	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay **specialists'** fees for **treatment you** receive in **hospital** if this does not include a **surgical operation**, for example if **you** are in **hospital** for **treatment** of a medical condition such as pneumonia. If **your treatment** includes a **surgical operation we** will only pay **specialists'** fees if the attendance of a **specialist** is **medically necessary**, for example, in the rare event of a heart attack following a **surgical operation**.

In-patient and day-case treatment (continued)

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Prosthetic implants and appliances	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for a prosthetic implant needed as part of **your treatment**. By this, **we** mean an artificial body part or **appliance** which is designed to form a permanent part of **your** body and is surgically implanted for one or more of the following reasons: ○ to replace a joint or ligament ○ to replace one or more heart valves ○ to replace the aorta or an arterial blood vessel ○ to replace a sphincter muscle ○ to replace the lens or cornea of the eye ○ to act as a heart pacemaker ○ to remove excess fluid from the brain ○ to control urinary incontinence (bladder control) ○ to reconstruct a breast following surgery for cancer when the reconstruction is carried out as part of the original **treatment** for the cancer and **you** have obtained **our** written consent before receiving the **treatment** ○ to restore vocal function following surgery for cancer **We** also pay for the following appliances: ○ a knee brace which is an essential part of a **surgical operation** for the repair to a cruciate (knee) ligament, or ○ a spinal support which is an essential part of a **surgical operation** to the spine
Surgical operations, including pre- and post-operative care	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay surgeons' and anaesthetists' fees for a **surgical operation**, including all pre- and post-operative care. Note: this benefit does not include follow-up consultations with **your specialist**, as these are paid under the **specialists'** fees for consultations benefit
Theatre charges	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for use of an operating theatre.

Further benefits

Important

These are the other benefits provided by **your** membership of the plan.
These benefits may be in-patient, out-patient or day-case.

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Advanced imaging	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by **your specialist** or **family doctor**.
Cancer **treatment**	Paid in full	Paid in full	Paid in full	Paid in full	Once cancer is diagnosed, **we** pay fees that are related specifically to planning and carrying out **treatment** for cancer. This includes tests, scans, consultations and drugs (such as cytotoxic drugs or chemotherapy). If **your treatment** involves **advanced therapy medicinal products** (**ATMP**), this will be paid from the **ATMP** benefit.

Advanced therapy medicinal products (**ATMPs**)	Paid in full, one course of **treatment** for each condition per lifetime	Paid in full, one course of **treatment** for each condition per lifetime	Paid in full, one course of **treatment** for each condition per lifetime	Paid in full, one course of **treatment** for each condition per lifetime	**We** pay for **ATMP treatment** if it is:
					
					○ administered by a **specialist** in the country where **you** receive it, and;
					○ approved by the licensing authority in the country where **you** receive it, for **your** condition, stage of disease and stage of **treatment** that **you** have, and;
					○ endorsed by an independent **specialist** appointed by **Bupa Global** who confirms it:
					  ○ as medically appropriate, based on established medical practice, or
					  ○ is provided under a registered and ethically approved study (in this case **we** will not apply the 'experimental or unproven **treatment**' exclusion).
					
					Please contact **us** for pre-authorisation before proceeding with **treatment**.

Healthline services	Included	Included	Included	Included	This is a telephone advice line which offers help 24 hours a day, 365 days a year. Please call +254 (0) 207 602 027 (inside Kenya) or +44 (0) 1273 323 563 (rest of the world) 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 **specialist** or **hospital** ○ medical service referral (such as locating a **specialist**) and assistance arranging appointments ○ inoculation and visa requirements information ○ **emergency** message transmission ○ interpreter and embassy referral Note: **treatment** arranged through this service may not be covered under **your** plan. Please check **your** cover before proceeding.

Further benefits (continued)

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Bupa LifeWorks, **your** Global Employee Support Programme	Included	Included	Included	Included	**We** pay in full for up to 5 counselling sessions, each mental health condition, every **membership year**. No limit applies to the number of conditions each year. Bupa LifeWorks, **your** global Employee Assistance Programme, provides confidential support from a **specialist** at any time of the day or night, plus a wealth of expert tips and toolkits to support **your** wellbeing, at work and at home. Note: The overall annual maximum benefit limit does not apply. Important: support and advice provided through this service does not confirm that any related **treatment** or other support which may be discussed would be covered under **your** health plan. For full details of how to use this service and how it works, please see the Bupa LifeWorks section of this membership guide.
HIV/AIDS drug therapy including ART	Not covered	**We** pay up to USD 20,000, GBP 11,700 or EUR 16,000 each **membership year**	**We** pay up to USD 20,000, GBP 11,700 or EUR 16,000 each **membership year**	**We** pay up to USD 20,000, GBP 11,700 or EUR 16,000 each **membership year**	**We** pay for HIV/AIDS drug therapy. Note: **we** pay for **treatment** that is not drug therapy or ART from **your in-patient treatment** or out-patient benefits Note (for Essential members only): **We** pay for **in-patient treatment** of HIV/AIDS. This does not include any drug therapy or ART.
Home nursing after **in-patient treatment**	**We** pay up to USD 200, GBP 120 or EUR 160 each day up to a maximum of 10 days each **membership year**	**We** pay up to USD 340, GBP 200 or EUR 270 each day up to a maximum of 20 days each **membership year**	Paid in full up to a maximum of 30 days each **membership year**	Paid in full up to a maximum of 45 days each **membership year**	**We** pay for home nursing after covered **in-patient treatment**. **We** pay if the home nursing: ○ is needed to provide medical care, not personal assistance ○ is necessary, meaning that without it **you** would have to stay in **hospital** ○ starts immediately after **you** leave **hospital** ○ is provided by a qualified **nurse** in **your** home, and ○ is prescribed by **your specialist**
Hospice and palliative care	**We** pay up to USD 41,000 GBP 24,000 or EUR 33,000 maximum benefit for the whole of **your** membership	**We** pay up to USD 41,000 GBP 24,000 or EUR 33,000 maximum benefit for the whole of **your** membership	**We** pay up to USD 41,000 GBP 24,000 or EUR 33,000 maximum benefit for the whole of **your** membership	Paid in full	If **you** need in-patient, day-case or out-patient care or **treatment** following the diagnosis that **your** condition is terminal, when **treatment** can no longer be expected to cure **your** condition, **we** pay for **your** physical, psychological, social and spiritual care as well as **hospital** or hospice accommodation, nursing care and prescribed drugs. The amount shown here is the total amount **we** shall pay for these expenses during the whole of **your** lifetime of Bupa, whether continuous or not.

Further benefits (continued)

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
In-patient cash benefit	**We** pay USD 150, GBP 90 or EUR 120 each night up to 20 nights each **membership year**	**We** pay USD 150, GBP 90 or EUR 120 each night up to 20 nights each **membership year**	**We** pay USD 150, GBP 90 or EUR 120 each night up to 20 nights each **membership year**	**We** pay USD 150, GBP 90 or EUR 120 each night up to 20 nights each **membership year**	This benefit is paid instead of any other benefit for each night **you** receive covered **in-patient treatment** without charge. To claim this benefit, please ask the **hospital** to sign and stamp **your** claim form. Then send the completed form to **us** with a covering letter stating that **you** were treated with no charge. Please note that **you** need to make sure that the medical section of **your** claim form is completed by **your specialist**.
Kidney dialysis	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for kidney dialysis - provided as in-patient, day-case or as an out-patient.
Local air ambulance	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for **medically necessary** travel for **you** to be transported by local air ambulance such as a helicopter, when related to covered **in-patient treatment** or **day-case treatment**, either: ○ from the location of an accident to **hospital**, or ○ for a transfer from one **hospital** to another when it is appropriate for this method of transfer to be used to transport **you** over short journeys of up to 100 miles/160 kilometres. This benefit does not include mountain rescue. Note: this benefit does not include evacuation if the **treatment you** need is not available locally.
Local road ambulance	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for **medically necessary** travel by local road ambulance when related to covered **in-patient treatment** or **day-case treatment**.

Further benefits (continued)

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Maternity cover (after a waiting period of 10 months)	Maternity and childbirth, including childbirth at home or **birthing centre**: **We** pay up to USD 2,000, GBP 1,200 or EUR 1,600 each **membership year** Medically essential caesarean section: **We** pay up to USD 15,000, GBP 8,800 or EUR 12,000 each **membership year** Complications of maternity and childbirth: Paid in full	Maternity and childbirth, including childbirth at home or **birthing centre**: **We** pay up to USD 10,000, GBP 5,800 or EUR 8,000 each **membership year** Medically essential caesarean section: **We** pay up to USD 21,500, GBP 12,600 or EUR 17,200 each **membership year** Complications of maternity and childbirth: Paid in full	Maternity and childbirth, including childbirth at home or **birthing centre**: **We** pay up to USD 12,000, GBP 7,000 or EUR 9,600 each **membership year** Medically essential caesarean section: **We** pay up to USD 25,500, GBP 15,000 or EUR 20,400 each **membership year** Complications of maternity and childbirth: Paid in full	Maternity and childbirth, including childbirth at home or **birthing centre**: **We** pay up to USD 20,000, GBP 11,700 or EUR 16,000 each **membership year** Medically essential caesarean section: **We** pay up to USD 28,500, GBP 16,800 or EUR 22,800 each **membership year** Complications of maternity and childbirth: Paid in full	**We** pay maternity benefits only after **you** have been covered under the plan for 10 months. This 10-month waiting period does not apply if **you** have MHD (medical history disregarded) underwriting terms. **Your** insurance certificate will show if **you** have MHD underwriting terms. **Maternity and childbirth, including childbirth at home or birthing centre (after a waiting period of 10 months)** These benefits include for example: o antenatal care such as ultrasound scans o **hospital** charges, obstetricians' and midwives' fees for pregnancy and childbirth o obstetricians' and midwives' fees for delivering **your** baby at home or a **birthing centre** o postnatal care needed by the mother immediately following normal childbirth, such as stitches **You** need to pay and claim for antenatal and postnatal care. **Treatment** for o abnormal cell growth in the womb (hydatidiform mole) o foetus growing outside the womb (ectopic pregnancy) are not covered from this benefit but may be covered by **your** other benefits. (Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by **your** other benefits). **Note: routine care for your baby** **We** pay for routine care for the baby, for up to seven days following birth, from the mother's maternity benefit. Any non-routine care, if covered, is paid from the baby's newborn care benefit, not from the mother's maternity benefit. **Your** baby is also covered for up to seven days routine care following birth if **your** baby was born to a surrogate mother and **you**, as the intended parent, have been covered on the plan for 10 months when the baby is born. **Medically essential caesarean section (after a waiting period of 10 months)** This benefit includes **hospital**, obstetricians' and other medical fees for the cost of the delivery of **your** baby by Caesarean section when medically essential. For example, non progression during labour, dystocia, foetal distress, or haemorrhage, provided the mother has been a member of this plan for at least 10 months before delivery. Note: if **we** are unable to determine that **your** Caesarean section was medically essential, it will be paid from **your** maternity and childbirth benefit limit. **Complications of maternity and childbirth (after a waiting period of 10 months)** **Treatment** which is **medically necessary** as a direct result of pregnancy and childbirth complications. By complications **we** mean those conditions which only ever arise as a direct result of pregnancy or childbirth for example pre-eclampsia, threatened miscarriage, gestational diabetes, still birth. Please contact **us** for pre-authorisation where possible. If **you** require an **emergency** admission as a direct result of pregnancy and childbirth complications, please contact **us** within 48 hours of **your** admission. Please also see 'Adding **your** newborn baby' in the 'Lifecycle of **your** plan' section. Please see surrogate parenting, congenital and hereditary conditions in the 'What is not covered' section.

Further benefits (continued)

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Newborn care	**We** pay USD 150,000, GBP 90,000 or EUR 120,000 maximum benefit for all **treatment** received during the first 90 days following birth	**We** pay USD 150,000, GBP 90,000 or EUR 120,000 maximum benefit for all **treatment** received during the first 90 days following birth	**We** pay USD 150,000, GBP 90,000 or EUR 120,000 maximum benefit for all **treatment** received during the first 90 days following birth	Paid in full	All **treatment** (including routine preventive care, check-ups and immunisations) needed for a newborn during the first 90 days' following birth shall be covered by this newborn care benefit. The newborn care benefit is paid instead of any other benefit. Newborn children must have their own membership and must be registered on a **Bupa Global** plan before this benefit can be claimed. Please also see 'Adding **your** newborn baby' in the 'Lifecycle of **your** plan' section.
Prosthetic devices	**We** pay a maximum benefit of USD 4,000, GBP 2,400 or EUR 3,200 for each device	**We** pay a maximum benefit of USD 5,100 GBP 3,000 or EUR 4,000 for each device	**We** pay a maximum benefit of USD 6,800 GBP 4,000 or EUR 5,400 for each device	Paid in full	**We** pay for the initial prosthetic device needed as part of **your treatment**. By this **we** mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is needed at the time of **your** surgical procedure. **We** do not pay for any replacement prosthetic devices for adults including any replacement devices needed for a **pre-existing condition**. **We** will pay for the initial and up to two replacements for each device for children aged 15 and under.
Rehabilitation	**We** pay in full for up to 42 days of **rehabilitation treatment** (which may be **in-patient treatment**, **day-case treatment** or **out-patient treatment**) each **membership year**.	**We** pay in full for up to 42 days of **rehabilitation treatment** (which may be **in-patient treatment**, **day-case treatment** or **out-patient treatment**) each **membership year**.	Paid in full	Paid in full	**We** pay for **rehabilitation**, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. **We** do not pay for room and board for **rehabilitation** when the **treatment** being given is solely physiotherapy. **We** pay for **rehabilitation**, only when **you** have received **our** pre-authorisation before the **treatment** starts. For **in-patient treatment** one day is each overnight stay and for **day-case treatment** and **out-patient treatment**, one day is counted as any day on which **you** have one or more appointments for **rehabilitation treatment**. **We** only pay for **rehabilitation** where it: ○ starts within six weeks of **in-patient treatment** which is covered by **your** membership (such as trauma or stroke), and ○ arises as a result of the condition which needed the **in-patient treatment** or is needed as a result of such **treatment** given for that condition Note: in order to give pre-authorisation, **we** must receive full clinical details from **your specialist**; including **your** diagnosis, **treatment** given and planned, and proposed discharge date if **you** receive **rehabilitation**.
Transplant services	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for transplant services that **you** need as a result of a covered condition. **We** pay medical expenses if **you** need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant. **We** also pay for bone marrow transplants (either using **your** own bone marrow or that of a compatible donor) and peripheral blood stem cell transplants, with or without high-dose chemotherapy. **We** do not pay for costs associated with the donor or the donor organ. Note: Any drugs prescribed for use as an out-patient, including anti-rejection drugs, are paid from **your out-patient treatment** benefits. Please see donor organs in the 'What is not covered' section.

Further benefits (continued)

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Treatment for or related to gender dysphoria	Not covered	Not covered	**We** pay up to USD 80,000, GBP 48,000 or EUR 64,000 each **membership year**	Paid in full	This benefit is paid instead of any other benefit for all hormonal and surgical **treatment** for or related to gender dysphoria. Any **mental health treatment** for or related to gender dysphoria is paid from the mental health benefit and is covered to the limits that apply to the mental health benefit. All **treatment** under this benefit must be pre-authorised. Please refer to the 'What is not covered' section.
Treatment for congenital and hereditary conditions	**We** pay up to USD 50,000, GBP 29,000 or EUR 40,000 each **membership year**	**We** pay up to USD 100,000, GBP 59,000 or EUR 80,000 each **membership year**	**We** pay up to USD 150,000, GBP 90,000 or EUR 120,000 each **membership year**	**We** pay up to USD 200,000, GBP 120,000 or EUR 160,000 each **membership year**	**We** pay for **treatment** of congenital and hereditary conditions: ○ by congenital conditions **we** mean any abnormalities, deformities, diseases, illnesses or injuries present at birth, whether diagnosed or not ○ by hereditary conditions **we** mean any abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of **your** family. If **you** are unsure whether **your** condition may be classed as congenital or hereditary, please contact **us** for more information.

Optional benefits, if purchased

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
U.S. cover	100% of covered costs in **network**. **Reasonable and customary** costs out of **network**. **In-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans must be pre-authorised or only 50% of covered costs may be payable.	100% of covered costs in **network**. **Reasonable and customary** costs out of **network**. **In-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans must be pre-authorised or only 50% of covered costs may be payable.	100% of covered costs in **network**. **Reasonable and customary** costs out of **network**. **In-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans must be pre-authorised or only 50% of covered costs may be payable.	100% of covered costs in **network**. **Reasonable and customary** costs out of **network**. **In-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans must be pre-authorised or only 50% of covered costs may be payable.	U.S. cover only applies if **your area of cover** is 'Worldwide, including the U.S.' **Your** insurance certificate will show which **area of cover** applies to **you**. **Pre-authorisation and the U.S. provider network** If **you** have U.S. cover, then before any **in-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans in the U.S., **you** must contact **our** dedicated team for pre-authorisation. Please contact them by calling 844 369 3797 (from inside the U.S.), or +1 844 369 3797 (from outside the U.S.). **In-patient treatment**, **day-case treatment**, cancer **treatment**, MRI, CT and PET scans received in the U.S. without pre-authorisation may not be paid beyond 50%. Any pre-authorised **treatment** costs are covered according to this table of benefits. **Our** U.S. **Service Partner** uses a national **network** of **hospitals**, clinics and **medical practitioners**. This is the U.S. provider **network**. **Our** dedicated team can help **you** to find a **hospital** or clinic in the U.S. provider **network**, when **you** contact them for pre-authorisation. When covered **treatment** takes place in the U.S. using the U.S. provider **network**, benefit is paid at 100%, once any co-insurance or **deductible** amount which may apply, and which **you** are responsible to pay, has been taken from the claimed amount. Where covered **treatment** takes place in the U.S. but outside the U.S. provider **network**, benefit is paid at **reasonable and customary** costs. Please see the '**Treatment** in the U.S.' section of this membership guide. Please also see U.S. **treatment** in the 'What is not covered' section.
Dental **treatment**	Not covered	**We** pay up to USD 2,000, GBP 1,200 or EUR 1,600 maximum benefit for each **membership year**	**We** pay up to USD 3,500, GBP 2,100 or EUR 2,600 maximum benefit for each **membership year**	**We** pay up to USD 5,000, GBP 2,900 or EUR 4,000 maximum benefit for each **membership year**	**Treatment** must be provided by a **dental practitioner**. **We** pay (Classic and Gold members): ○ 100% of preventive **treatment** (such as check-ups, X-rays, scale and polishing) ○ 80% of routine **treatment** (such as fillings, extractions and root canal therapy) ○ 50% of major restorative (such as crowns, bridges or implants) ○ 50% of orthodontic **treatment** of overbite or under bite, for members aged 18 and under. **We** pay (Gold Superior members): ○ 100% of preventive **treatment** (such as check-ups, X-rays, scale and polishing) ○ 100% of routine **treatment** (such as fillings, extractions and root canal therapy) ○ 100% of major restorative (such as crowns, bridges or implants) ○ 100% of orthodontic **treatment** of overbite or under bite, for members aged 18 and under. Note (for Classic, Gold and Gold Superior members only): This benefit is available only in conjunction with the optical benefit. **You** need to pay and claim for this benefit.

Optional benefits, if purchased (continued)

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Optical (Dental **treatment** and optical must be purchased together)	Not covered	**We** pay up to USD 500, GBP 290 or EUR 400 maximum benefit for each **membership year**	**We** pay up to USD 1,000, GBP 590 or EUR 800 maximum benefit for each **membership year**	**We** pay up to USD 5,000, GBP 2,900 or EUR 4,000 maximum benefit for each **membership year**	**We** pay (Classic and Gold members): ○ maximum of one eye test each **membership year**, which includes the cost of **your** consultation and sight / vision testing ○ 75% of covered costs for glasses lenses and contact lenses which are prescribed to correct a sight / vision problem, such as short or long sight ○ 75% of covered costs of glasses frames, only if **you** have been prescribed glasses lenses. **Your** glasses lens prescription or invoice will be needed in support of **your** claim for glasses frames. **We** pay (Gold Superior members): ○ maximum of one eye test each **membership year**, which includes the cost of **your** consultation and sight / vision testing ○ 100% of covered costs for glasses lenses and contact lenses which are prescribed to correct a sight / vision problem, such as short or long sight ○ 100% of covered costs of glasses frames, only if **you** have been prescribed glasses lenses. **Your** glasses lens prescription or invoice will be needed in support of **your** claim for glasses frames. Note (for Classic, Gold and Gold Superior members only): This benefit is available only in conjunction with the dental **treatment** benefit. **You** need to pay and claim for this benefit.
Assistance cover (Evacuation and Repatriation)					**Your** insurance certificate will show if **you** have purchased this cover. Please see 'Assistance cover' section. The overall annual maximum benefit limit does not apply.

Assistance cover (optional if chosen)

This section contains the rules and information for medical transfers, which help **you** if the **treatment you** need is not available locally.

We can arrange a transfer if the **treatment you** need is:

- recommended by **your specialist** or doctor
- covered under **your** plan. It must be in-patient or **day-case treatment**.

There are two levels of cover: Evacuation and Repatriation. **Your** insurance certificate will show which **you** have. If **you** want to check this, **you** can check in MembersWorld, or contact **us**.

Evacuation covers **you** for reasonable transport costs to the nearest appropriate place of **treatment**.

Repatriation also gives **you** the option to travel to **your country of nationality** or **your country of residence**.

We may authorise evacuation if **you** need a CT, MRI or PET scan, or cancer **treatment** such as radiotherapy or chemotherapy.

You must contact **us** before **you** travel, and **we** must agree the arrangements with **you**. If **you** do not, **we** may not pay the costs of **your** transport and **treatment**.

Notes:

- **We** will only pay for Evacuation when the **treatment you** need is not available where **you** are. **We** will help **you** get to the nearest place where the **treatment you** need is available. This could be to another part of the country that **you** are in. It might not be **your** home country.
- In some cases, **you** may request a medical repatriation when contacting **Bupa Global**'s service partners for authorisation, but this may not be medically appropriate. In these cases, **we** will first evacuate **you** to the nearest appropriate place where **treatment** is available. Once **you** have been stabilised, **we** may then repatriate **you** to **your country of nationality** or **your country of residence**.

How to arrange your medical transfer

If **you** need a medical transfer, call **us** on 254 (0) 207 602 027 (inside Kenya) or +44 (0) 1273 323 563 (rest of the world). **We** will arrange the medical transfer. **You** must give **us** any information or proof that **we** may reasonably ask **you** for to support **your** request. **We** will only pay if **we** arrange and agree everything in advance.

We will not approve a transfer which, in **our** reasonable opinion, is inappropriate based on established clinical and medical practice. **We** are entitled to conduct a review of **your** case if it is reasonable to do so. **We** will not authorise a medical transfer if this would be against medical advice.

We will guarantee to pay for a medical transfer that **we** have agreed and approved in advance. Please see the 'Pre-authorisation' section for more details. If someone else arranges a transfer which the plan covers, **we** will only pay what **we** would have paid if **we** had arranged the transfer.

- **We** will not cover a medical transfer if **you** were aware of the symptoms of **your** condition before **you** applied for Assistance cover.
- **You** must have Assistance cover in place before **you** need the **treatment**. **You** must also have cover for **treatment** in the country **you** need to be transferred from.
- **We** will not arrange a medical transfer if it is too dangerous to do so, or not practical to enter the area. This could be because of the local situation, or geography. Examples include war zones, or an oil rig.
- Transport depends on local or international resources. This can include equipment and crew. It must also remain within the scope of all law and regulations which apply. **We** may have to obtain authorisation from authorities. This is outside **our** control.
- **We** cannot be held liable for any delays or connection problems caused by the weather, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond **our** control.
- **We** do not provide the transport and other services set out in the assistance cover section. **We** will arrange those services on **your** behalf. In some countries **we** may use service partners to arrange these services.
- **We** do not pay for extra nights in **hospital** when **you** are no longer having **active treatment** which **you** need to be in **hospital** for. An example would be if **you** are waiting for **your** return flight.

Assistance cover (optional if chosen) (continued)

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Medical evacuation	Paid in full	Paid in full	Paid in full	Paid in full	Evacuation cover: ○ **We** will pay in full for **your** reasonable transport costs for **in-patient treatment** or **day-case treatment**. It may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy. ○ **We** will only pay for Evacuation to the nearest place where the **treatment** needed is available when the **treatment** is not available locally. 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 a relative or **your** partner to accompany **you**, but only if it is **medically necessary**. ○ **We** will also pay for the reasonable costs of **yours** and **your** relative or partner's return journey to the place **you** were evacuated from. All arrangements for **your** return should be approved in advance by **Bupa Global** or **our** appointed representatives. **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, depending on 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, 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 the 'Explaining **your** benefits' section. Please also note that for medical reasons the member receiving **treatment** may travel in a different class from their companion.

Assistance cover (optional if chosen) (continued)

Benefits	Essential	Classic	Gold	Gold Superior	Explanation of benefits
Medical repatriation	Paid in full	Paid in full	Paid in full	Paid in full	Repatriation cover also includes Evacuation cover — see above. ○ **We** will pay in full for **your** reasonable transport costs for **in-patient treatment** or **day-case treatment**. ○ **We** will pay for repatriation to **your country of nationality** or **your country of residence**, when the **treatment** needed is not available locally. ○ **We** will pay for one repatriation for each illness or injury per lifetime. ○ **We** will pay the reasonable costs for a relative or **your** partner to accompany **you** to **your** specified **country of nationality** or **your** specified **country of residence** if **we** have authorised this in advance of the repatriation. ○ **We** will also pay an allowance of up to GBP 25, USD 50 or EUR 37 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 Global** or **our** appointed representatives. **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 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, depending on 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, 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 the 'Explaining **your** benefits' section. Please also note that for medical reasons the member receiving **treatment** may travel in a different class from their companion.

What is not covered

The 'General exclusions' section is a list of what **we** do not cover as part of **your** plan. **You** may also have personal terms that apply to **you** (these could be exclusions or restrictions).

Personal exclusions

Before **you** joined the plan **you we** may have asked **you** to give **us** details about any disease, illness or injury which **you** ever:

- had **treatment** for
- had advice about, or
- had symptoms of.

We call these **pre-existing conditions**.

We reviewed **your** answers to decide the terms on which **you** joined this plan. **We** may have offered to cover or exclude a **pre-existing condition**, or applied other restrictions to **your** plan. This means **we** will not cover costs for:

- **treatment** of,
- any related symptoms of, or
- any condition that results from or is related to this **pre-existing condition**.

You may have told **us** about a **pre-existing condition**. If **we** have not added any personal terms for it, **we** will cover it. If **you** are not sure about anything in this section, please contact **us** for before **you** have any **treatment**.

General exclusions

For all exclusions in this section, and for any personal terms shown on **your** insurance certificate, **we** do not pay for **treatment** of conditions which are directly related to excluded conditions or **treatments**. **We** also do not pay for complications of, or any more or increased costs as a result of excluded conditions or **treatments**.

Please note that if **you** choose to have **treatment** or services with a **treatment** provider who is outside **our network**, **we** will only cover costs that are **reasonable and customary**. Other rules may apply in respect of covered benefits received from a **treatment** provider who is outside **our network** in certain specific countries.

Exclusion	Notes	Rules
Antenatal classes		**We** will not pay for antenatal classes from **your** maternity benefits or any other benefits.
Artificial life maintenance		Including mechanical ventilation, where such **treatment** will not or is not expected to result in **your** recovery or restore **you** to **your** previous state of health. Example: **We** will not pay for artificial life maintenance when **you** are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days.
Birth control		Any type of contraception, sterilisation, termination of pregnancy or family planning.
Conflict and disaster		**We** shall not be liable for any claims which concern, are due to or are incurred as a result of **treatment** for sickness or injuries directly or indirectly caused by **you** putting yourself in danger by entering a known area of conflict (as listed below) and/or if **you** were an active participant or **you** have displayed a blatant disregard for **your** personal safety in a known area of conflict: ○ nuclear or chemical contamination ○ war, invasion, acts of a foreign enemy ○ civil war, rebellion, revolution, insurrection ○ terrorist acts ○ military or usurped power ○ martial law ○ civil commotion, riots, or the acts of any lawfully constituted authority ○ hostilities, army, naval or air services operations whether war has been declared or not

Exclusion	Notes	Rules
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 covered **treatment**, of a type which normally requires **you** to stay in **hospital** ○ receiving general nursing care or any other services which do not require **you** to be in **hospital**, and could be provided in a nursing home or other establishment that is not a **hospital** ○ receiving services from a therapist or **complementary medicine practitioner** ○ receiving services which would not normally require trained medical professionals such as help in walking, bathing or preparing meals
Cosmetic **treatment**		**Treatment** undergone for cosmetic or psychological reasons to improve **your** appearance, such as a re-modelled nose, facelift, abdominoplasty, or cosmetic dentistry. This includes: ○ dental implants to replace a **sound natural tooth** ○ hair transplants for any reason ○ **treatment** related to or arising from the removal of non-diseased, or surplus or fat tissue, whether or not it is needed for medical or psychological reasons ○ any **treatment** for a procedure to change the shape or appearance of **your** breast(s) whether or not it is needed for medical or psychological reasons: unless for reconstruction carried out as part of the original **treatment** for the cancer, when **you** have obtained **our** written consent before receiving the **treatment** (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). ○ **we** do not pay for **treatment** of keloid scars. **We** also do not pay for scar revision, even if the scar is causing a functional problem.
Deafness		**Treatment** for or arising from deafness or partial hearing loss caused by a congenital abnormality or ageing.
Dental **treatment**/gum disease	Please see dental **treatment** in the table of benefits. Please see accident related dental in the table of benefits.	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.
Desensitisation and neutralisation		**Treatment** to de-sensitise or neutralise any allergic condition or disorder.
Developmental problems		Developmental and behavioural problems ○ learning difficulties, such as dyslexia. ○ developmental problems treated in an educational environment or to support educational development.
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

Exclusion	Notes	Rules
Experimental or unproven **treatment**		Clinical tests, **treatments**, equipment, medicines, devices or procedures that are unproven or investigational with regards to safety and efficacy. ○ **We** do not pay for any test, **treatment**, equipment, medicine, device or procedure that is not accepted standard clinical use but is (or should, in Bupa's reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy. ○ **We** do not pay for any tests, **treatment**, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by **Bupa Global** in line with its criteria for standard clinical use. Standard clinical use includes: ○ **treatment** agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Insitute for Health and Care Excellence) (excluding medicines approved though the **UK** Cancer Drugs Fund), Royal Colleges or equivalent national **specialist** bodies in the country of **treatment**; ○ the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or Bupa's in-house Clinical Effectiveness team) indicate that the **treatment** is safe and effective; ○ where the **treatment** has received full regulatory approval by the licensing authority (e.g. U.S. Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency) in the location where the member has requested **treatment**, and is duly licensed for the condition and patient population being requested (please note – full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or ○ tests, **treatments**, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which **treatment** is requested. Notes: ○ Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not accepted appropriate evidence to demonstrate a test, **treatment**, equipment, medicine, device or procedure should be used in standard clinical use. ○ Where licensing authority approval to market tests, **treatment**, equipment, medicines, devices or procedures does not, in Bupa's reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.
Eyesight	Please see optical in the table of benefits.	Surgery to correct eyesight, such as laser **treatment**, refractive keratotomy (RK) and photorefractive keratotomy (PRK). **We** will pay for covered **treatment** or surgery for a detached retina, glaucoma, cataracts or keratoconus. **We** will only pay for routine eye examinations, contact lenses and glasses if **you** have 'dental and optical' cover.
Footcare		**Treatment** for corns, calluses, or thickened or misshapen nails.
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.
Harmful or hazardous use of alcohol, drugs and/or medicines		**Treatment** for or arising: ○ directly or indirectly, from the deliberate, reckless (including where **you** have displayed a blatant disregard for **your** personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and ○ in any event, from the illegal use of any such substance

Exclusion	Notes	Rules
Health hydros, nature cure clinics or any establishment that is not a **hospital**		**Treatment** or services received in health hydros, nature cure clinics or any establishment that is not a **hospital**.
Illegal activity		**We** will not pay for **treatment** which arises, directly or indirectly, as result of **your** deliberate or reckless participation (whether actual or attempted) in any illegal act, including road traffic offenses.
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: ○ **you** had not been aware of any problems before joining, and ○ **you** have been a member of this plan (or any Bupa administered plan which included cover for this type of investigation) for a continuous period of two years before the investigations start Once the cause is confirmed, **we** will not pay for any more investigations in the future.
Obesity and weight management		**Treatment** for or as a result of obesity and weight management such as: - slimming aids or drugs, or - slimming classes, or - obesity surgery
Persistent vegetative state (PVS) and neurological damage		**We** will not pay for **in-patient treatment** for more than 90 continuous days for permanent neurological damage or if **you** are in a **persistent vegetative state**.
Physical aids and devices		Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an **appliance**. Examples: **we** will not pay for hearing aids.
Pre-existing conditions	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.	Any **treatment** for a **pre-existing condition**, related symptoms, or any condition that results from or is related to a **pre-existing condition**. Please contact **us** before **your renewal date** if **you** or **your dependants** have personal exclusion(s) and would like **us** to review a personal exclusion. **We** may remove **your** exclusion if, in **our** opinion, no more **treatment** will be either directly or indirectly needed 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** may ask for an up to date medical report from **your family doctor** or **specialist**. Any costs incurred in obtaining these details are not covered under **your** plan and are **your** responsibility.
Preventive and wellness **treatment**	Please see wellness and full health screening in the table of benefits.	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 before proceeding with **treatment**. It may be necessary for **us** to seek a second opinion as part of **our** pre-authorisation process.
Reconstructive or remedial surgery		**Treatment** needed 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

Exclusion	Notes	Rules
Sexual problems		**Treatment** of any sexual problem, including impotence (whatever the cause).
Sleep disorders		**Treatment**, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.
Speech disorders		**Treatment** for speech disorders, including stammering or speech developmental delays, unless all of the following 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, and ○ the speech therapy is recommended by the **specialist** in charge of **your treatment**, and is provided by a therapist in which case **we** may pay at **our** discretion.
Stem cells		**We** do not pay for the harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.
Surrogate parenting	Please also see maternity cover in the table of benefits.	**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**
Travel costs for **treatment**		Any travel costs related to receiving **treatment**, unless otherwise covered by: ○ local air ambulance benefit, ○ local road ambulance benefit, or ○ Assistance cover Examples: ○ **we** do not pay for taxis or other travel expenses for **you** to visit a **medical practitioner** ○ **we** do not pay for travel time or the cost of any transport expenses charged by a **medical practitioner** to visit **you**
Treatment for or related to gender dysphoria		**We** do not pay for: ○ any surgical **treatment** (including cosmetic **treatment**) for or related to gender dysphoria unless: ○ **you** have lived continuously for at least 12 months in the gender role that is congruent with **your** gender identity; and ○ **we** have received referral letters from two independent **psychologists** and/or psychiatrists detailing **your** personal and **treatment** history, progress and eligibility and confirming that such **treatment** is **medically necessary** for treating gender dysphoria; and, in any event ○ any **treatment** (surgical or non-surgical) for or related to gender dysphoria where such **treatment** is unlawful and/or gender dysphoria is not a clinically recognised condition in the country of **treatment**.
Treatment outside **your area of cover**		**We** do not pay for **treatment** outside **your area of cover**. If **your area of cover** is: ○ **Africa Plus** or ○ **Africa** and **you** move to a country outside **your area of cover**, please contact **your sponsor** straight away. This plan will no longer be available to **you** if this happens. If **you** have cover for Worldwide, excluding the U.S., **we** may pay for **treatment** for the first 28 days while **you** are in the U.S. – see the 'U.S. **treatment**' exclusion.

Exclusion	Notes	Rules
U.S. **treatment**		If **you** have cover for Worldwide, excluding the U.S., then any **treatment** or services received in the U.S. are not covered when: ○ this takes place after the 28th day of **your** visit to the U.S.; or ○ these relate to any condition where symptoms of the condition were apparent to **you** before **your** visit to the U.S.; or ○ **we** know or have reasonable grounds to conclude that **you** travelled to the U.S. for the purpose of receiving **treatment** or services - this applies whether or not **your treatment** or services were the main or sole purpose of **your** visit; or ○ these relate to the delivery of a baby, other than in the case of unforeseen premature delivery; or ○ these relate to a newborn baby born in the U.S., other than in the case of an unforeseen premature delivery. (In the case of unforeseen premature delivery the newborn must have been validly added to the membership) or ○ arrangements for **treatment** or services were not pre-authorised by **our** agents in the U.S. Note: in order to claim for unforeseen **treatment** or services received within 28 days of **your** arrival in the U.S., **you** must send a photocopy of **your** airline ticket and stamped passport as evidence of **your** arrival date with **your** claim. Please see terms around adding newborn babies in the 'Lifecycle of **your** plan' section of this membership guide. If U.S. cover has been purchased, then **treatment** or services received in the U.S. are not covered when: ○ when arrangements were not pre-authorised by **our** agents in the U.S. where needed (see the '**Treatment** in the U.S.' section of this membership guide); or ○ when **we** know or have reasonable grounds to conclude, that **you** purchased cover for and travelled to the U.S. for the purpose of receiving **treatment** or services for a condition, including pregnancy when the symptoms of the condition were apparent to **you** before buying the cover. This applies whether or not **your treatment** or services were the main or sole purpose of **your** visit and even if the **treatment** or services were pre-authorised. **Our Service Partner** in the U.S. operates a national **network** of **hospitals**, clinics and **medical practitioners**. This is the U.S. provider **network**. **You** must contact **our** dedicated team before **you** have **treatment**, and they can help to find a suitable **network** provider for **you**. If **you** choose not to have **your in-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans in the U.S. pre-authorised, **we** will only pay 50% towards the cost of covered **treatment**. For covered **treatment** that takes place in the U.S. using the U.S. provider **network**, benefit is paid at 100%, once any co-insurance or annual **deductible** amount which may apply, and which **you** are responsible to pay, has been taken from the claimed amount. When covered **treatment** takes place in the U.S. but outside the provider **network**, benefit is paid at **reasonable and customary** costs. Please see the '**Treatment** in the U.S.' section of this membership guide. If **you** have cover for **Africa Plus** or **Africa**, then **we** will not pay for **treatment** or services received in the U.S. Please also see the exclusion for '**Treatment** outside **your area of cover**'.
Unrecognised medical practitioner, provider or facility, **hospital** or healthcare facility		○ **Treatment** provided by a **medical practitioner**, **hospital** or healthcare facility which are 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 ○ Self **treatment** or **treatment** provided by anyone with the same residence, or **family members** ○ **Treatment** provided by a **medical practitioner**, **hospital** or healthcare facility to whom **we** have sent a written notice that **we** no longer recognise them for the purposes of **our** plans. **You** can contact **us** by telephone for details of benefit providers **we** have sent written notice to or visit Facilities Finder at www.bupaglobal.com/en/facilities/finder

General information

Giving us true and complete information

The rules in this section apply if **you** give **us** information, or someone gives it to **us** on **your** behalf.

You must make sure that all information **you** give **us** is accurate and complete. This applies when **you** join the plan, and when it renews or changes. **You** must also tell **us** if anything **you** have told **us** in the application form changes before **your** cover starts. If **you** do not, **we** may treat **your** cover and claims as **we** would have done if **we** had received accurate and complete information. **We** can do this if **you** are reckless, negligent or careless when **you** give **us** information which is not accurate or complete, or **you** do it on purpose. This means:

- **we** may treat **your** cover as if it had never existed (if **you** have been negligent or careless, **we** can do this if **we** would have refused to cover **you**)
- **we** may apply different terms to **your** cover. **We** can do this if **we** would have covered **you** on those terms. For example **your** cover may contain new personal exclusions or restrictions. This means **we** will only pay a claim if it is covered by those different terms
- **we** may reduce the amount payable for any claim. **We** can do this if **we** would have charged a higher premium. **We** then compare the higher premium to the original premium. For example, **we** will only pay half a claim if **we** would have charged twice the premium.

If **we** need to do this, it would take effect from the date **you** joined, or the cover renewed or changed (this depends on when **we** received the information).

Where it is a **dependant** (or **you** on their behalf) who has provided incomplete or inaccurate information, the same rules apply but only to that part of the membership which applies to the **dependant**, or to claims made by that **dependant**.

Sanctions

We will not provide cover and **we** will not pay any claim or provide any benefit under this insurance, if doing so would:

- break any United Nations resolution, or any trade or economic sanctions, laws or regulations that apply to **us** (including those of the European Union, the **UK**, and / or the U.S.), or
- put **us** at risk of being sanctioned by any relevant authority or competent body, or
- put **us** at risk of being involved (directly or indirectly) in something which any relevant authority, banks **we** use, or competent body would consider to be banned or restricted.

If any resolutions, sanctions, laws or regulations referred to in this clause apply (or start to apply), **we** can take any action **we** consider necessary, to make sure **we** continue to work within them. If this happens, **you** acknowledge that this may restrict, delay or end **our** obligations under **your** plan, and **we** may not be able to pay any claim.

Sharing documents

We only return official documents such as birth or death certificates. If **you** send any other original documents to **us** (such as a receipt), **you** can ask **us** to send **you** a copy of it.

Financial crime

The **Bupa Group** agree to keep to all **UK** laws relating to detecting and preventing financial crime (including the Bribery Act 2010 and the Proceeds of Crime Act 2002).

U.S. Patient Protection and Affordable Care Act

Our global health plans are non-U.S. insurance products and accordingly are not designed to meet the requirements of the U.S. Patient Protection and Affordable Care Act (the Affordable Care Act). **Our** plans may not qualify as minimum essential coverage or meet the requirements of the individual mandate for the purposes of the Affordable Care Act, and **we** are unable to provide tax reporting on behalf of those U.S. taxpayers and other persons who may be named on it. The provisions of the Affordable Care Act are complex and whether or not **you** or **your dependants** are affected by its requirements will depend on a number of factors. **You** should consult an independent professional financial or tax advisor for advice. For customers whose coverage is provided under a group health plan, **you** should speak to **your** health plan administrator for more information.

The law which applies to this plan

This plan is governed by English law. If **we** cannot resolve a dispute, only the courts in England can decide it.

If there is a dispute about how to interpret this guide, the English version will take precedence over any other language version.

Liability

Our role under this plan is to provide **you** with insurance cover and sometimes to arrange (on **your** behalf) for **you** to receive any covered benefits. It is not **our** role to provide **you** with the actual covered benefits.

The **main member**, on behalf of themselves and their **dependants**, appoints **us** to act on **your** behalf to make appointments or arrange for **you** to receive the **treatment** or service which **you** need. **We** will use reasonable care when acting on **your** behalf.

We (and the **Bupa Group**) shall not be liable to **you** or anyone else for any loss, damage, illness or injury that may occur as a result of **you** receiving any **treatment** or service, nor for any action or failure to act of any provider or other person providing **you** with any **treatment** or service. **You** should be able to bring a claim directly against such provider or other person.

This does not affect **your** statutory rights.

Financial Services Compensation Scheme (FSCS)

If **we** cannot meet **our** financial obligations, **you** may be able to get help from the FSCS. The FSCS may be able to:

- transfer **your** policy to another insurer
- find **you** a new policy or
- compensate **you** if this is more appropriate.

This will depend on the type of business and the circumstances of **your** claim. **You** will usually need to live in the **UK**, the Channel Islands or the Isle of Man to do this.

You can get more information from the FSCS:

- on its website fscs.org.uk
- by calling 0800 678 1100 (this is a freephone number if **you** call from the **UK**)
- by calling +44 207 741 4100 (this is not a freephone number).

Contributing individuals

This section applies only to people who pay towards the premium (for example, through payroll deduction).

The **sponsor** must pay to **us** premiums and any other payment due for every person covered under the **agreement**. If **you** pay towards the premium for yourself (or anyone else), this does not make **you** a party to the **agreement**.

We consider that **we** have received payments by **you** towards the premium as soon as the **sponsor** receives them from **you**.

We will give **you** the terms and conditions for **your** cover as soon as **we** reasonably can. The **sponsor** will tell **you** how much **you** will need to pay towards the premium for the next **membership year**.

If **you** do not want to renew **your** cover or the cover for any of **your dependants**, **you** can let **your sponsor** know at any time in advance of the **renewal date**. If **your** cover does not renew, **your dependants** will no longer have cover either.

Demands and needs statement

The cover provided by **your** group plan is generally suitable for someone who is looking to cover the cost of a range of health expenses. **We** have not given **you** any advice about **your** cover and how it meets **your** needs. Please read **your** insurance certificate and this guide to make sure that the cover meets **your** needs.

Privacy notice

Last updated: September 2023

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you and how we use and protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at: www.bupaglobal.com/privacypolicy. If you do not have access to the internet and would like a paper copy of the full privacy notice, or if you have any questions about how we handle your information, please contact the Bupa Global service team on +44 (0) 1273 323 563. Alternatively, you can email or write to the team via info@bupaglobal.com or Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom.

Information about Bupa Global

In this privacy notice, "we" "us" and "our" means the Bupa companies trading as Bupa Global. For details of these companies visit www.bupaglobal.com/legal-notices

The Bupa companies that process your information will depend on which of our products and services you ask us about, buy or use. For our insurance policies, your information will be processed by the insurer and the lead administrator of your policy who may share it with other Bupa companies as set out in the 'Sharing your information section'. Please refer to your policy documentation for confirmation of the insurer and lead administrator.

1. What this privacy notice covers

This privacy notice applies to anyone who interacts with us about our products and services ("you", "your"), in any way (for example email, website, phone, app and so on).

2. How we collect personal information

We collect personal information from you and from other organisations (for example those acting on your behalf, like brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

3. Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example information we use to contact you, identify you or manage our relationship with you), special categories of information (for example health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks or other background screening activity).

4. What we use personal information for and our legal reasons for doing so

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Profiling and automated decision-making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

6. Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example brokers and other intermediaries) and with others who help us provide services to you (for example healthcare providers) or who we need information from to handle or check claims or entitlements (for example professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

7. International transfers

We work with companies that we partner with, or that provide services to us (such as healthcare providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries including transfers from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data protection laws.

8. How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice.

9. Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used, to ask us to transfer information you have made available to us, to withdraw your permission for us to use your information and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

10. Data protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at info@bupaglobal.com. You can also use this address to contact our Data Protection Officer.

You also have the right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner's Office (www.ico.org.uk) who can be contacted at, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, United Kingdom. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

Glossary

Certain words appear in the guide in bold type. These are defined words and have special meanings in this guide. **You** can find these meanings in the Glossary.

Defined term	Description
Active treatment	**Treatment** from a **medical practitioner** of a disease, illness or injury. This must aim to lead to **your** recovery, conservation of **your** condition or to restore **you** to **your** previous state of health as quickly as possible.
Advanced therapy medicinal products (**ATMPs**)	**Treatments** that are based on genes, tissues or cells. An example is Chimeric Antigen Receptor (CAR) T-cell **treatment**.
Africa	Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Republic of the Congo, Djibouti, Egypt, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Ivory Coast, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mayotte, Morocco, Mozambique, Namibia, Niger, Nigeria, Réunion, Rwanda, Saint Helena, São Tomé and Príncipe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Tanzania, Togo, Tunisia, Uganda, Western Sahara, Zambia, Zimbabwe
Africa plus	The countries in **Africa** and also Bangladesh, India, Jordan, Lebanon, Pakistan, Republic of the Philippines, Sri Lanka
Agreement	The **agreement** between **Bupa Global** 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.
Area of cover	The areas of cover are: ○ Worldwide OR ○ Worldwide, excluding the U.S. OR ○ **Africa Plus** OR ○ **Africa**. **Your sponsor** chose the **area of cover** which applies to **you**. This is shown on **your** insurance certificate.
Assisted reproduction technologies	Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction.
Birthing centre	A place designed for **you** to give birth in. Its aim is to feel like home. It is often a part of a **hospital**.
Bupa Global	Bupa Insurance Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited acting as administrator.
Bupa Group	**Bupa Global**, Bupa Insurance Services Limited and all other companies in the **Bupa Group**, and those companies which provide any administration of this plan on behalf of **Bupa Global**.
Complementary medicine practitioner	An acupuncturist, chiropractor, homeopath, osteopath or traditional Chinese medicine practitioner who is fully trained and legally qualified and permitted to practise by the relevant authorities in the country in which the **treatment** is received.
Country of nationality	The country of **your** nationality. **You** told **us** this when **you** applied to join the plan, or later told **us** in writing.
Country of residence	The country where **you** live. **You** told **us** about this when **you** applied to join the plan or later told **us** in writing. It is shown on **your** insurance certificate. The country where **you** live must be the country in which the relevant authorities (such as tax authorities) consider **you** to be resident while **you** have cover under the plan.
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 **mental health treatment**.
Deductible	The amount **you** have to pay in each **membership year** before **we** will pay for any covered benefits.
Dental practitioner	A person who: ○ is legally qualified to practice dentistry, ○ following attendance at a recognised dental school is recognised by the relevant authorities in the country in which the **treatment** takes place as having a specialised qualification. Examples may include periodontics or paediatric dentistry, and ○ is licensed to practice dentistry by the relevant authorities in the country where the dental **treatment** takes place.
Dependant	The **main member's** spouse or partner. Any children whose biological parent or legal guardian is the **main member**, and who are eligible to join the plan. This includes newborn children. Only **dependants** named on the insurance certificate are covered by the plan.
Diagnostic tests	Investigations, such as X-rays or blood tests, to find the cause of **your** symptoms.
Emergency	A serious medical condition or symptoms of one. It must result from a disease, illness or injury which arises suddenly. In the judgment of a reasonable person it must need immediate **treatment**, generally within 24 hours of starting, and not having that **treatment** would put **your** health at risk.
Family doctor	A person who: ○ is licensed to practice medicine in the country where **you** have the **treatment**, and ○ is legally qualified in medical practice to provide medical **treatment** which does not need a **specialist's** training. They must have attended a recognised medical school. This is one listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.
Family member	Someone related to **you** by blood or by law (or otherwise). **We** can send **you** a full list of the family members falling within this definition if **you** ask **us**.
Hospital	A centre of **treatment** which is registered, or recognised under the local country's laws. It mainly exists to: ○ carry out major surgical operations, or ○ give **treatment** which only **specialists** can give.
In-patient treatment	**Treatment** which for medical reasons normally means that **you** have to stay in a **hospital** bed overnight or longer.

Defined term	Description
Intensive care	Intensive care includes: ○ High Dependency Unit (HDU). A unit that gives a higher level of medical care and monitoring. For instance **you** might need this in single organ system failure ○ Intensive Therapy Unit / Intensive Care Unit (ITU/ ICU). A unit that gives the highest level of care. For instance **you** might need this in multi-organ failure or in case of intubated mechanical ventilation ○ Coronary Care Unit (CCU). A unit that gives a high level of cardiac monitoring ○ Special care baby unit. A unit that gives the highest level of care for babies.
Main member	The first person named on the insurance certificate.
Medical practitioner	A **complementary medicine practitioner**, **dental practitioner**, **family doctor**, **psychologist**, **psychotherapist**, **specialist** or therapist who provides **active treatment** of a known condition.
Medically necessary	**Treatment**, medical service or prescribed drugs which are: ○ consistent with the diagnosis and **treatment** for the condition; ○ consistent with generally accepted standards of medical practice; ○ necessary for such a diagnosis or **treatment**; ○ is not given mainly for the convenience of the member or the treating **medical practitioner**.
Membership year	The time during which **your** cover is in place. This is shown on **your** insurance certificate. If this plan renews, a new **membership year** will begin on the **renewal date**.
Mental health treatment	**Treatment** of mental health conditions. This can include eating disorders.

Defined term	Description
Network	A **hospital**, **pharmacy**, or other facility, or **medical practitioner** which will treat **you** at rates agreed with **Bupa Global** or a **service partner**.
Nurse	A qualified nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the **treatment** takes place.
Out-patient treatment	**Treatment** given at a **hospital**, consulting room, doctors' office or out-patient clinic where **you** do not go in for **in-patient treatment** or **day-case treatment**.
Ovulation induction treatment	**Treatment** including medication to stimulate production of follicles in the ovary. This includes but is not limited to clomiphene and gonadotrophin therapy.
Persistent vegetative state	A deep state of unconsciousness. Someone in a **persistent vegetative state** will: ○ show no sign of being aware or that their mind functions, even if they can open their eyes and breathe without help, and ○ not respond when touched or their name is called. The state of unconsciousness must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.
Pharmacy	A facility where prescribed drugs are prepared or sold.

Defined term	Description
Pre-existing condition	○ any medical condition declared in **your** application for cover which has been noted as a 'personal exclusion' under **your** insurance certificate; or ○ any disease, illness or injury for which **you** received medication, advice or **treatment**, or **you** had experienced symptoms of whether the condition was diagnosed or not, prior to becoming a member which was not disclosed under **your** application for cover. Where **we** have accepted **your** transfer to this plan from another insurance product on a continuous cover basis, the above reference to 'application for cover' shall refer to **your** original application for cover under that previous insurance product.
Prophylactic surgery	Surgery to remove an organ or gland that shows no signs of disease. This must be an attempt to prevent development of disease of that organ or gland.
Psychologist and **psychotherapist**	A person who is legally qualified and is permitted to practise as such in the country where they treat **you**.
Reasonable and customary	The 'usual', or 'accepted standard' amount charged in a particular geographical region. This applies to a specific **treatment** or service given by providers of comparable quality and experience. Government or official medical bodies' guidelines in that region may govern the amount charged. Where there are no guidelines, **we** may use **our** experience of usual, and most common, charges in that region to decide it.
Recognised medical practitioner, **hospital** or healthcare facility	Any provider who is not an **unrecognised medical practitioner**, **hospital** or healthcare facility.
Rehabilitation	**Treatment** that aims to restore full function after an acute event. Examples include a stroke, or major trauma. It must combine **treatments** such as physical, occupational and speech therapy.

Defined term	Description
Renewal date	Each anniversary of the date **you**, the **main member** joined the plan. (If however **you** are a member of a **Bupa Global** 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 acts for **us**. This may include services to approve cover and finding local medical facilities.
Sound natural tooth / sound natural teeth	A natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally in chewing and speech.
Specialist	A surgeon, anaesthetist or physician who: ○ is legally qualified to practise medicine or surgery. They must have attended a recognised medical school. This is one listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation ○ the relevant authorities in the country where **you** have the **treatment** recognise as having specialised qualification in the field of, or expertise in, the **treatment** of the disease, illness or injury being treated.
Sponsor	The company, firm or person **we** have an **agreement** with which gives **you** cover under the plan.
Surgical operation	A medical procedure that involves the use of instruments or equipment.
Therapists	A physiotherapist, occupational therapist, orthoptist, dietitian or speech therapist who is legally qualified and is permitted to practise 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 a condition, disease, illness or injury.

Defined term	Description
UK	The United Kingdom of Great Britain and Northern Ireland.
Unrecognised medical practitioner, **hospital** or healthcare facility	○ **Treatment** provided by a **medical practitioner**, **hospital** or healthcare facility which are not recognised by the relevant authorities in the country where the **treatment** takes place as having **specialist** knowledge, or expertise in, the **treatment** of the disease, illness or injury being treated. ○ Self **treatment** or **treatment** provided by anyone with the same residence, **Family Members** (persons of a family, related to **you** by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ○ **Treatment** provided by a **medical practitioner**, **hospital** or healthcare facility which are to whom **we** have sent a written notice that **we** no longer recognise them for the purposes of **our** health plans. **You** can contact **us** by telephone for details of benefit providers **we** have sent written notice to or visit Facilities Finder at www.bupaglobal.com/en/facilities/finder
You / **your**	Anyone covered by the plan, as shown on the insurance certificate.
We / **our** / **us**	**Bupa Global**

General services

Inside Kenya: +254 (0) 207 602 027
Rest of the world: +44 (0) 1273 323 563

Medical related questions

+44 (0) 1273 323 563

We may record or monitor your calls.

Bupa Global
Victory House
Trafalgar Place
Brighton
BN1 4FY
United Kingdom

Bupa Global offers you

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

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