International Swiss Medical Hong Kong

International Swiss Medical Hong Kong
Valid from November 2024 • USD/EUR/CHF

Welcome

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

What's included

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:

- 'What is covered' and 'What is not covered', along with 'Explaining **your** benefits' to understand **your** cover and any benefit limits that might apply
- 'Pre-authorisation' and 'Making a claim' for advice on what to do when **you** need **treatment**
- 'Managing **your** plan' to understand the rules about **your** cover including when it will start, renew and end, and how **you** can change it
- The 'Glossary' to help understand the meaning of some of the terms used

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

Sight or hearing difficulties?

Please let **us** know if **you** would like a copy of **your** documents in either braille, large print or audio format.

Contents

Where you are covered

As long as it is covered by **your** health plan, **you** can have **your treatment** from any **recognised medical practitioner, provider or healthcare facility**. To confirm **your** level of cover please see **your** insurance certificate.

You can find a summary of **hospitals** at www.bupaglobal.com/facilitiesfinder

Your insurer

Your plan is administered by **Bupa Global** on behalf of **Bupa (Asia) Limited**, the insurer.

Contact us

Available at any time of the day or night

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: +852 2531 8503

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

We get information from a number of sources. **You** should check this information as **we** do not 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 **your** 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 & payment queries

You can join at https://membersworld.bupaglobal.com or by downloading the MembersWorld mobile app. It's often the quickest way to contact **us**.

Other ways to contact **us**:

- Email: service.hk@bupaglobal.com
- Phone: +852 2531 8503 (inside Hong Kong) or
  + 44 (0) 1273 323 563 (from outside Hong Kong)
- Post: **Bupa Global**, c/o **Bupa (Asia) Limited**, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong.

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

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 into MembersWorld or call, email or write to **us**.

Welcome to MembersWorld

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

Overview

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.

If **you** are not the **main member**, **you** will not be able to access information about other **dependants** in MembersWorld.

How to access MembersWorld

You can join at https://membersworld.bupaglobal.com or by downloading the MembersWorld mobile app.

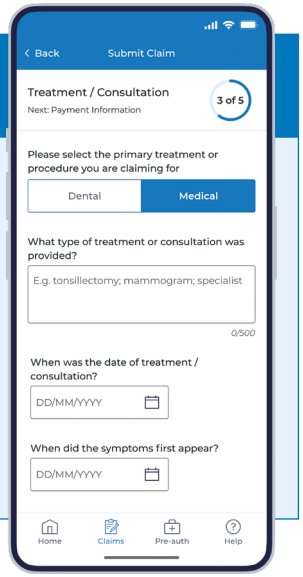
Just search '**Bupa Global** MembersWorld' on the App Store or Google Play Store.

Download on the App Store

GET IT ON Google Play

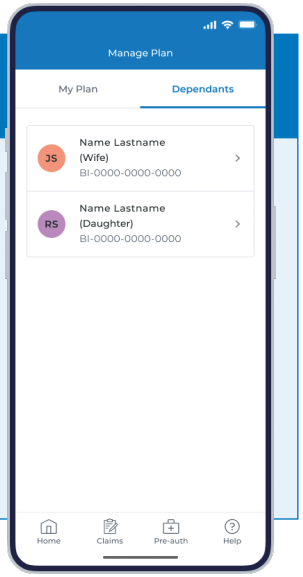
Claims and pre-authorisations

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



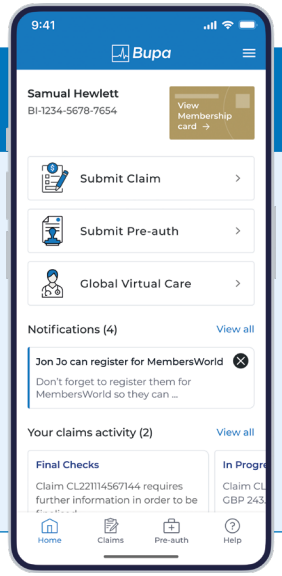
Dependants

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



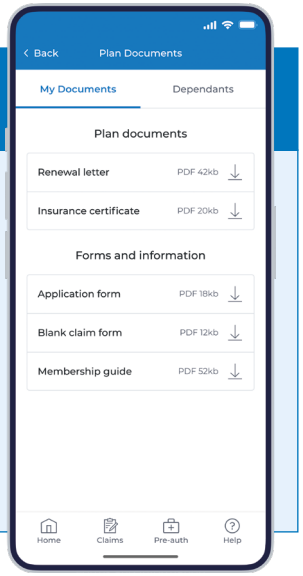
Membership cards

- Access to **your** membership cards anytime **you** need them



Policy documents

- View and download **your** plan documents



* MembersWorld may not track claims in the U.S. as **we** use a **service partner** here.

blua. Digital health by Bupa Global

At **Bupa Global, we** care about more than just physical health. Blua digital health by **Bupa Global** supports **you** and **your** family in all the moments that matter including **your** physical and mental health.

These services are free to use as soon as **your** plan starts.

Using them does not use any of **your** benefit limits.

You can access these services through the Blua digital health page on the MembersWorld app.

If **you** have any questions, please contact **us**.

Your Wellbeing

Explore **Bupa Global's** ever-growing health and lifestyle webpages at https://www.bupaglobal.com/en/**your**-wellbeing

You can 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 can give **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 service.hk@bupaglobal.com

Global Virtual Care*

You can request unlimited telephone or video consultations with international **doctors** at no extra cost, without affecting **your** benefits.

- Same day consultations are available
- A global team of general practitioners
- Multiple language options
- Consultation notes are stored securely in the app
- Prescriptions and referral letters are sent direct to **your** phone (where local regulations allow)
- Prescription delivery is available in selected locations

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

* 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** or, if for any reason, they are not available.

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** treatment
- 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. If **we** do this, **we** will pay for it. They will then give **us** a medical report.

Pre-authorised treatment with our network providers

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 plan is in force
- **you** are covered by the plan
- premiums are paid up to date
- the pre-authorisation is still valid.

When **we** approve **treatment**, **we** will tell **you** how long the pre-authorisation will be valid for. If **you** need more **treatment** after this, **you** can request a new pre-authorisation.

How to pre-authorise treatment

Log into 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 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 of **your** admission.

The claiming process

If you need assistance with a claim you can

- Go online at https://membersworld.bupaglobal.com
- Call **us** at any time on +852 2531 8503
- Email service.hk@bupaglobal.com

Our process

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 online claim or uploading a 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.

Direct settlement	Pay and claim
Contact **us** for pre-authorisation through MembersWorld or by phone.	After **your** treatment, **your** medical provider should provide **you** with an itemised invoice. They may also give **you** other supporting documents. This could be a medical report, consultation notes, or test results.
We check if **your** treatment is covered and confirm with **you** and the provider if direct settlement can be applied. **We** send the provider a pre-authorisation statement. **We** will also send **you** a copy if **you** ask **us**.	**You** should log into MembersWorld to submit the claim. **Our** claim submission portal will guide **you** through the claim. **You** can submit the invoice for assessment along with any supporting documents there too.
We pay the provider directly.	**We** will pay **you** to the bank account with the details **you** have given **us**. Please make sure that **your** bank accepts **your** preferred payment currency.

When **we** have assessed and paid **your** claim, **you** will be able to see a payment statement in MembersWorld. This will show when and how **your** claim was paid, and who received the payment. This will include the details of any **co-insurance** or **deductible** applied to the claim.

Contents

Choice of Deductible

There is only one deductible per person per policy year, and this applies to all services, except for the Medical Evacuation & Repatriation and Dental & Optical covers. The premium level is determined by the deductible chosen, and the higher the deductible, the lower the premium will be.

The following deductibles are available:
USD: Nil / 150* / 200 / 400 / 1,350 / 2,700 / 3,350
EUR: Nil / 150* / 200 / 400 / 1,350 / 2,700 / 3,350
CHF: Nil / 230* / 300 / 600 / 2,000 / 4,000 / 5,000

*Only applicable for existing clients before 1 Jan 2004

Under the Hospital Plan, you are free to choose between deductibles of:
USD: Nil / 400 / 1,350 / 2,700 / 3,350
EUR: Nil / 400 / 1,350 / 2,700 /3,350
CHF: Nil / 600 / 2,000 / 4,000 / 5,000

Table of Benefits

The Table of Benefits forms part of the **Terms and Conditions**. It is therefore necessary to read both the Table of Benefits and the **Terms and Conditions** (including Glossary) carefully. Words written in bold in the Table of Benefits are "defined terms" which are specific terms relevant to your cover. Please check their meaning in the Glossary at the end of this **membership** guide.

All amounts are in USD/EUR/CHF.

The currency chosen for the **insurance** at point of **application** is the currency all your payments will be based on. This means that eg. when your contract currency is EUR all your payments will be based on the EUR **benefit limits** stated in the below Table of Benefits although you might have been treated in eg. Switzerland or the U.S.

Complete Plan and Hospital Plan

Payments of in-patient benefits are 100% of the expenses, unless otherwise stated.

If you have chosen a **deductible**, please note that the **benefit limits** for the benefits listed in the Table of Benefits will be reduced by any remaining **deductible**. Once your **deductible** has been reached, all covered expenses will be paid in line with your **benefit limits**, up to the maximum cover.

Maximum Cover	**Hospital Plan**	**Complete Plan**
Overall annual maximum per person per policy year. Please contact **us** for pre-authorisation before proceeding with all in-patient and day/case **treatment**. Benefits may not be paid unless pre-authorisation has been provided.	USD 2 mill / EUR 2 mill / CHF 3 mill	USD 2 mill / EUR 2 mill / CHF 3 mill

Hospitalisation	**Hospital Plan**	**Complete Plan**
Private room (see also Glossary: '**Hospital accommodation**')	100%	100%
Intensive care room	100%	100%
Room and board for a parent or legal guardian accompanying a child dependant (see also Glossary: '**Hospital accommodation**')	100%	100%
Surgery	100%	100%
Initial reconstruction **surgery**, immediate or delayed, following an injury or illness (excluded corrective reconstruction **surgery** for enhancement of appearance and replacement of implant/ prosthesis). Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.	100%	100%
Pacemaker, maximum	USD 25,000 / EUR 25,000 / CHF 37,000	USD 25,000 / EUR 25,000 / CHF 37,000
Medical **treatment**, laboratory tests, X-rays	100%	100%
Endoscopic examination	100%	100%
Medicine for use during **hospitalisation** and relevant only for the insured condition being treated	100%	100%
Dialysis (including home dialysis), intravenous drug infusion which is only available as an infusion (must be pre-authorised by the **Company**)	100%	100%
Emergency room **treatment** in connection with acute illness or accident	100%	100%
Out-patient surgery at hospital or clinic*	100%	100%

Complete Plan and Hospital Plan (continued)

Hospitalisation	Hospital Plan	Complete Plan
Mental health treatment provided by **recognised mental health providers**	100%	100%
Out-patient treatment in connection with **hospitalisation** Pre-examinations that are medically necessary in order to perform the **surgery** or **treatment** which is to take place during **hospitalisation** are covered up to 30 days prior to **hospitalisation**. Check-ups that are medically necessary in order to verify that the **customer** is recovering successfully from the **surgery** or **treatment** received while hospitalised are covered up to 90 days after **hospitalisation**. Physiotherapy following **surgery** is covered with up to 10 sessions.	100%	100%
Acute emergency dental **treatment** due to serious accident requiring **hospitalisation** In case of doubt, the decision will be left with the **Company's** dental consultant	100%	100%
Prescribed **out-patient** medicine up to 30 days before your **treatment** and 90 days after discharge from hospital (medicine must be licensed for the condition which was treated while you were hospitalised).	100%	100%

*Pre-examinations that are medically necessary in order to perform the **treatment**/**surgery** are covered up to 30 days prior to **treatment**/**surgery**. Check-ups that are medically necessary in order to verify that the **customer** is recovering successfully from the **treatment**/**surgery** are covered up to 90 days after **treatment**/**surgery**. Physiotherapy following **treatment**/**surgery** is covered with up to 10 sessions.

Cancer treatment	Hospital Plan	Complete Plan
If you are diagnosed with cancer, **we** will pay for costs related specifically to planning and carrying out **treatment** for the cancer. This includes: ○ **surgery** (including any prostheses needed) ○ **specialists**' fees ○ diagnostic tests ○ consultations with a **specialist** ○ chemotherapy ○ radiotherapy ○ **treatment** you need to relieve the side effects of cancer **treatment** ○ examples include antibiotics, anti-sickness drugs, pain relief, blood transfusions, cold cap **treatment** needed as a result of cancer **treatment**. ○ bone marrow and peripheral blood stem cell transplants (see the 'transplant services' benefit for details of what **we** cover) ○ one wig ○ consultations and diagnostic tests to monitor your condition after your cancer **treatment** has finished and you are still under the care of your cancer **specialist** **We** will also pay for you to have a chemotherapy at home where this is possible. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided. **Treatment** for cancer using **ATMPs** will be covered separately from the **ATMP** benefit.	100%	100%

Complete Plan and Hospital Plan (continued)

Advanced therapy medicinal products (ATMPs)	Hospital Plan	Complete Plan

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**. Benefit may not be paid unless pre-authorisation has been provided.
	100%, one course of **treatment** for each condition per lifetime	100%, one course of **treatment** for each condition per lifetime

Organ Transplant	Hospital Plan	Complete Plan
Organ Transplant	100%	100%
Per diagnosis and course of **treatment** per lifetime, to include all related costs up to the financial maximum Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided. The **insurance** policy must be valid throughout the course of **treatment** Only human organs The procurement of the organ must be pre-authorised by the **Company**	USD 500,000 / EUR 500,000 / CHF 750,000	USD 500,000 / EUR 500,000 / CHF 750,000

In-patient Rehabilitation	Hospital Plan	Complete Plan
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 up to 90 days **treatment** in each **membership** year. For in-patient **treatment** one day is each overnight stay and for day-case **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 required the in-patient **treatment** or is needed as a result of such **treatment** given for that condition Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided. Note: in order to give pre-authorisation, **we** must receive full clinical details from your consultant; including your diagnosis, **treatment** given and planned, and proposed discharge date if you receive rehabilitation.	Covered 100% Maximum per day USD 600 / EUR 600 / CHF 900	Covered 100% Maximum per day USD 600 / EUR 600 / CHF 900

Complete Plan and Hospital Plan (continued)

Local medical transport	Hospital Plan	Complete Plan
Ground transport to and from hospital when it is medically necessary that special medical services and/or medical equipment are provided	100%	100%

Home Nursing	Hospital Plan	Complete Plan
Expenses incurred for medically prescribed assistance in your private home, by a certified nurse. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.	Covered up to USD 65 / EUR 65 / CHF 100 per day Covered up to USD 2,000 / EUR 2,000 / CHF 3,000 per policy year	Covered up to USD 65 / EUR 65 / CHF 100 per day Covered up to USD 2,000 / EUR 2,000 / CHF 3,000 per policy year

Hospice and Palliative Care	Hospital Plan	Complete Plan
Hospice and palliative care, maximum per lifetime	USD 30,500 / EUR 30,500 / CHF 45,750	USD 30,500 / EUR 30,500 / CHF 45,750

Childbirth (after 12 or 18-month waiting period)	Hospital Plan	Complete Plan
18-month **waiting period** only applies to **insurances** with an **original date of joining** on or after 1 November 2024. Normal delivery or medically essential caesarean section at a hospital or clinic	100%	100%

Non-medically essential caesarean section will be reimbursed up to a maximum of the customary charges for normal delivery of one child at a hospital or clinic

Pre- and postnatal examinations are reimbursed under the Complete Plan as consultations (see also however Art. 8.2 f), see Complete Plan

Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.

Complete Plan

Under the Complete Plan **out-patient** benefits are reimbursed 90%, unless otherwise stated. If you have chosen a **deductible**, please note that the **benefit limits** for the benefits listed in the Table of Benefits will be reduced by any remaining **deductible**. Once your **deductible** has been reached, all covered expenses will be paid in line with your **benefit limits**, up to a maximum of USD 40,000/EUR 40,000/CHF 60,000 per policy year.

General Practitioners	
Office consultation	90%
Telephone/prescription consultation	90%
Visit to a patient's domicile	90%
Maximum 15 consultations within a 30-day period	

Complete Plan (continued)

Specialists*	
Eye and ear **specialists**, psychiatrists, other **specialists**	90%

Psychologist and psychotherapist*	
Psychologist and **psychotherapist**, per consultation	90%

*A combined maximum of 15 consultations within a 30-day period for **Specialists** and **Psychologist**/**Psychotherapist**

Therapists / Other Medical Assistance	
Physiotherapy, occupational therapy	90%
Speech therapy Maximum 12 consultations per policy year	90%
Acupuncture, homeopathic **treatment**, kinesiology, neuraltherapy, phytotherapy and antroposophic **treatment** if performed by a **specialist** Per policy year maximum	Covered 90% up to USD 1,500 / EUR 1,500 / CHF 2,200
Laboratory test, X-ray, analysis, scan, injection	90%
Hearing aids, when prescribed by a **specialist**	50%
Full health screening, per policy year maximum	Covered 90% up to USD 600 / EUR 600 / CHF 910

Chiropractor / Osteopath	
Examination, **treatment**, X-ray	50%

Medicine	
Prescribed medicine Dressings, **appliances**, vaccinations and injections	90%
Homeopathic and naturopathic medicine when prescribed by a licensed **specialist** or a member of NVS (Naturheilpraktikerverband Schweiz) (see also art. 8.2 i)	90%

Optional Covers

Medical Evacuation & Repatriation

Medical Evacuation & Repatriation covers transportation to the nearest appropriate place of **treatment** if you have a serious illness or injury.

Medical Evacuation & Repatriation	
Transportation expenses by aeroplane or helicopter	100%
Accompanying person	100%
Return journey to residential address abroad/home country within three months after completion of **treatment**	100%
Statutory arrangements in case of death, such as embalming and zinc coffin Transportation of the urn/coffin	100%
Expenses are covered up to the overall annual maximum of your policy In all circumstances, **we** must be notified before transport takes place, either directly or through the attending **specialist** Medical Evacuation & Repatriation must be pre-authorised by the **Company** Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.	

Dental & Optical

Expenses for dental care are reimbursed 75%, whereas expenses for glasses and contact lenses are reimbursed 50% up to maximum USD 270/EUR 270/CHF 400 per person per policy year. Eye checks performed by an optician/ optometrist are reimbursed with 75% with a maximum of two visits per person per policy year.

A collective annual maximum of USD 3,000/EUR 3,000/CHF 4,500 per person per policy year applies to the Dental & Optical supplement.

Dental Treatment	**Subject to a 6 month waiting period**
○ Examination ○ Tooth-cleaning ○ Individual preventive **treatment** ○ Filling: not compound, compound, double compound, enamel cement, plastic, single surfaced, plastic, multi surfaced ○ Root **treatment**: coronal amputation, apical amputation, root filling, acute opening of root canal and following canals ○ Tooth extraction ○ **Surgery** ○ X-ray, simple and panoramic ○ Emergency **treatment** ○ Local anaesthesia ○ Occlusion bar ○ Retaining pivots, root screws and pivots ○ Prescription	75%

Dental & Optical (continued)

Crowns and Gold Inlay	Subject to a 12 month waiting period
○ Gold, jacket, porcelain crowns ○ Gold inlay, pivot teeth, plastic crowns ○ Build-up and recementation ○ Temporary crowns and implants	75%

Bridgework	Subject to a 12 month waiting period
Bridgework and repairs	75%

Treatment of Periodontitis	Subject to a 12 month waiting period
○ **Treatment** of gingivitis and periodontitis, preventive **treatment** included ○ Rootscaling ○ Periodontal **surgery** and membrane **treatment**	75%

Tooth adjustments and Dentures	Subject to a 12 month waiting period
Tooth adjustments	75%
Dentures and repairs	75%

Glasses / Contact Lenses	No waiting period applies
Normal or bifocal lenses and contact lenses, maximum Lenses for sunglasses and frames will not be reimbursed	Covered 50% up to USD 270 / EUR 270 / CHF 400

Eye check	No waiting period applies
Eye check performed by an optician/optometrist (maximum two visits per policy year)	75%

Terms and Conditions

Words written in bold in the Terms and Conditions are "defined terms" which are specific terms relevant to your cover. Please check their meaning in the Glossary at the end of this membership guide.

Art. 1
Acceptance of the insurance

1.1: The **insurance** policy is insured and underwritten by Bupa (Asia) Limited., hererinafter called the **Company** and administered by the **Company** and **Bupa Global**. The **Company** shall decide whether the **insurance** can be accepted. In order for the **insurance** to be accepted and the **Company** to become the insurer, the **application** must be approved by the **Company** and the necessary premium paid to the **Company**.

1.2: In order for the **insurance** to be accepted by the **Company** on **standard terms**, the **applicant** must be of sound health at the time of acceptance and must not suffer nor have suffered from any recurring disease, illness, injury, bodily infirmity or physical disability (see also glossary term '**pre-existing conditions**'), and the **applicant** must not have attained 60 years of age at the time of acceptance.

If the conditions in Art. 1.2 are not met and the **applicant** has not attained 80 years of age at the time of acceptance, the **Company** may offer the **insurance** on **special terms**. If the **Company** decides to offer the **insurance** on **special terms**, the **policyholder** will receive an **insurance certificate** in which these terms are stated.

1.2.1: All underwriting and issuance of **insurance certificates** are made by the **Company**. The **Company** may choose to have data processed in or outside the EU.

1.3: In the event of a change in the **applicant**'s state of health after the **application** has been signed and before the **Company's** approval thereof, the **applicant** shall be under the obligation to notify the **Company** of such change immediately.

1.4: The currency chosen for the **insurance** cannot be changed after the **Company's** acceptance of the **application**.

Art. 2
Original date of joining

2.1: The **insurance** shall be valid as of the date on which the **application** is approved by the **Company**. The **Company** may agree on another date with the **policyholder**.

Art. 3
Waiting periods in connection with new insurance contracts and extension of cover

3.1: When a new **insurance** contract is entered into, the right to payment under the new **insurance** contract shall only take effect four weeks after the **original date of joining** of the **insurance**. However, this does not apply when the **policyholder** can prove simultaneous transference from an equivalent insurance with another international health insurance company.

3.1.1: In the event of **acute serious illness** and **serious injury**, the right to payment shall, however, take effect concurrently with the **original date of joining** of the **insurance**.

3.1.2: The **waiting periods** listed will also apply for the **insurance** contract:

a) For expenses incurred in connection with pregnancy and childbirth and consequences thereof, the right to payment shall only take effect 12 or 18 months after the **original date of joining** of the **insurance**. 18-month **waiting period** only applies to **insurances** with an **original date of joining** on or after 1 November 2024.

b) For expenses incurred in connection with dental care (supplementary dental **treatment**), the right to payment shall only take effect six months after the **original date of joining** of the **insurance**. For expenses incurred for crowns, gold inlay, bridgework, **treatment** for periodontitis and orthodontics, the right to payment shall only take effect 12 months after the **original date of joining** of the **insurance**.

3.2 This contract lasts one year. The **policyholder** can ask to make changes to the **deductible** and to optional modules. To do this they must give the **Company** one month's notice. Any changes take effect on the next **policy anniversary**. The currency the **policyholder** chose cannot change. The premium will be lower if they:

- add or increase a **deductible** or
- remove an option.

The premium will be higher if they:

- remove or reduce a **deductible** or
- add an option.

3.3 To improve their cover, they will need to complete a medical history form. This means that **we** may add new special restrictions or exclusions to your new cover. These are personal to you.

3.4: Any improved cover has a **waiting period** of four weeks. During the **waiting period**, the previous cover applies. If a benefit has a **waiting period** of longer than four weeks, that longer **waiting period** applies.

3.4.1: **We** won't apply the four-week **waiting period** if you have:

- an **acute serious illness**, or
- a **serious injury**.

Art. 4
Who is covered by the insurance?

4.1: The **insurance** shall cover the **customers** named in the **insurance certificate**.

4.2: An **application** must be submitted for each person the **policyholder** wishes to add to the **insurance**, including newborn children.

4.2.1: If the **insurance** of one of the parents has been valid for a minimum of 12 or 18 months, newborn children of the parent can be insured irrespective of Art. 1.2 without submitting an **application**, see also however Art. 8.2 f). A copy of the birth certificate must, however, be submitted within three months after the birth:

- if one of the **customers** has legal custody of the child, and
- if the child is registered at the same address as the **customer** having legal custody of the child.

18-month minimum only applies to **insurances** with an **original date of joining** on or after 1 November 2024.

If the birth certificate is not submitted to the **Company** within three months after the birth, a Medical Questionnaire must be submitted for the child who has to undergo the standard underwriting procedure according to Art. 1.2. Registration of the child will take place from the date the Medical Questionnaire has been signed.

4.2.2: In case of adoption and for children born as a result of infertility **treatment** and/or born by a surrogate, the **customer** must submit a Medical Questionnaire for such children.

Art. 5
Where is cover provided?

5.1: The **insurance** shall provide worldwide cover unless otherwise stated in the **insurance certificate**.

Art. 6
What is covered by the insurance?

6.1: The **insurance** shall cover the medical expenses incurred by the **customer** in accordance with the cover chosen and the applicable Table of Benefits. The benefits for which expenses are covered and the **benefit limits** are stated in the Table of Benefits.

6.2: Payment shall be paid following **our** approval of the expenses as being covered by the **insurance** after the receipted and itemised invoices, provided with the **membership** number and claim form, have been received by **us** (see also the claiming process page at the start of this guide).

6.3: Once the covered expenses have met the annual **deductible**, the amount payable will be paid. If your claim is for an amount higher than the value of your **deductible** or remaining **deductible**, **we** will pay for covered expenses after the **deductible** has been met in full. Once your **deductible** has been reached, all covered expenses will be paid in line with your **benefit limits**. The **deductible** shall apply per person per policy year.

6.3.1: In case of an accident where three or more **family members** insured with the **Company** are involved, only one **deductible**, the highest, is applied.

6.4: Medical practitioners performing **treatment** must have authorisation in the country of practice. Medical providers and facilities must also be authorised (see also art. 8.2 n).

6.5: In no event shall the amount of payment exceed the amount shown on the invoice. If the **customer** receives payment from the **Company** in excess of the amount to which he/she is entitled, the **customer** shall be under the obligation to repay the **Company** the excess amount immediately, otherwise the **Company** will set off the excess amount in any other account between the **customer** and the **Company**.

6.6: Payment shall be limited to the usual, **reasonable and customary** charges in the area or country in which **treatment** is provided. This applies whether **we** pay the benefit provider directly, or you pay the costs and claim this back from **us**.

6.7: Any discount, which has been negotiated directly between the **Company** and providers, will be specifically used by the **Company** for the overall benefit of the **customers** within the **insurance** product as a whole.

6.8: Any ex-gratia payments are at the **Company's** discretion. If the **Company** makes a payment to which the **customer** is not entitled under the **insurance**, this will still count toward the annual maximum cover per person per policy year.

6.8.1 The **Company** is not required to pay for any **treatment** or condition that is not covered by the **customer's insurance** cover, even if the **Company** has paid an earlier claim for similar or identical **treatments** or conditions, including where such earlier payment was made at the **Company's** error.

6.9: The **Company's** global health **insurance** products 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). The **Company's insurance** products may not qualify as minimum essential coverage or meet the requirements of the individual mandate for the purposes of the Affordable Care Act, and the **Company** is unable to provide tax reporting on behalf of those U.S. taxpayers and other persons who may be subject to it. The provisions of the Affordable Care Act are complex and whether or not the **customer** is subject to its requirements will depend on a number of factors. The **customer** should consult an independent professional financial or tax advisor for guidance. For **customers** whose coverage is provided under a group **insurance**, the **customer** should speak to the group health **insurance** administrator for more information.

Art. 7
Medical Evacuation & Repatriation

7.1: If the **insurance** has been extended to include Medical Evacuation & Repatriation cover, the following terms listed shall also apply:

7.1.1: Medical Evacuation & Repatriation cover can only be taken out as a supplement to the Complete Plan/the Hospital Plan.
The sum insured for the Medical Evacuation & Repatriation cover is stated in the Table of Benefits.

7.1.2: Payment shall be paid for reasonable expenses incurred for the **customer's** medical evacuation/ repatriation in the event of **acute serious illness**, **serious injury** or death. Transportation shall be to the nearest appropriate place of **treatment** and only if no appropriate **treatment** can be obtained locally.

7.1.3: Cover shall be provided subject to the attending **specialist** and the **Company's** medical consultant agreeing on the necessity of transferring the **customer** and agreeing on whether the **customer** should be transferred to his/her **country of residence**, home country or to the nearest appropriate place of **treatment**. In case of disagreement, the decision of the **Company's** medical consultant shall prevail.

The evacuation expenses for an eligible transportation are only covered if the transportation is arranged or pre-authorised by the **Company**.

7.1.4: The expenses for transportation covered under the **insurance**, but not arranged by the **Company**, shall only be compensated with an amount equivalent to the expenses the **Company** would have incurred, had the **Company** arranged the transportation.

7.1.5: The **insurance** shall cover reasonable and necessary transportation expenses for one person accompanying the **customer**.

7.1.6: Only one transportation is covered in connection with one course of an illness.

7.1.7: The Medical Evacuation & Repatriation cover shall only apply if the illness is covered under the **insurance**.

7.1.8: In the event that the **customer** is evacuated for the purpose of receiving **treatment**, he/she and the accompanying person, if any, shall be reimbursed for the expenses for a return journey to the **customer's** place of residence/home country. The return journey shall be made within three months after **treatment** has been completed. Cover shall only be provided for travelling expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

7.1.9: In the event that the **customer** has received **treatment** covered by the **insurance**, but now has reached the **terminal phase**, he/she and the accompanying person, if any, shall be reimbursed for the expenses of the return journey to the **customer's** place of residence.

We do not pay any other costs related to the evacuation/repatriation such as travel costs or hotel accommodation. In some cases, it may be medically necessary for you to travel from hospital to the airport and vice versa by taxi or any other means of transport, such as an ambulance. In these cases, and when pre-authorised by **us**, **we** will pay for such travel costs.

7.1.10: In the event of death, expenses shall be reimbursed for home transportation of the deceased and for statutory arrangements such as embalming and a zinc coffin.

The next of kin have the following options:

a) cremation of the deceased and home transportation of the urn or

b) home transportation of the deceased.

7.1.11: The **Company** cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond the **Company's** control.

Art. 8
Exceptions to cover

8.1: The **insurance** shall not cover expenses incurred for any disease, illness or injury known to the **policyholder** and/or the dependant at the time of **application**, unless agreed upon with the **Company**.

8.2: Furthermore, the **Company** shall not be liable for any expenses which concern, are due to or are incurred as a result of:

a) non-medically essential or cosmetic **surgery** and **treatment**, **treatment** of keloid scars and/or scar revision, even if the scar is causing a functional problem,

b) **treatment** for or as a result of obesity and weight management such as slimming aids or drugs, slimming classes or obesity **surgery**,

c) any harmful or hazardous use of alcohol, drugs and/or medicines: **treatment** for or arising directly or indirectly, from the deliberate, reckless (including where the **customer** has displayed a blatant disregard for his/her 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,

d) contraception, included sterilisation,

e) induced abortion unless medically prescribed,

f) any kind of infertility test and/or **treatment**, including hormone **treatment**, insemination or examinations and any procedures related hereto, including expenses for pregnancy, pre- and postnatal **treatments** of the mother and the newborn child/children. An **application** must therefore be submitted for children born as a result of infertility **treatment** and/or born by a surrogate mother. The **application** will undergo the standard underwriting procedure, according to Art. 1.

g) sexual problems and gender issues: sexual problems, such as impotence, whatever the cause, or sex changes or gender reassignments,

h) hospital stay when it is used solely or primarily for any of the following purposes: receiving general nursing care or any other services which do not require the **customer** to be in a hospital and could be provided in a nursing home or other establishment that is not a hospital; receiving services which would not normally require trained medical professionals (eg help in walking and bathing) and pain management,

i) **treatment** by naturopaths or homoeopaths and naturopathic or homoeopathic medications and other alternative methods of **treatment**, unless **treatment** is performed and/or medication is prescribed by a licensed **specialist** or member of NVS (Naturheilpraktikerverband Schweiz),

j) health certificates,

k) **treatment** of diseases during military service,

l) **treatment** for sickness or injuries directly or indirectly caused by the **customer** putting him/herself in danger by entering a **known area of conflict** as listed below:

war, invasion, acts of a foreign enemy, hostilities (whether war has been declared or not), civil war, terrorist acts, rebellion, revolution, insurrection, civil commotion, military or usurped power, martial law, riots or the acts of any lawfully constituted authority, or army, naval or air services operations (whether war has been declared or not),

m) nuclear reactions or radioactive fallout,

n) **treatment** performed by an **ineligible medical practitioner**, **provider or facility**,

o) **treatment** or **surgery** to correct refractive errors in the eyesight (due to eg myopia, hyperopia/hypermetropia, astigmatism and presbyopia) such as laser **treatment**, refractive keratotomy and photorefractive keratectomy, clear lens extraction, or accommodative intraocular lenses,

p) any **experimental or unproven treatment**, including diagnostic investigation, testing or **treatment** (including medicine) which is experimental due to lack of **acceptable current clinical evidence**,

q) any **treatment** or medicine which is not proven to be effective based on **acceptable current clinical evidence**,

r) in-patient **treatment** for more than 90 continuous days for permanent neurological damage or when the **customer** is in a **persistent vegetative state**.This article only applies to **insurances** with a **original date of joining** on or after 1 January 2017.

s) Artificial Life Maintenance, including mechanical ventilation, when the patient is in a state of profound unconsciousness and/or with no sign of awareness or a functioning mind, where such **treatment** will not or is not expected to result in the **customer's** recovery or restore the **customer** to the **customer's** previous state of health. This means, eg cover is not provided when the **customer** is unable to feed and breathe independently and requires percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days. This article only applies to **insurances** with a **original date of joining** on or after 1 January 2017.

t) any genetic testing, unless medically necessary

- as the result of the test will directly impact the **treatment** of an existing covered disease, or
- for prenatal testing due to suspicion of fetal abnormality.

u) **we** will not pay for antenatal classes from your maternity benefits or any other benefits.

v) **treatments** and services arising as a result of **professional sports activities**, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any other **professional sports activities**.

Art. 9
Making a claim

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

9.2: Before **we** can pay a claim, **we** need to make sure that it is a valid claim. The claim form gives **us** the information that **we** need to check that your claim is valid. Please make sure that you complete the form. If not, **we** may have to ask for more information. This can take time and delay any payment. An incomplete claim form is the most common reason for delayed payments.
You can:

- complete a claim form in MembersWorld, or
- contact **us** and **we** will send you one.

You must make a separate claim for each:

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

If you need **treatment** for more than six months, **we** can ask you to complete a new claim form.

9.2.1: **We** need to receive the completed form, with any invoices, receipts and prescriptions related to the claim. This must be within two years of receiving the **treatment**. **We** do not pay claims that **we** receive more than two years after **treatment** unless there is a good reason why you couldn't make the claim earlier.

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

- medical reports or other information about your **treatment**

- the results of any medical examination by a medical practitioner who **we** appointed and that **we** paid for.

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

9.4: **We** only pay for **treatment**:

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

We can't return original **documents** to you - for example invoices. However, when you make a claim, you can send **us** copies. If you do send an original **document**, **we** can send you a copy if you ask **us**.

9.5: 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 write to the principal member.

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

9.6.1: **We** only make payments to the:

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

9.6.2: **We** pay a dependant only 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.

9.6.3: 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.
- pay by cheque. You should cash a cheque within six months. If you have an out-of-date cheque, please contact **us** and **we** will replace it.

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.

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

- in which **we** receive the premium
- 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 **we** receive the premium in.
Very rarely, paying in a certain currency may be illegal or expose **us** (or the **Bupa Group**) to United Nations sanctions. If so:

- **we** may not be able to pay you immediately, or
- will pay you in a currency which **we** are allowed to and able to.

9.6.5: **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.

9.7: What do **we** do to detect and prevent fraud?
We can check your details with:

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

9.7.1: If you give **us** false or inaccurate information and **we** suspect fraud, **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/group
- trace debtors, recover debt, prevent fraud and to manage your **insurance** plans
- establish your identity
- undertake credit searches and other fraud searches.

9.8: If a claim on the policy 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.

9.8.1: If the **customer** makes a fraudulent claim, **we** can cancel the policy. This will be from the date of that claim.

9.8.2: If a dependant makes a fraudulent claim, **we** can cancel their cover. This will be from the date of that claim.

9.8.3: In either case **we** don't have to refund any premium already paid to **us**.

What is an example of a fraudulent claim?

- 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.

Art. 10
Cover by third parties

10.1: You may need to claim for **treatment** that you need because someone else is at fault. An example would be if you were a victim in a car crash. You will need to complete the relevant section of the claim form. You will also need to take any reasonable steps **we** ask of you 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.

10.1.1: When **we** receive an itemised statement from another insurer and a copy of the invoices the **Company** will apply the amount reimbursed by that other insurer to write down the existing **deductible** and/or co-insurance on the **customer's Bupa Global** health **insurance** plan(s) if the reimbursed benefits would have been covered by **Bupa Global**.

In order to have the **deductible** written down with the amount covered by the local insurer, it is a requirement that the **deductible** has not already been used in connection with earlier claims. **Bupa Global** does not correct previous payments in order to assess expenses related to a local insurer.

10.1.2: In these circumstances, the **Company** will coordinate payments with other companies and the **Company** will not be liable for more than its rateable proportion.

10.1.3: If the claim is covered in whole or in part by any scheme, programme or similar, funded by any Government, the **Company** shall not be liable for the amount covered.

10.1.4: Where there is cover by another insurance policy or healthcare plan, **we** must be told when claiming payment, and the cover under this **insurance** will be secondary to any other insurance policy or healthcare plan.

10.2: **We** may make a claim in your name. You must give **us** any help **we** reasonably need to make that claim. For 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.

10.3: 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.

Art. 11
Payment of premium

11.1: Premiums are determined by the **Company** and shall be payable in advance. The **Company** adjusts the premiums once a year as from the **policy anniversary** on the basis of changes in the cover and/or the loss experience in the **insurance** class during the previous calendar year.

11.2: The premium is age-related and will therefore also be adjusted on the first **policy anniversary** after the **customer's** birthday.

11.3: The initial premium shall fall due on the **original date of joining**. The **policyholder** may choose between semi-annual and annual payment.

11.4: Changes in the terms of payment can only be made at 30 days' notice by email, letter or phone prior to the **policy anniversary**.

11.5: The premium is due on the **due date** stated in the premium notice.

11.6: The **policyholder** shall be responsible for punctual payment of the premium to the **Company**. If the premium has not been received by the **Company** on the **due date**, the **Company's** liability shall cease.

11.7: The **policyholder's** attention is drawn to Art. 6.5 regarding payment of outstanding amounts.

11.8: Other charges, such as Insurance Premium Tax (IPT), or other taxes, levies or charges, depending on the laws of the **policyholder's country of residence** may apply. If they apply to the **policyholder's insurance** premium, they will be included within the total that has to be paid on the premium notice. The charges may apply each time when the premium payment is due, from the **original date of joining**, the anniversary of the **original date of joining** or the date of registration of a new **customer** on the policy. The **policyholder** must pay these charges to **us** when paying the premiums or when adding a new **customer** to the policy, unless otherwise required by law.

Art. 12
Information necessary to the Company

12.1: The **policyholder** and/or the dependant shall be under the obligation to notify the **Company** by email, letter or phone of any changes of name or address, change in residency and changes in health insurance cover with another company, including a consolidated company. The **policyholder** is required to immediately notify the **Company** if any of the **customers** become a permanent resident of the U.S, as described under Article 13.7. The **Company** must also be notified in the event of death of the **policyholder** or an dependant. The **Company** shall not be liable for the consequences if the **policyholder** and/or the dependant fails to notify the **Company** in such events.

12.2: The **policyholder** and/or the dependant shall also be under the obligation to provide the **Company** with all information reasonably required for the **Company's** handling of the **policyholder's** and/or the dependant's claims against the **Company**, including provision of original invoices upon request from the **Company**.

12.3: In addition, the **Company** shall be entitled to seek information about the **customer's** state of health and to contact any hospital or **specialist** who is treating or has been treating the **customer** for physical or mental illnesses or disorders. Furthermore, the **Company** shall be entitled to obtain any medical records or other written reports and statements concerning the **customer's** state of health.

12.4: The **Company** fully complies with applicable data protection legislation (see also art. 17.1). Generally, **we** therefore cannot disclose any personal or sensitive information (eg. medical information) nor discuss cases with anyone not authorised by the **customer** in question. It is therefore recommended that the **customer** authorises any person he or she wants to share information with. A third party authorisation form will be provided by the **Company** on request.

Art. 13
Assignment, cancellation and expiry

13.1: Without the prior written consent of the **Company**, no party shall be entitled to create a charge on or assign the rights under the **insurance**.

13.2: The **insurance** is automatically renewed on each **policy anniversary**.

13.2.1: The **insurance** may be terminated by the **policyholder** with effect from 14 days' prior notice by email, letter or phone.

13.2.2: The **policyholder** has the right to withdraw from the purchase of the **insurance**. The period during which the **insurance** can be withdrawn lasts 30 days and begins on the date on which the **policyholder** has entered into the **insurance** agreement. This will normally be on the date on which the **policyholder** has purchased the **insurance** and/or received the **insurance documents**. The **policyholder** has a right to receive certain information about the right to cancel the **insurance** and about the **insurance**. The notice period for cancellation does not commence until the **policyholder** has received this information in writing (e.g. on paper or by email). If, for example, the **policyholder** receives the **insurance documents**, and also has received the above information, eg on the 1st, he/she can cancel the **insurance** until and including the 31st. If the period expires on a public holiday, Saturday or Sunday, the **policyholder** can wait until the following day. If the **policyholder** wants to withdraw the **insurance** the **Company** must be notified by letter, email or phone. The **Company's** contact details are listed at the end of this **document**. It is sufficient that the **Company** is contacted before the expiry of the notice period.

13.3: Where, upon taking out the **insurance** or subsequently, the **policyholder** and/or the dependant has fraudulently changed original **documents** or disclosed incorrect information or withheld facts which may be regarded as being of importance to the **Company**, the **insurance** contract shall be void and shall not be binding on the **Company**.

13.4: Where, upon taking out the **insurance** or subsequently, the **policyholder** and/or the dependant has disclosed incorrect information, the **insurance** contract shall be void, and the **Company** shall not be liable if the **Company** would not have accepted the **insurance** if the correct information had been disclosed. If the **Company** would have accepted the **insurance**, but on other terms, the **Company** shall be liable to the extent to which the **Company** would have undertaken the obligations in accordance with the agreed premium.

13.4.1: In the event that the **insurance** contract is considered void, according to Art. 13.3 or Art. 13.4, the **Company** shall be entitled to a service charge which is set as a specified percentage of the premium paid.

13.5: Where, upon taking out the **insurance**, the **policyholder** and/or the dependant neither knew nor should have known that the information disclosed by him/her was incorrect, the **Company** shall be liable as if such incorrect information had not been disclosed.

13.6: The **Company** can stop or suspend an **insurance** product at three months' notice prior to the **policy anniversary**, and offer the **customer** an equivalent **insurance** cover.

13.7 The **policyholder** is required to immediately notify the **Company** by email, letter or phone if any of the **customers** become a permanent resident of the U.S., failing which the **Company** may terminate the **insurance** with immediate effect or (where permitted to continue the **insurance** until such date) with effect from the **policy anniversary**. The **Company** may terminate the **insurance** with immediate effect or (where permitted to continue the **insurance** until such date) with effect from the **policy anniversary**, if the law of the country in which the **customer** is located, or the **customer's country of residence** or nationality, or any other law which applies to the **Company** or this **insurance**, prohibits the provision of healthcare cover by the **Company** to local nationals, residents or citizens.

Without limitation to the foregoing, the **insurance** shall not be renewed at the next **policy anniversary** if the **policyholder** becomes a permanent resident of the U.S., and, if a **customer** who is not the **policyholder** becomes a resident of the U.S., their cover under the **insurance** shall not be renewed at the next **policy anniversary**. 'Permanent resident' shall mean a person residing in the U.S. who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in the U.S., and 'U.S.' shall include the Commonwealth of Puerto Rico for this purpose.

This Art. 13.7 only applies to **insurances** with an **original date of joining** after 31 December 2015.

13.8: Sanction clause
The **Company** will not provide cover nor pay claims under this **insurance** policy if the **Company's** obligations (or the obligations of the **Company's** group companies and administrators) under the laws of any relevant jurisdiction, including UK, European Union, the United States of America, or international law, prevent the **Company** from doing so. The **Company** will normally tell the **policyholder** if this is the case unless this would be unlawful or would compromise the **Company's** reasonable security measures. This **insurance** policy does not provide cover to the extent that such cover would expose the **Company** (or the **Company's** group companies and administrators) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, UK or United States of America, or under other relevant international law. This Art. 13.8 only applies to **insurances** with an **original date of joining** on or after 1 January 2016.

13.9: The **Company's** liability in connection with the **insurance**, including liability for payment for medical expenses for ongoing **treatment**, after-effects or consequential damages in connection with an injury or illness incurred or treated during the **insurance** period, shall automatically cease upon expiry, cancellation or termination of the **insurance**. Accordingly, upon expiry, cancellation or termination of the **insurance**, a **customer's** right to claim payment shall cease. Claims for payment of medical expenses incurred during the **insurance** period must be filed within six months of the date of expiry, cancellation or termination of the **insurance** in order to be eligible for payment.

Art. 14
Complaints

14.1: How can I make a complaint?

- call **us**: +852 2531 8503
- email: service.hk@bupaglobal.com
- write to: Bupa (Asia) Ltd, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong.

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

14.2: Taking it further

If **we** can't settle your complaint, you may be able to refer it to the **Insurance** Claims Complaints Bureau:

- write to: The **Insurance** Claims Complaints Bureau, 29/F, Sunshine Plaza, 353 Lockhart Road, Wanchai, Hong Kong
- call them: 2520 1868
- email: iccb@iccb.org.hk

For more details go to: www.iccb.org.hk

Art 15
Applicable Law

15.1: The policy is governed by the laws of Hong Kong. Any dispute that cannot otherwise be resolved will be dealt with by courts in Hong Kong. If any dispute arises as to the interpretation of this **document**, then the English version of this **document** shall be deemed to be conclusive and taking precedence over any other language version of this **document**.

Art. 16
No Third Parties Rights

16.1: Any person or entity who is not the **policyholder** under this **insurance** shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Chapter 623, Laws of Hong Kong) to enforce any terms of this **insurance**.

Art 17
Confidentiality

17.1: The confidentiality of patient and **customer** information is of paramount concern to the companies in the **Bupa Group**. To this end, **Bupa Global** fully complies with applicable data protection legislation and medical confidentiality guidelines. Please see the **Bupa Global** Privacy Notice above the glossary section.

Privacy notice

Bupa (Asia) Limited

Privacy Notice relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

1. Introduction

1.1 Bupa (Asia) Limited ("**Company**", "**we**" or "**us**") is committed to protecting your privacy and security of your personal information. This Notice is provided to you in connection with your dealings and provision of data or information to the **Company**. This Notice is prepared in accordance with the Ordinance and also operates as the Personal Information Collection Statement which **we** will provide, or make available, to you on or before the collection of your personal information by the **Company**.

1.2 This Notice is intended to ensure that you can make informed decisions about providing your personal information to **Company** in accordance with this Notice. Please be aware that this Notice replaces any notice or statement of similar nature that may have been provided to you previously. When you click on "I Agree" or select any options with similar content, or log in, confirm, agree to, use or accept this Notice **we** provide via registration procedure or any other way, you consent to your personal information being collected, stored, used, processed, transferred, disclosed or shared in accordance with this Notice.

1.3 For the purposes of this Notice, "**Group Company**" means the **Company** and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated, and any one of them. Affiliates include branches, subsidiaries, representative offices and affiliates of the **Company's** holding companies, wherever situated (collectively, the "**Group**").

1.4 If you provide **us** with the personal information about other individuals, you must tell those individuals that you have provided **us** with their details and let them know where they can find a copy of this Notice.

2. Personal Information We Collect

2.1 From time to time, it is necessary for you, or other members/ insured persons covered under your policy (each a "Member"), to supply the **Company** with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for **insurance** or financial products and services from the **Company**, or when you apply to make changes to your policy, or when you renew a policy.

2.2 During the course of your relationship with the **Company**, further personal information relating to you, or the Member, may also be collected in the ordinary course of **our** business, for example, when you lodge **insurance** claims with the **Company** in relation to yourself or the Member.

2.3 Failure to supply personal information requested by the Company may result in the Company being unable to process your application, request for information or services, enquiries and/or provide services or products to you, or the Member.

2.4 The personal information **we** collect and/or hold from time to time may include your personal identification information, contact information, transaction records, financial background, medical and health records, biometric data and your location and activities when you access or browse **our** website(s) or use **our** mobile **application**(s) or portal(s) (including any diagnostic or health-

monitoring tools thereon and the Bluetooth and/or wearable device that are used to collect data for the purposes of such tools).

2.5 **We** will always try to collect your personal information from you through the course of your relationship with **us** and in a range of ways. However, there may be instances where **we** will need to collect your personal information from third parties or sources in certain circumstances, such as a **family member** or someone else acting on your behalf, your employers, medical personnel, business/asset acquisition transactions of the **Company**, business partners, or public databases.

2.6 If you are under the age of 18, you should obtain consent from your parent or guardian before you provide the **Company** with your personal information.

2.7 Storage of personal information may be in various forms including, physical (paper) form, digital **customer** systems or applications, data management software or systems in the usual course of business practices, depending on your engagement with the **Company**.

3. Purposes of Collection

3.1 Your personal information collected may be used, stored, processed, transferred, disclosed or shared by the **Company** for the following purposes from time to time:

(a) processing, assessing and determining any applications for **insurance** products and services;

(b) offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of **insurance** benefits or insured Members;

(c) registering you, or the Member, as a user or a member of services or information provided or to be provided by **us** on the website(s), mobile **application**(s) or portal(s) managed and/or operated by **us**;

(d) coordinating your care, or the Members', within Group Companies to achieve better health management outcomes;

(e) any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the **Company** including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any **application** or claim) processing, assessing, determining, settling or responding to such claims;

(f) performing any functions and activities related to the products and/or services provided by the **Company** including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research, data analytics, statistical analysis, and reinsurance arrangements;

(g) providing you with personalised health information and information about **our** services or products, and personalised website, mobile **application** or portal interface;

(h) providing you with appropriate health, **insurance** administration, wellness or other related services (including, without limitation, e-ticketing, appointment booking and clinic / medical professional search and service and product redemption functions on the website(s), mobile **application**(s) or portal(s)) managed and/or operated by **us**) or products;

(i) communicating with you regarding the administration, features and **renewal** of the **insurance** policy that you subscribe to;

(j) operating, maintaining, evaluating, improving, troubleshooting problems, and understanding your preference(s) with **our** website(s), mobile **application**(s) or portal(s);

(k) provision and design of products and services of the **Company**;

(l) exercising the **Company's** rights in connection with provision of any products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;

(m) communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Notice;

(n) with your consent, marketing services, products and other subjects by **us**, any member and/or brand of the Group Companies (such as Horizon Health and Care Limited and/or Quality HealthCare Group, **our** affiliates) and/or other third parties (please see further details in paragraph 5 below);

(o) managing **our** relationship with you, **our** business and organisations who work with **us** in relation to providing **our** products or services to you, or the Member (including, with limitation, futures changes to this Notice);

(p) enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the **Company's** rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation;

(q) making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the **Company**; and

(r) fulfilling any other purposes directly related to (a) to (q) above.

4. Transfer of Personal Information

4.1 Personal information collected or held by the **Company** relating to you, or the Member, will be kept confidential but the **Company** may transfer such personal information inside or outside the Hong Kong Special Administrative Region of the People's Republic of China, for the purposes specified in paragraph 3 to the following classes of transferees:

(a) any member and/or brand of the Group Companies;

(b) any **insurance** adjusters, agents and brokers;

(c) any re-**insurance** companies authorised by the **Company**;

(d) employers (for members of corporate policy only);

(e) healthcare professionals and hospitals;

(f) any third parties engaged in connection with a member of the Group **Company's** business who provides medical, health, **insurance**, wellness or other related services or products;

(g) any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing, storage of analytics, printing, research, advertising, distribution or other services to the **Company** in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other **insurance** companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the **insurance** industry; the police and databases or registers (and their operators) used by the **insurance** industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);

(h) with your consent, third parties (within or outside the Group Companies) in relation to direct marketing (please see further details in paragraph 5 below);

(i) third party reward, loyalty, co-branding and privileges programme providers and co-branding partners of a member of the Group Companies;

(j) financial institutions engaged by the **Company** or you for billing and payment purposes;

(k) any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the **Company's** rights or business; and

(l) any person to whom the **Company** is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the **Company** including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.

4.2 **We** will only disclose personal information limited to that which is necessary to the above parties for the relevant purposes, who may process (including, without limitation, by recording, organising, structuring, storing, adapting, altering, retrieving, using, aligning, combining or erasing) your personal information for the relevant purposes set out in paragraph 3 above.

4.3 In the event that **we** complete the acquisition of a new business or brand, **we** shall communicate with you through the communication channels you provided to **us**, and any personal information shall be treated in accordance with this Notice if it is practicable and permissible to do so.

5. Use of Personal Information in Direct Marketing

5.1 Only with your consent (which includes an indication of no objection), the **Company**, any member and/or brand of the Group Companies and/or the third parties stated under paragraphs 3.1 (n) and 5.2 (b) to (e) may use your personal information collected from time to time to provide you with marketing communications (including by email, SMS, mobile **application**, social media, instant messenger or other means that become available from time to time) relating to the following products and services:

(a) **insurance**, medical, dental, healthcare, wellness, personal development, beauty, sporting activities and **membership**, lifestyle, entertainment, financial, and related services and products;

(b) rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products;

(c) services and products offered by the **Company's** co-branding partners; and

(d) donations and contributions for charitable and/ or non-profit making purposes.

5.2 The above services, products and subjects may be provided or (in the case of donations and contributions) solicited by the **Company** and/or:

(a) any member and/or brand of the Group Companies;

(b) third party service providers;

(c) third party reward, loyalty, co-branding or privileges programme providers;

(d) co-branding partners of a member of the Group Companies; and

(e) charitable or non-profit making organisations.

5.3 **We** may not use your personal information for direct marketing purposes unless **we** have received your consent. For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from you shall override any previous instruction given to the **Company** in this regard in relation to all of your personal information collected or held by the **Company** from time to time.

5.4 If you choose to personalise your services where such options are available, **we** will use personal information that **we** collect so that **we** can offer you those personalised services or communications. If you do not wish to accept those personalised services or communications, you can unsubscribe from those services at any time and **we** will cease to offer such services to you.

5.5 For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 5, the **Company** may still communicate with you regarding the administration, features and **renewal** of your **insurance** policy.

6. Security and Retention

6.1 The **Company** retains your personal information for as long as necessary for the purposes set out in this Notice, or otherwise agreed between you and **us**, unless otherwise required or permitted under applicable law.

6.2 Where the **Company** no longer requires your personal information for the purposes under this Notice, or otherwise required under law, **we** will take appropriate steps to securely delete or destroy your personal information.

6.3 **We** will take reasonable steps to securely store your personal information. This includes implementing a range of digital and physical security measures. In addition, **we** will restrict access to your personal information to those properly authorised to have access.

6.4 When you use **our** sites, **we** and third-party companies collect information by using cookies and other technologies such as pixel tags (for simplicity **we** refer to all such technologies as "cookies"). The updated version of the Cookies Policy is available for download from **our** website: www.bupa.com.hk and is available upon request.

6.5 **Our** websites, mobile applications or portals may provide the links to other external websites over which **we** do not have control. You are advised to refer to the privacy policies of these websites for more information.

7. Data Access and Correction

7.1 Under and in accordance with the terms of the Ordinance, you have the following rights to:

(a) check whether the **Company** holds personal information relating to you or the Member and to access such personal information;

(b) require the **Company** to correct any personal information relating to you or the Member which is inaccurate;

(c) ascertain **our** policies and practices in relation to personal data and to be informed of the kind of personal data held by the **Company**;

(d) request the **Company** to cease using your personal information for direct marketing purposes; and

(e) change your preference in respect of **our** use of your personal information.

7.2 Requests can be made in writing to the **Company's** Data Protection Officer at the following address:

Data Privacy Officer/ **Customer** Service Manager

6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong

8. In accordance with the terms of the Ordinance, the **Company** has the right to charge a reasonable fee for the processing of any personal information access or correction request.

9. For any enquiries about this Notice, please do not hesitate to contact **our Customer** Care helpdesk at 2531 8503.

10. Nothing in this Notice shall limit the rights of **customers** under the Ordinance.

11. In case of discrepancies between the English and Chinese versions of this Notice, the English version shall prevail. This Notice maybe amended by the **Company** from time to time.

Issued by Bupa (Asia) Limited

Glossary

This Glossary with definitions is part of the **Terms and Conditions**.

Defined term	Description
Acceptable current clinical evidence:	International medical and scientific evidence which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people and clinical trials which are not registered.
Active treatment for cancer:	**Active treatment for cancer** is chemotherapy, radiotherapy and immunotherapy.
Acute serious illness:	An "**acute serious illness**" shall be determined to exist only after review and agreement by both the attending **specialist** and the **Company's** medical consultant.
Advanced therapy medicinal products (**ATMPs**)	**Treatments** that are based on genes, tissues or cells, for example Chimeric Antigen Receptor (CAR) T-cell **treatment**.
Appliances:	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 ○ is fit for use in the home.
Applicant:	A person named on the **Application** Form and the Medical Questionnaire as an **applicant** for **insurance**.
Application:	The **Application** Form and Medical Questionnaire.
Benefit limits:	The maximum amount of money which will be paid by way of payment of medical expenses as further detailed in the Table of Benefits.
Bupa Global:	Bupa **Insurance** Services Limited (the international administrator of the health plan), a **company** registered in England and Wales, with **company** no. 3829851, of Bupa, 1 Angel Court, London EC2R 7HJ, UK.
Bupa Group	Bupa Asia, **Bupa Global**, Bupa **Insurance** Limited and all other companies in the **Bupa Group**, and those companies which provide any administration of this policy on behalf of Bupa Asia.
Company, the (incl. **we**/**us**/**our**):	Bupa (Asia) Limited
Country of residence:	The country where the **customer** is living/spending most of his/her time. This should be the country in which the relevant authorities (such as tax authorities) will consider the **customer** to be resident for the duration of the **insurance**.
Customer:	The **policyholder** and/or all other insured persons as listed in the valid **insurance certificate**.
Deductible:	The total amount of money noted in the **insurance certificate** which each **customer** agrees to pay each policy year before being reimbursed by the **Company**.
Documents:	Any written information related to the **insurance** including invoices, **insurance certificates** and the like.
Due date:	Date on which a premium is due to be paid.
End date:	The date indicated on the **insurance certificate** that the policy is renewed, marking the end of the **insurance** period but not the end of the **insurance** cover.
Experimental or unproven treatment:	Clinical tests, **treatments**, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy. This includes: ○ any test, **treatment**, equipment, medicine, device or procedure that is not considered to be in 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. ○ 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 Institute 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 **customer** 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. Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not considered 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.
Family members:	Persons of a family relationship (related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
Hospital accommodation:	Coverage of a room that is no more expensive than the hospital's standard single room with a private bathroom. Charges for the **customer's** standard meals and refreshments are also covered. The charges will be paid for the length of stay that is medically appropriate for the procedure the **customer** is admitted for and any accompanying relative (if covered under the **insurance** plan).

Defined term	Description
Hospitalisation:	**Surgery** or medical **treatment** in a hospital or clinic as an in-patient when it is medically necessary to occupy a bed overnight.
Ineligible medical practitioner, **provider or facility**:	○ **treatment** that you have from a person or at a place if: ○ the relevant local authorities do not recognise them as having **specialist** knowledge of, or expertise in treating the disease, illness or injury that you need **treatment** for, or ○ **we** have told them in writing that **we** will not pay for **treatment** they give to anyone covered by **our** health plans. You can contact **us** for details of who **we** have sent written notice to, or visit Facilities Finder at bupaglobal.com/en/facilities/finder ○ **treatment** you give yourself ○ **treatment** from anyone who lives with you ○ **treatment** from a **family member**.
Insurance Certificate:	Policy details showing the type of **insurance** purchased, **deductible** and any **special terms**.
Insurance:	The **Terms and Conditions** and **insurance certificate** representing the **insurance** contract with the **Company** and setting out the scope of the **insurance** terms, the premium payable, **deductible** and **benefit limits**.
Known area of conflict:	**Known area of conflict** is a country or part of a country, which the **customer's** resident country's Foreign Ministry classify in the red category (or equivalent category) and warns its people not to go. If in doubt, the advice of the UK government's website prevails.
Membership:	Your **insurance** with **Bupa Global**.
Mental health treatment:	**Treatment** of mental conditions, including eating disorders.

Defined term	Description
Original date of joining:	The date on which the **insurance** commences, unless otherwise stated in the **terms and conditions**
Out-patient:	**Treatment** provided at a hospital, **out-patient** clinic or associated facility where it is not medically necessary to occupy a bed overnight.
Persistent vegetative state:	**Persistent vegetative state**: • state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and • the person does not respond to stimuli such as calling their name, or touching. The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.
Policy anniversary:	Each anniversary of the date the **policyholder** joined the **insurance**.
Policyholder:	The person identified as the **policyholder** on the **Application** Form.
Pre-existing condition:	The medical history, including the illnesses and conditions listed in the Medical Questionnaire or declared in your **application**, which may affect the **Company's** decision to insure or not to insure or to impose **special terms**
Professional sports activities	Any sport the member takes part in and is compensated for, whether when participating in training practice or in competitive practice.
Psychologist and **psychotherapist**:	A person who is legally qualified and is permitted to practice as such in the country where the **treatment** is received.

Defined term	Description
Reasonable and Customary:	The 'usual', or 'accepted standard' amount payable for a specific healthcare **treatment**, procedure or service in a particular geographical region, and provided by benefit providers of comparable quality and experience. These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by **our** experience of usual, and most common, charges in that region.
Recognised mental health providers:	Psychiatrist, **psychologist** and **psychotherapist**.
Renewal:	The automatic **renewal** of the **insurance** as per the **policy anniversary**.
Serious injury:	A "**serious injury**" shall be determined to exist only after review and agreement by both the attending **specialist** and the **Company's** medical consultant.
Special terms:	Restrictions, limitations or conditions applied to the **Company's standard terms** as detailed in the **insurance certificate**.
Specialist:	A surgeon, anaesthetist or physician who: ○ is legally qualified to practise medicine or **surgery** following attendance at a recognised medical school, and ○ is recognised by the relevant authorities in the country in which the **treatment** is received as having specialised qualification in the field of, or expertise in, the **treatment** of the disease, illness or injury being treated. By 'recognised medical school' **we** mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.
Standard terms:	The **Company's** standard **insurance** terms with no special restrictions, limitations or conditions.

Defined term	Description
Start date:	The date indicated on the **insurance certificate** on which the **insurance** period starts.
Subrogation:	The insurer's right to enforce a remedy which the **customer** has against a third party and the insurer's right to require the **customer** to repay the insurer if the insurer has paid expenses recouped by the **customer** from a third party.
Surgery:	A medical procedure that involves the use of instruments or equipment which are inserted into the body.
Terminal phase:	When the advent of death is highly probable and medical opinion has rejected active therapy in favour of the relief of symptoms and support of both patient and family. This decision must be confirmed by the **Company's** medical consultants.
Terms and Conditions:	The **terms and conditions** of the **insurance** purchased.
Treatment:	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.
Waiting period:	A period of time from the **original date of joining** where the **insurance** provides no cover unless as per specification in Art. 3.

Bupa (Asia) Limited
6/F, Tower 2, The Quayside,
77 Hoi Bun Road, Kwun Tong, Kowloon,
Hong Kong

Call our Customer Service for questions on your policy, payment, coverage

Open 7am - 7pm (HKT) Mon-Fri
7am - 4pm (HKT) Weekend and public holiday
Tel: +852 2531 8503
Email: service.hk@bupaglobal.com

Call Bupa Global Assistance for 24-hour emergency service and medical help

Tel: +852 2531 8573
Email: emergency.hk@bupaglobal.com

Calls are recorded for training and quality purposes and may be shared when legally required to.

The **insurance** plans are insured by Bupa (Asia) Limited and administered by **Bupa Global**. **Bupa Global** is a trading name adopted by Bupa (Asia) Limited in relation to its portfolio of International Private Medical Insurance products and services. Bupa (Asia) Limited is authorised and regulated by the Hong Kong Insurance Authority.

www.bupaglobal.com

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