

# 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.	USD 2 mill / EUR 2 mill / CHF 3 mill	USD 2 mill / EUR 2 mill / CHF 3 mill
Please contact <b>us</b> for pre-authorisation before proceeding with all in-patient and day/case <b>treatment</b> . Benefits may not be paid unless pre-authorisation has been provided.		

Hospitalisation	Hospital Plan	Complete Plan
Private room (see also Glossary: ' <b>Hospital accommodation</b> ')	100%	100%
Intensive care room	100%	100%
Room and board for a parent or legal guardian accompanying a child dependant (see also Glossary: ' <b>Hospital accommodation</b> ')	100%	100%
<b>Surgery</b>	100%	100%
Initial reconstruction <b>surgery</b> , immediate or delayed, following an injury or illness (excluded corrective reconstruction <b>surgery</b> for enhancement of appearance and replacement of implant/ prosthesis).	100%	100%
Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b> . Benefit may not be paid unless pre-authorisation has been provided.		
Pacemaker, maximum	USD 25,000 / EUR 25,000 / CHF 37,000	USD 25,000 / EUR 25,000 / CHF 37,000
Medical <b>treatment</b> , laboratory tests, X-rays	100%	100%
Endoscopic examination	100%	100%
Medicine for use during <b>hospitalisation</b> 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 <b>Company</b> )	100%	100%
Emergency room <b>treatment</b> in connection with acute illness or accident	100%	100%
<b>Out-patient surgery</b> 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
<p>If you are diagnosed with cancer, we will pay for costs related specifically to planning and carrying out treatment for the cancer. This includes:</p> <ul style="list-style-type: none"><li>○ surgery (including any prostheses needed)</li><li>○ specialists' fees</li><li>○ diagnostic tests</li><li>○ consultations with a specialist</li><li>○ chemotherapy</li><li>○ radiotherapy</li><li>○ treatment you need to relieve the side effects of cancer treatment<ul style="list-style-type: none"><li>○ examples include antibiotics, anti-sickness drugs, pain relief, blood transfusions, cold cap treatment needed as a result of cancer treatment.</li></ul></li><li>○ bone marrow and peripheral blood stem cell transplants (see the 'transplant services' benefit for details of what we cover)</li><li>○ one wig</li><li>○ 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</li></ul> <p>We will also pay for you to have a chemotherapy at home where this is possible.</p> <p>Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.</p> <p>Treatment for cancer using ATMPs will be covered separately from the ATMP benefit.</p>	100%	100%

Complete Plan and Hospital Plan (continued)

Advanced therapy medicinal products (ATMPs)	Hospital Plan	Complete Plan
<p><b>We</b> pay for <b>ATMP treatment</b> if it is:</p> <ul style="list-style-type: none"><li>○ administered by a <b>specialist</b> in the country where you receive it, and;</li><li>○ approved by the licensing authority in the country where you receive it, for your condition, stage of disease and stage of <b>treatment</b> that you have, and;</li><li>○ endorsed by an independent <b>specialist</b> appointed by <b>Bupa Global</b> who confirms it:<ul style="list-style-type: none"><li>○ as medically appropriate, based on established medical practice, or</li><li>○ is provided under a registered and ethically approved study (in this case <b>we</b> will not apply the '<b>experimental or unproven treatment</b>' exclusion).</li></ul></li></ul> <p>Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b>. Benefit may not be paid unless pre-authorisation has been provided.</p>	100%, one course of <b>treatment</b> for each condition per lifetime	100%, one course of <b>treatment</b> for each condition per lifetime

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

In-patient Rehabilitation	Hospital Plan	Complete Plan
<p><b>We</b> 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. <b>We</b> do not pay for room and board for rehabilitation when the <b>treatment</b> being given is solely physiotherapy.</p> <p><b>We</b> pay for rehabilitation, only when you have received <b>our</b> pre-authorisation before the <b>treatment</b> starts, for up to 90 days <b>treatment</b> in each <b>membership</b> year. For in-patient <b>treatment</b> one day is each overnight stay and for day-case <b>treatment</b>, one day is counted as any day on which you have one or more appointments for rehabilitation <b>treatment</b>. <b>We</b> only pay for rehabilitation where it:</p> <ul style="list-style-type: none"><li>○ starts within six weeks of in-patient <b>treatment</b> which is covered by your <b>membership</b> (such as trauma or stroke), and</li><li>○ arises as a result of the condition which required the in-patient <b>treatment</b> or is needed as a result of such <b>treatment</b> given for that condition</li></ul> <p>Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b>. Benefit may not be paid unless pre-authorisation has been provided.</p> <p>Note: in order to give pre-authorisation, <b>we</b> must receive full clinical details from your consultant; including your diagnosis, <b>treatment</b> given and planned, and proposed discharge date if you receive rehabilitation.</p>	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 <b>us</b> for pre-authorisation before proceeding with <b>treatment</b> . 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 <b>waiting period</b> only applies to <b>insurances</b> with an <b>original date of joining</b> 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 <b>specialists</b> , psychiatrists, other <b>specialists</b>	90%

Psychologist and psychotherapist*	
<b>Psychologist</b> and <b>psychotherapist</b> , 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 <b>treatment</b> , kinesiology, neuraltherapy, phytotherapy and antroposophic <b>treatment</b> if performed by a <b>specialist</b> 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 <b>specialist</b>	50%
Full health screening, per policy year maximum	Covered 90% up to USD 600 / EUR 600 / CHF 910

Chiropractor / Osteopath	
Examination, <b>treatment</b> , X-ray	50%

Medicine	
Prescribed medicine	90%
Dressings, <b>appliances</b> , vaccinations and injections	
Homeopathic and naturopathic medicine when prescribed by a licensed <b>specialist</b> 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 <b>treatment</b>	100%
Statutory arrangements in case of death, such as embalming and zinc coffin Transportation of the urn/coffin	100%
<b>Expenses are covered up to the overall annual maximum of your policy</b>	
In all circumstances, <b>we</b> must be notified before transport takes place, either directly or through the attending <b>specialist</b>	
Medical Evacuation & Repatriation must be pre-authorised by the <b>Company</b>	
Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b> . 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
<ul style="list-style-type: none"><li>○ Examination</li><li>○ Tooth-cleaning</li><li>○ Individual preventive <b>treatment</b></li><li>○ Filling: not compound, compound, double compound, enamel cement, plastic, single surfaced, plastic, multi surfaced</li><li>○ Root <b>treatment</b>: coronal amputation, apical amputation, root filling, acute opening of root canal and following canals</li><li>○ Tooth extraction</li><li>○ <b>Surgery</b></li><li>○ X-ray, simple and panoramic</li><li>○ Emergency <b>treatment</b></li><li>○ Local anaesthesia</li><li>○ Occlusion bar</li><li>○ Retaining pivots, root screws and pivots</li><li>○ Prescription</li></ul>	75%

Dental & Optical (continued)

<b>Crowns and Gold Inlay</b>	<b>Subject to a 12 month waiting period</b>
<ul style="list-style-type: none"><li>○ Gold, jacket, porcelain crowns</li><li>○ Gold inlay, pivot teeth, plastic crowns</li><li>○ Build-up and recementation</li><li>○ Temporary crowns and implants</li></ul>	75%
<b>Bridgework</b>	<b>Subject to a 12 month waiting period</b>
Bridgework and repairs	75%
<b>Treatment of Periodontitis</b>	<b>Subject to a 12 month waiting period</b>
<ul style="list-style-type: none"><li>○ <b>Treatment</b> of gingivitis and periodontitis, preventive <b>treatment</b> included</li><li>○ Rootscaling</li><li>○ Periodontal <b>surgery</b> and membrane <b>treatment</b></li></ul>	75%
<b>Tooth adjustments and Dentures</b>	<b>Subject to a 12 month waiting period</b>
Tooth adjustments	75%
Dentures and repairs	75%
<b>Glasses / Contact Lenses</b>	<b>No waiting period applies</b>
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
<b>Eye check</b>	<b>No waiting period applies</b>
Eye check performed by an optician/optometrist (maximum two visits per policy year)	75%