

# TABLE OF BENEFITS - PREMIER HEALTH PLAN

BENEFIT AND EXPLANATION	LIMITS
ALL BENEFITS BELOW, EVEN THOSE PAID IN FULL WILL CONTRIBUTE TO THE OVERALL ANNUAL <b>POLICY</b> MAXIMUM LIMIT	
Overall annual <b>policy</b> maximum USD 5,000,000 or HKD 39,000,000	
<b>In-patient deductibles:</b> No <b>deductible</b> or Optional USD 1,500 or HKD 11,700 Optional USD 4,000 or HKD 31,200 Optional USD 10,000 or HKD 78,000 Please see <b>your</b> insurance certificate for details of the <b>deductible</b> that applies to <b>your in-patient</b> and <b>day-patient</b> benefits.  MANDATORY PRE-AUTHORISATION There are some benefits for which <b>you</b> must receive pre-authorisation. This will be stated in the benefit explanation. Benefits may not be paid unless pre-authorisation has been provided. Please contact <b>us</b> for pre-authorisation before proceeding with all <b>in-patient</b> and day/case <b>treatment</b> . Benefits may not be paid unless pre-authorisation has been provided.	
<b>OUT-PATIENT DAY TO DAY CARE</b>	
*PAID IN FULL UP TO THE ANNUAL MAXIMUM OF <b>OUT-PATIENT</b> DAY TO DAY CARE LIMIT OF USD 38,500 OR HKD 300,000	Annual maximum USD 38,500 or HKD 300,000
<b>Co-insurances:</b> No <b>co-insurance</b> or Optional 15% <b>co-insurance</b> Please see <b>your</b> insurance certificate for details of the <b>co-insurance</b> that applies to <b>your out-patient</b> day to day care benefits Please note that the <b>deductible</b> and not the <b>co-insurance</b> apply to the <b>out-patient treatment</b> undertaken in connection with the advanced imaging, cancer <b>treatment</b> , transplant services and kidney dialysis benefits.	
<b>OUT-PATIENT SURGICAL OPERATIONS</b>  When carried out by a <b>specialist</b> or a <b>doctor</b> .	Paid in full*
<b>PATHOLOGY, RADIOLOGY AND DIAGNOSTIC TESTS</b>  When recommended by <b>your specialist</b> or <b>doctor</b> to help diagnose or assess <b>your</b> condition: <ul style="list-style-type: none"><li>◦ pathology such as blood test(s)</li><li>◦ radiology such as ultrasound or X-ray(s)</li><li>◦ <b>diagnostic tests</b> such as electrocardiograms (ECGs)</li></ul>	Paid in full*

BENEFIT AND EXPLANATION	LIMITS
<b>SPECIALIST CONSULTATIONS AND DOCTOR'S FEES</b>  Consultations with <b>your specialist</b> or <b>doctor</b> , for example to: <ul style="list-style-type: none"><li>◦ receive or arrange <b>treatment</b></li><li>◦ follow up on <b>treatment</b> already received</li><li>◦ receive pre- and post-<b>hospital</b> consultations/<b>treatment</b></li><li>◦ receive prescriptions for medicines, or</li><li>◦ diagnose <b>your</b> symptoms</li></ul> Such consultations may take place in the <b>specialist's</b> or <b>doctor's</b> office, by telephone or using the internet.	Paid in full* Up to 30 consultations each <b>policy year</b>
<b>QUALIFIED NURSES</b>  Costs for nursing care, for example injections or wound dressings by a <b>qualified nurse</b> .	
<b>MENTAL HEALTH</b>  Consultation fees with psychiatrists, <b>psychologists</b> and <b>psychotherapists</b> to: <ul style="list-style-type: none"><li>◦ receive or arrange <b>treatment</b></li><li>◦ receive pre- and post-<b>hospital treatment</b>, or</li><li>◦ diagnose <b>your</b> illness</li></ul> Such consultations must take place in the psychiatrist's, <b>psychologist's</b> or <b>psychotherapist's</b> office.	
<b>PHYSIOTHERAPISTS, OSTEOPATHS AND CHIROPRACTORS</b>  Consultations and <b>treatment</b> with <b>physiotherapists</b> , <b>osteopaths</b> , <b>chiropractors</b> for physical therapies aimed at restoring <b>your</b> normal physical function.	
<b>OCCUPATIONAL THERAPIST AND ORTHOPTIST</b>  Consultations and <b>treatment</b> with occupational <b>therapists</b> and orthoptists.	
<b>FOOTCARE</b>  <b>Treatment</b> by a podiatrist, orthopaedic <b>specialist</b> , or chiropodist. <b>Treatment</b> for corns, calluses or thickened misshapen nails will <u>only</u> be covered if <b>you</b> have diabetes.	Paid in full* up to 4 visits each <b>policy year</b>
<b>DIETETIC GUIDANCE</b>  <b>We</b> pay for consultations with a <b>dietician</b> , required for dietary advice relating to a diagnosed disease or illness, such as diabetes.	
<b>PRESCRIBED MEDICINES AND DRESSINGS</b>  Medicines and dressings prescribed by <b>your medical practitioner</b> , required to treat a disease, illness or injury.	
<b>COMPLEMENTARY MEDICINES: HOMEOPATHY, NATUROPATHY, CHINESE MEDICINE AND BONESETTER</b>  Consultations and <b>treatment</b> with homeopaths, naturopaths, Chinese medicine practitioners and Bonesetters who are appropriately qualified and registered to practise in the country where <b>treatment</b> is received.  Note: should any complementary medicines or <b>treatments</b> be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate consultation.  <b>We</b> only pay for the complementary medicines and therapies above. Exclusions apply to some Chinese medicines as detailed in the General exclusions section.	Up to 15 visits each <b>policy year</b> *



BENEFIT AND EXPLANATION	LIMITS
<p>DURABLE MEDICAL EQUIPMENT</p> <p>Durable medical equipment that:</p> <ul style="list-style-type: none"> <li>◦ can be used more than once</li> <li>◦ is not disposable</li> <li>◦ is used to serve a medical purpose</li> <li>◦ is not used in the absence of a disease, illness or injury and</li> <li>◦ is fit for use in the home</li> </ul> <p>For example oxygen supplies or wheelchairs.</p>	Paid in full*
PREVENTIVE TREATMENT	
<p>HEALTH SCREENING AND WELLNESS (WAITING PERIOD 10 MONTHS)</p> <p>Once <b>you</b> have been covered on this <b>health plan</b> for 10 months.</p> <p>A health screen generally includes various routine tests performed to assess <b>your</b> state of health and could include tests to check cholesterol and blood sugar (glucose) levels, liver and kidney function tests, a blood pressure check, and a cardiac risk assessment. <b>You</b> may also have the specific screening tests for breast, cervical, prostate, colorectal cancer or bone densitometry. The actual tests <b>you</b> have will depend on those supplied by the <b>benefits provider</b> where <b>you</b> have <b>your</b> screening.</p>	Up to USD 1,300 or HKD 10,000 each <b>policy year</b>
<p>VACCINATIONS</p> <p>The following are covered:</p> <ul style="list-style-type: none"> <li>◦ Vaccinations which are recommended as part of the national childhood immunisation programme in the country of residency</li> <li>◦ Human papilloma virus (HPV) vaccination to protect against cervical cancer</li> <li>◦ Influenza (seasonal flu) vaccination</li> </ul> <p>Travel vaccinations are not covered under this benefit.</p>	Up to USD 750 or HKD 5,800 each <b>policy year</b>
<p>EYE TEST</p> <p>One eye test each <b>policy year</b>, which includes the cost of <b>your</b> consultation and sight/vision testing.</p>	Paid in full 1 test each <b>policy year</b>
<p>PREVENTIVE DENTAL (WAITING PERIOD 6 MONTHS)</p> <p>Once <b>you</b> have been covered on this <b>health plan</b> for 6 months:</p> <ul style="list-style-type: none"> <li>◦ two check-ups/exams each <b>policy year</b></li> <li>◦ X-rays/bitewing/single view/Orthopantomogram (OPG)</li> <li>◦ scale and polish/ tooth cleaning</li> <li>◦ gum shield/mouth guard</li> </ul>	Paid in full 2 visits each <b>policy year</b>
DENTAL TREATMENT AND HEARING AIDS/OPTICAL	
DENTAL TREATMENT	
<p>ACCIDENT RELATED DENTAL TREATMENT</p> <p><b>We</b> pay for accident-related dental <b>treatment</b> that <b>you</b> receive from a dental practitioner for <b>treatment</b> during an <b>emergency</b> visit following accidental damage to any tooth.</p> <p>Until <b>you</b> have been covered on this <b>health plan</b> for 6 months <b>we</b> only pay any accident related dental <b>treatment</b> taking place up to 30 days after the accident.</p>	50% up to USD 2,550 or HKD 20,000 each <b>policy year</b>

BENEFIT AND EXPLANATION	LIMITS	
<p>ROUTINE DENTAL (WAITING PERIOD 6 MONTHS)</p> <p>Once <b>you</b> have been covered on this <b>health plan</b> for 6 months:</p> <ul style="list-style-type: none"><li>◦ fillings</li><li>◦ root canal <b>treatment</b></li><li>◦ x-ray</li><li>◦ tooth extraction</li><li>◦ anaesthesia</li></ul>	Please see previous page for shared limit.	
<p>MAJOR RESTORATIVE (WAITING PERIOD 6 MONTHS)</p> <p>Once <b>you</b> have been covered on this <b>health plan</b> for 6 months:</p> <ul style="list-style-type: none"><li>◦ bridges</li><li>◦ crowns</li><li>◦ dental implants</li><li>◦ dentures</li></ul>		
HEARING AIDS/OPTICAL		
<p>HEARING AIDS</p> <p>Costs for prescribed hearing aids.</p>		
<p>SPECTACLE FRAMES AND LENSES AND CONTACT LENSES</p> <p>Spectacle and contact lenses which are prescribed to correct a sight/vision problem such as short or long sight.</p>		
IN-PATIENT CARE: FOR ALL IN-PATIENT AND DAY-PATIENT TREATMENT COSTS		
<p><b>Your</b> optional <b>deductible</b> applies to all the following benefits.</p> <p>Please see <b>your</b> insurance certificate for details of the <b>deductible</b> that applies to <b>your in-patient</b> and <b>day-patient</b> benefits.</p>		
<p>HOSPITAL ACCOMMODATION, ROOM AND BOARD</p> <p>When:</p> <ul style="list-style-type: none"><li>◦ there is a medical need to stay in <b>hospital</b></li><li>◦ the <b>treatment</b> is given or managed by a <b>specialist</b></li><li>◦ the length of <b>your</b> stay is medically appropriate</li></ul> <p><b>We</b> will not pay the extra costs of a deluxe, executive or VIP suite. If the cost of <b>treatment</b> is linked to the type of room, <b>we</b> pay the cost of <b>treatment</b> at the rate which would be charged if <b>you</b> occupied a room type appropriate for this <b>health plan</b>.</p> <p>For <b>in-patient</b> stays of 5 nights or more, <b>you</b> or <b>your specialist</b> must send <b>us</b> a medical report before the fifth night, confirming <b>your</b> diagnosis, <b>treatment</b> already given, <b>treatment</b> planned and discharge date.</p> <p><b>We</b> will also pay up to USD 17 or HKD 130 each day for personal expenses such as newspapers, television rental and guest meals when <b>you</b> have had to stay overnight in <b>hospital</b>.</p>	Paid in full Standard private room	
<p>PARENT ACCOMMODATION IN <b>HOSPITAL</b></p> <p>Room and board costs for a parent staying in <b>hospital</b> with their child when the costs are for one parent only, <b>you</b> are staying with a child up to 18 years old and the child is insured and receiving <b>treatment</b> that is covered.</p>	Paid in full	



BENEFIT AND EXPLANATION	LIMITS
<p>OPERATING ROOM, MEDICINES AND SURGICAL DRESSINGS</p> <p>Costs of the:</p> <ul style="list-style-type: none"> <li>◦ operating room</li> <li>◦ recovery room</li> <li>◦ medicines and dressings used in the operating or recovery room</li> <li>◦ medicines and dressings used during <b>your hospital</b> stay</li> </ul>	Paid in full
<p><b>INTENSIVE CARE</b></p> <p>Costs for <b>treatment</b> in an <b>intensive care</b> unit when it is <b>medically necessary</b> or an essential part of <b>treatment</b>.</p>	Paid in full
<p>SURGERY, INCLUDING SURGEONS' AND ANAESTHETISTS' FEES</p> <p>Surgery, including surgeons' and anaesthetists' fees, as well as <b>treatment</b> needed immediately before and after the surgery on the same day.</p>	Paid in full
<p><b>SPECIALISTS' CONSULTATION FEES</b></p> <p>When <b>you</b> require medical <b>treatment</b> during <b>your</b> stay in <b>hospital</b>.</p>	
<p>PATHOLOGY, RADIOLOGY AND <b>DIAGNOSTIC TESTS</b>:</p> <ul style="list-style-type: none"> <li>◦ pathology such as blood test(s)</li> <li>◦ radiology such as ultrasound or X-ray(s)</li> <li>◦ <b>diagnostic tests</b> such as electrocardiograms (ECGs)</li> </ul> <p>when recommended by <b>your specialist</b> to help diagnose or assess <b>your</b> condition when <b>you</b> are in <b>hospital</b>.</p>	Paid in full
<p><b>MENTAL HEALTH</b></p> <p><b>Mental health treatment</b>, where it is <b>medically necessary</b> for <b>you</b> to be treated as a <b>day-patient</b> or <b>in-patient</b> to include room, board and all <b>treatment</b> costs related to the mental health condition.</p> <p>Any <b>mental health treatment</b> overnight in <b>hospital</b> and as a <b>day-patient</b> for 5 days or more will need pre-authorisation. Benefit will not be paid unless pre-authorisation has been provided.</p>	Paid in full
<p><b>PHYSIOTHERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS AND DIETICIANS</b></p> <p><b>Treatment</b> provided by <b>therapists</b> (such as occupational <b>therapists</b>), physiotherapy and <b>dietician</b> or speech therapy if it is needed as part of <b>your treatment</b> in <b>hospital</b>, meaning this is not the sole reason for <b>your hospital</b> stay.</p>	Paid in full

BENEFIT AND EXPLANATION	LIMITS
<p>OBESITY SURGERY (WAITING PERIOD OF 24 MONTHS)</p> <p>Once <b>you</b> have been covered on this <b>health plan</b> for 24 months, <b>we</b> may pay, subject to <b>Bupa Global's</b> medical <b>policy</b> criteria, for bariatric surgery, if <b>you</b>:</p> <ul style="list-style-type: none"> <li>◦ have a body mass index (BMI) of 40 or over and have been diagnosed as being morbidly obese</li> <li>◦ can provide documented evidence of other methods of weight loss which have been tried over the past 24 months and</li> <li>◦ have been through a psychological assessment which has confirmed that it is appropriate for <b>you</b> to undergo the procedure</li> </ul> <p>The bariatric surgery technique needs to be evaluated by <b>our</b> medical teams and is subject to <b>Bupa Global's</b> medical <b>policy</b> criteria.</p> <p>In some cases, <b>you</b> may qualify for weight-loss surgery if <b>your</b> BMI is between 35 and 40 and <b>you</b> have a serious weight-related health problem, such as type 2 diabetes. The decision for <b>Bupa Global</b> to cover this will be entirely made by <b>our</b> medical teams.</p> <p>Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b>. Benefit will not be paid unless pre-authorisation has been provided.</p>	Paid in full
<p><b>PROPHYLACTIC SURGERY</b></p> <p><b>We</b> may pay depending on <b>Bupa Global's</b> medical <b>policy</b> criteria, for example, a mastectomy when there is a significant family history and/or <b>you</b> have a positive result from genetic testing.</p> <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>	Paid in full
<p><b>PROSTHETIC DEVICES</b></p> <p>The initial prosthetic device needed as part of <b>your treatment</b>. By this <b>we</b> mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of <b>your</b> surgical procedure.</p> <p><b>We</b> do not pay for any regular maintenance or replacement prosthetic devices for adults including any replacement devices or regular maintenance needed for a <b>pre-existing condition</b>. <b>We</b> will pay for the initial and up to two replacements per device for children under the age of 18.</p>	Per device up to USD 4,000 or HKD 31,200
<p><b>PROSTHETIC IMPLANTS AND APPLIANCES</b></p> <p>Eligible prosthetic implants and appliances shown in the following lists.</p> <p>Prosthetic implants:</p> <ul style="list-style-type: none"> <li>◦ to replace a joint or ligament</li> <li>◦ to replace a heart valve</li> <li>◦ to replace an aorta or an arterial blood vessel</li> <li>◦ to replace a sphincter muscle</li> <li>◦ to replace the lens or cornea of the eye</li> <li>◦ to control urinary incontinence or bladder control</li> <li>◦ to act as a heart pacemaker (internal cardiac defibrillator may be available subject to <b>Bupa Global's</b> medical <b>policy</b> criteria. Please contact <b>us</b> for pre-authorisation)</li> <li>◦ to remove excess fluid from the brain</li> <li>◦ cochlear implant – provided the initial implant was provided when <b>you</b> were under the age of five, <b>we</b> will pay ongoing maintenance and replacements</li> <li>◦ to restore vocal function following surgery for cancer</li> </ul> <p>Appliances:</p> <ul style="list-style-type: none"> <li>◦ a knee brace which is an essential part of a <b>surgical operation</b> for the repair to a cruciate (knee) ligament</li> <li>◦ a spinal support which is an essential part of a <b>surgical operation</b> to the spine</li> <li>◦ an external fixator such as for an open fracture or following surgery to the head or neck</li> </ul>	Paid in full



BENEFIT AND EXPLANATION	LIMITS
<p>RECONSTRUCTIVE SURGERY</p> <p><b>Treatment</b> to restore <b>your</b> appearance after an illness, injury or surgery. <b>We</b> may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during <b>your</b> current continuous cover.</p> <p>Please contact <b>us</b> for pre-authorisation before proceeding with any reconstructive surgery. Benefit will not be paid unless pre-authorisation has been provided.</p>	Paid in full
<p>ACCIDENT RELATED DENTAL <b>TREATMENT</b></p> <p><b>We</b> pay for dental <b>treatment</b> that is required in <b>hospital</b> after a serious accident.</p>	Paid in full
<p>IN-PATIENT HOSPITAL CASH BENEFIT</p> <p><b>We</b> pay <b>in-patient hospital</b> cash benefit if <b>you</b>:</p> <ul style="list-style-type: none"><li>◦ have been treated in a public <b>hospital</b> in <b>Hong Kong</b></li><li>◦ have received <b>in-patient treatment</b> in <b>hospital</b> which is covered under this plan</li></ul> <p>whether or not <b>you</b> have been charged for <b>your</b> room, board and <b>treatment</b>.</p>	Up to 20 nights each <b>policy year</b> , up to USD 150 or HKD 1170 per night
HOSPICE AND REHABILITATION	
<p>HOSPICE AND PALLIATIVE CARE</p> <p>Hospice and palliative care services if <b>you</b> have received a terminal diagnosis and can no longer have <b>treatment</b> which will lead to <b>your</b> recovery:</p> <ul style="list-style-type: none"><li>◦ <b>hospital</b> or hospice accommodation</li><li>◦ nursing care</li><li>◦ prescribed medicines</li><li>◦ physical, psychological, social and spiritual care</li></ul>	Up to USD 40,000 or HKD 312,000 per lifetime
<p>REHABILITATION (MULTIDISCIPLINARY REHABILITATION)</p> <p><b>We</b> pay for <b>rehabilitation</b>, 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 <b>rehabilitation</b> when the <b>treatment</b> being given is solely physiotherapy.</p> <p><b>We</b> pay for <b>rehabilitation</b> only when <b>you</b> have received <b>our</b> pre-authorisation before the <b>treatment</b> starts, for up to 30 days <b>treatment</b> per <b>policy year</b>. For <b>treatment</b> in <b>hospital</b> one day is each overnight stay and for <b>day-patient</b> and <b>out-patient treatment</b>, one day is counted as any day on which <b>you</b> have one or more appointments for <b>rehabilitation treatment</b>.</p> <p><b>We</b> only pay for multidisciplinary <b>rehabilitation</b> where it:</p> <ul style="list-style-type: none"><li>◦ starts within 30 days after the end of <b>your treatment</b> in <b>hospital</b> for a condition which is covered by <b>your health plan</b> (such as trauma or stroke), and</li><li>◦ arises as a result of the condition which required the hospitalisation or is needed as a result of such <b>treatment</b> given for that condition</li></ul> <p>Note: in order to give pre-authorisation, <b>we</b> must receive full clinical details from <b>your specialist</b>; including <b>your</b> diagnosis, <b>treatment</b> given and planned and proposed discharge date if <b>you</b> stayed in <b>hospital</b> to receive <b>rehabilitation</b>.</p> <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>	Paid in full Up to 30 days each <b>policy year</b>
IN-PATIENT AND/OR OUT-PATIENT CARE	
Please note that the <b>deductible</b> and not the <b>co-insurance</b> apply to the <b>out-patient treatment</b> undertaken in connection with the advanced imaging, cancer <b>treatment</b> , transplant services and kidney dialysis benefits.	

BENEFIT AND EXPLANATION	LIMITS
<p>ADVANCED IMAGING</p> <ul style="list-style-type: none"><li>◦ magnetic resonance imaging (MRI)</li><li>◦ computed tomography (CT)</li><li>◦ positron emission tomography (PET)</li></ul> <p>when recommended by <b>your specialist</b> to help diagnose or assess <b>your</b> condition.</p>	Paid in full
<p>CANCER <b>TREATMENT</b></p> <p>If <b>you</b> are diagnosed with cancer, <b>we</b> will pay for costs related specifically to planning and carrying out <b>treatment</b> for the cancer. This includes:</p> <ul style="list-style-type: none"><li>◦ surgery (including any prostheses needed)</li><li>◦ <b>specialists' fees</b></li><li>◦ <b>diagnostic tests</b></li><li>◦ consultations with a <b>specialist</b></li><li>◦ chemotherapy</li><li>◦ radiotherapy</li><li>◦ <b>treatment you</b> need to relieve the side effects of cancer <b>treatment</b><ul style="list-style-type: none"><li>◦ examples include antibiotics, anti-sickness drugs, pain relief, blood transfusions, cold cap <b>treatment</b> needed as a result of cancer <b>treatment</b>.</li></ul></li><li>◦ bone marrow and peripheral blood stem cell transplants (see the 'transplant services' benefit for details of what <b>we</b> cover)</li><li>◦ one wig</li><li>◦ consultations and <b>diagnostic tests</b> to monitor <b>your</b> condition after <b>your</b> cancer <b>treatment</b> has finished and <b>you</b> are still under the care of <b>your</b> cancer <b>specialist</b></li></ul> <p><b>We</b> will also pay for <b>you</b> to have a chemotherapy at home where this is possible.</p> <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><b>Treatment</b> for cancer using <b>ATMPs</b> will be covered separately from the <b>ATMP</b> benefit.</p>	
<p>ADVANCED THERAPY MEDICINAL PRODUCTS (ATMPs)</p> <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 <b>you</b> receive it, and;</li><li>◦ approved by the licensing authority in the country where <b>you</b> receive it, for <b>your</b> condition, stage of disease and stage of <b>treatment</b> that <b>you</b> 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 'experimental or unproven <b>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>	



BENEFIT AND EXPLANATION	LIMITS
<p>TRANSPLANT SERVICES</p> <p>All medical expenses, including consultations with a <b>doctor</b> or <b>specialist</b> and medical <b>treatments</b> whether staying in <b>hospital</b> overnight, as a <b>day-patient</b> or an <b>out-patient</b> for the following transplants, if the organ has come from a relative or a certified and verified source of donation:</p> <ul style="list-style-type: none"><li>◦ cornea</li><li>◦ small bowel</li><li>◦ kidney</li><li>◦ kidney/pancreas</li><li>◦ liver</li><li>◦ heart</li><li>◦ lung, or</li><li>◦ heart/lung transplant</li></ul> <p>Costs for anti-rejection medicines and medical expenses for bone marrow transplants and peripheral stem cell transplants, with or without high dose chemotherapy when treating cancer, are covered under the cancer <b>treatment</b> benefit.</p> <p>Donor expenses, for each condition needing a transplant whether the donor is insured or not, including:</p> <ul style="list-style-type: none"><li>◦ the harvesting of the organ, whether from a live or deceased donor</li><li>◦ all tissue matching fees</li><li>◦ <b>hospital</b>/operation costs of the donor, and</li><li>◦ any donor complications, but to a maximum of 30 days post-operatively only</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>Each condition up to USD 600,000 or HKD 4,680,000</p>
<p>KIDNEY DIALYSIS</p> <p>Provided as an <b>in-patient</b>, <b>day-patient</b> or as an <b>out-patient</b>.</p>	<p>Paid in full</p>
<p>NEWBORN CARE</p> <p>The newborn care benefit is paid instead of any other benefit.</p> <p>Newborn children must have their own membership and must be registered on a <b>Bupa Global</b> plan before this benefit can be claimed.</p> <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>Up to USD 6,250 or HKD 48,750 maximum benefit for all <b>treatment</b> received during the first 90 days following birth each <b>policy year</b></p>

BENEFIT AND EXPLANATION	LIMITS
<p>TRANSPORTATION/TRAVEL</p> <p>Evacuation covers <b>you</b> for reasonable transport costs to the nearest appropriate place of <b>treatment</b>, when the <b>treatment you</b> need is not available nearby.</p> <p>For all medical transfers:</p> <ul style="list-style-type: none"><li>◦ <b>you</b> must contact <b>us</b> for pre-authorisation before <b>you</b> travel</li><li>◦ the <b>treatment</b> must be recommended by <b>your specialist</b> or <b>doctor</b></li><li>◦ the <b>treatment</b> is not available locally</li><li>◦ the <b>treatment</b> must be covered under <b>your health plan</b></li><li>◦ <b>we</b> must agree the arrangements with <b>you</b>, and</li><li>◦ benefit is applicable for <b>hospital treatment</b>, either overnight or as a <b>day-patient</b></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>Evacuation may also be authorised if <b>you</b> need advanced imaging or cancer <b>treatment</b> such as radiotherapy or chemotherapy.</p> <p><b>We</b> will only pay if all arrangements are agreed and approved in advance by <b>Bupa Global</b>. Should <b>you</b> arrange transportation covered under the <b>health plan</b> yourself <b>we</b> shall only compensate <b>your</b> expenses to the equivalent cost if <b>we</b> had arranged <b>your</b> transportation.</p> <p>Note:</p> <ul style="list-style-type: none"><li>◦ <b>we</b> do not pay for extra nights in <b>hospital</b> when <b>you</b> are no longer receiving <b>active treatment</b> which requires <b>you</b> to be hospitalised, for example when <b>you</b> are awaiting <b>your</b> return flight.</li><li>◦ <b>we</b> will not approve a transfer which in <b>our</b> reasonable opinion is inappropriate based on established clinical and medical practice, and <b>we</b> are entitled to conduct a review of <b>your</b> case, when it is reasonable for <b>us</b> to do so. Evacuation will not be authorised if it is against the advice of the <b>Bupa Global</b> medical team.</li><li>◦ <b>we</b> will not arrange evacuation in cases where the local situation, including geography, makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. Such intervention depends upon and is subject to local and/or international resource availability and must remain within the scope of national and international law and regulations. Interventions may depend on the attainment of necessary authorisations issued by the various authorities concerned, which may be outside of the reasonable control or influence of <b>Bupa Global</b> or <b>our service partners</b></li><li>◦ <b>we</b> 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 <b>our</b> control.</li><li>◦ <b>Bupa Global</b> is not the provider of the transportation and other services set out in the transportation/travel section, but will arrange those services on <b>your</b> behalf. In some countries <b>we</b> may use <b>service partners</b> to arrange these services locally, but <b>Bupa Global</b> will always be here to support <b>you</b>.</li></ul>	
<p>EVACUATION</p> <p>Transport costs for an evacuation:</p> <ul style="list-style-type: none"><li>◦ to the nearest appropriate place where the required <b>treatment</b> is available. (This could be to another part of the country that <b>you</b> are in or to another country), and</li><li>◦ for the return journey to the place <b>you</b> were transferred from</li></ul> <p>When this is authorised in advance by <b>us</b>.</p> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"><li>◦ the reasonable cost of the return journey by land or sea, or</li><li>◦ the cost of an economy class air ticket whichever is the lesser amount</li></ul> <p><b>We</b> do not pay any other costs related to the evacuation such as travel costs or hotel accommodation. In some cases, it may be more appropriate for <b>you</b> to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, <b>we</b> will pay for taxi fares.</p>	<p>Paid in full</p>



BENEFIT AND EXPLANATION	LIMITS
<p>REPATRIATION</p> <p>Transport costs for a repatriation:</p> <ul style="list-style-type: none"><li>to <b>your specified country of nationality</b> as given on <b>your</b> application form, or <b>your specified country of residence</b>, and</li><li>the return journey to the place <b>you</b> were transferred from when:</li><li>this is authorised in advance by <b>Bupa Global</b></li></ul> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"><li>the reasonable cost of the return journey by land or sea, or</li><li>the cost of an economy class air ticket whichever is the lesser amount</li></ul> <p><b>We</b> do not pay any other costs related to the repatriation such as travel costs or hotel accommodation.</p> <p>In some cases, it may be more appropriate for <b>you</b> to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, <b>we</b> will pay for taxi fares.</p> <p>In some cases <b>you</b> may request a medical repatriation when contacting <b>Bupa Global</b> for authorisation, but this may not be medically appropriate. In these cases, <b>we</b> will first evacuate <b>you</b> to the nearest appropriate place where <b>treatment</b> is available. Once <b>you</b> have been stabilised, <b>we</b> may then repatriate <b>you</b> to <b>your specified country of nationality</b> or <b>your specified country of residence</b>.</p>	<p>Paid in full</p>
<p>TRAVEL COST FOR AN ACCOMPANYING PERSON</p> <p>Reasonable travel costs for a close relative (spouse/partner, parent, child, brother or sister) to accompany <b>you</b> if there is a reasonable need for <b>you</b> to be accompanied. By 'reasonable need' <b>we</b> mean that <b>you</b> need someone to accompany <b>you</b> for one of the following reasons:</p> <ul style="list-style-type: none"><li><b>you</b> need assistance to board or disembark from transport</li><li><b>you</b> need to be transferred over a long distance (over at least 1000 miles or 1600 KM)</li><li>there is no medical escort</li><li>in the case of <b>serious acute illness</b></li></ul> <p>The accompanying person may travel in a different class from the person receiving <b>treatment</b> depending on medical requirements.</p> <p>Reasonable travel costs for the return journey to the place <b>you</b> were transferred from when this is authorised in advance by <b>Bupa Global</b>.</p> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"><li>the reasonable cost of the return journey by land or sea, or</li><li>the cost of an economy air ticket whichever is the lesser amount</li></ul> <p><b>We</b> do not pay for someone to travel with <b>you</b> when the evacuation is for <b>you</b> to receive <b>out-patient treatment</b>.</p>	<p>Paid in full</p>
<p>TRAVEL COST FOR THE TRANSFER OF CHILDREN</p> <p>Reasonable travel costs for children to be transferred with <b>you</b> in the event of an evacuation, provided they are under the age of 18 when:</p> <ul style="list-style-type: none"><li>it is <b>medically necessary</b> for <b>you</b> as their parent or guardian to be evacuated</li><li><b>your</b> spouse, partner, or other joint guardian is accompanying <b>you</b>, and</li><li>they would otherwise be left without a parent or guardian</li></ul>	<p>Paid in full</p>

BENEFIT AND EXPLANATION	LIMITS
<p>LIVING ALLOWANCE</p> <p>Costs towards living expenses for a relative (spouse/partner, parent, child, brother or sister) who is authorised to travel with <b>you</b>:</p> <ul style="list-style-type: none"><li>following an evacuation, and</li><li>for up to 10 days, or <b>your</b> date of discharge whichever is the earlier, whilst away from their usual <b>specified country of residence</b></li></ul> <p><b>We</b> do not pay for someone to travel with <b>you</b> when evacuation is for <b>out-patient treatment</b> only.</p>	<p>10 days each <b>policy year</b> up to USD 150 or HKD 1,170 per day</p>
<p>LOCAL AIR AMBULANCE:</p> <ul style="list-style-type: none"><li>from the location of an accident to a <b>hospital</b>, or</li><li>for a transfer from one <b>hospital</b> to another</li></ul> <p>When a local air ambulance is:</p> <ul style="list-style-type: none"><li><b>medically necessary</b></li><li>used for short distances of up to 100 miles/160 kilometres, and</li><li>related to <b>treatment</b> that is covered that <b>you</b> need to receive in <b>hospital</b></li></ul> <p>A local air ambulance may not always be available in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. <b>We</b> do not pay for mountain rescue.</p>	<p>Paid in full</p>
<p>LOCAL ROAD AMBULANCE:</p> <ul style="list-style-type: none"><li>from the location of an accident to a <b>hospital</b></li><li>for a transfer from one <b>hospital</b> to another, or</li><li>from <b>your</b> home to the <b>hospital</b></li></ul> <p>When a local road ambulance is:</p> <ul style="list-style-type: none"><li><b>medically necessary</b>, and</li><li>related to <b>treatment</b> that is covered that <b>you</b> need to receive in <b>hospital</b></li></ul>	<p>Paid in full</p>
<p>REPATRIATION OF MORTAL REMAINS</p> <p>Reasonable costs for the transportation of <b>your</b> body or cremated mortal remains to <b>your</b> home country or to <b>your specified country of residence</b>:</p> <ul style="list-style-type: none"><li>in the event of <b>your</b> death while <b>you</b> are away from home, and</li><li>subject to airline requirements and restrictions</li></ul> <p><b>We</b> will only pay statutory arrangements, such as cremation and an urn or embalming and a zinc coffin, if this is required by the airline authorities to carry out the transportation.</p> <p><b>We</b> do not pay for any other costs related to the burial or cremation, the cost of burial caskets or the transport costs for someone to collect or accompany <b>your</b> mortal remains.</p>	



# YOUR EXCLUSIONS

In the 'General exclusions' section below, **we** list specific **treatments**, conditions and situations that **we** do not cover as part of **your health plan**. In addition to these **you** may have personal exclusions or restrictions that apply to **your health plan**, as shown on **your** insurance certificate.

## Do you have cover for pre-existing conditions?

When **you** applied for **your health plan** **you** were asked to provide all information about any disease, illness or injury for which **you** received medication, advice or **treatment**, or **you** had experienced symptoms before **you** became a customer – **we** call these **pre-existing conditions**.

**Our** medical team reviewed **your** medical history to decide the terms on which **we** offered **you** this **health plan**. **We** may have offered to cover any **pre-existing conditions**, possibly for an extra premium, or decided to exclude specific **pre-existing conditions** or apply other restrictions to **your health plan**. If **we** have applied any personal exclusion or other restrictions to **your health plan**, this will be shown on **your** insurance certificate. This means **we** will not cover costs for **treatment** of this **pre-existing condition**, related symptoms, or any condition that results from or is related to this **pre-existing condition**. Also **we** will not cover any **pre-existing conditions** that **you** did not disclose in **your** application.

If **we** have not applied a personal exclusion or restriction to **your** insurance certificate, this means that any **pre-existing conditions** that **you** told **us** about in **your** application are covered under **your health plan**.

## General exclusions

The exclusions in this section apply in addition to and alongside any personal exclusions and restrictions explained above. For all exclusions in this section, and for any personal exclusions or restrictions shown on **your** insurance certificate, **we** do not pay for conditions which are directly related to:

- excluded conditions or **treatments**
- additional or increased costs arising from excluded conditions or **treatments**
- complications arising from excluded conditions or **treatments**

## Important note

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

Please note that, should **you** choose to have **treatment** or services with a benefit provider who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. Other rules may apply in respect of **covered benefits** received from an 'out-of-**network**' benefit provider in certain specific countries. This applies whether **we** pay the benefit provider directly, or **you** pay the costs and claim this back from **us**.

GENERAL EXCLUSIONS	
Administration / registration fees	Administration and/or registration fees (unless <b>we</b> , at <b>our</b> reasonable discretion, deem that such fees are proper and usual, accepted practice in the relevant country).
Advance payments / deposits	Advance payments and/or deposits towards the costs of any <b>covered benefits</b> .
Antenatal classes	<b>We</b> will not pay for antenatal classes from <b>your</b> maternity benefits or any other benefits.

Artificial life maintenance	<b>We</b> will not pay for <b>artificial life maintenance</b> for more than 90 days - including mechanical ventilation, where such <b>treatment</b> will not or is not expected to result in <b>your</b> recovery or restore <b>you</b> to <b>your</b> previous state of health. Example: <b>We</b> will not pay for <b>artificial life maintenance</b> when <b>you</b> are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 days.
Birth control	Contraception, sterilisation, vasectomy, termination of pregnancy (unless there is a threat to the mother's health), family planning, such as meeting <b>your doctor</b> to discuss becoming pregnant or contraception.
Chinese medicine	Any of the following traditional Chinese medicines: cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American Ginseng; Radix Ginseng Silvestris; antelope horn powder; placenta hominis; Agaricus blazei murill; musk; and pearl powder, rhinoceros horn and substances from Asian Elephant, Sun Bear, and Tiger or other endangered species.
Conflict and disaster	<b>We</b> shall not be liable for any claims which concern, are due to or are incurred as a result of <b>treatment</b> for sickness or injuries directly or indirectly caused by <b>you</b> putting yourself in danger by entering a known area of conflict (as listed below) and/or if <b>you</b> were an active participant or <b>you</b> have displayed a blatant disregard for <b>your</b> personal safety in a known area of conflict: <ul style="list-style-type: none"><li>◦ nuclear or chemical contamination</li><li>◦ war, invasion, acts of a foreign enemy</li><li>◦ civil war, rebellion, revolution, insurrection</li><li>◦ terrorist acts</li><li>◦ military or usurped power</li><li>◦ martial law</li><li>◦ civil commotion, riots, or the acts of any lawfully constituted authority</li><li>◦ hostilities, army, naval or air services operations whether war has been declared or not</li></ul>
Convalescence and admission for <b>treatment</b> that could take place as a day-case or <b>out-patient</b> , general care, or staying in <b>hospital</b> for	<ul style="list-style-type: none"><li>◦ convalescence, pain management, supervision, or</li><li>◦ receiving only general nursing care, or</li><li>◦ <b>therapist</b> or <b>complementary therapist</b> services, or</li><li>◦ domestic/living assistance such as bathing and dressing</li></ul>
Cosmetic <b>treatment</b>	Non-medically essential surgery and <b>treatment</b> to alter <b>your</b> appearance including abdominoplasty or <b>treatment</b> related to or arising from the removal or addition of non-diseased or surplus or fat tissue is not covered. <b>We</b> do not pay for <b>treatment</b> of keloid scars. <b>We</b> also do not pay for scar revision, even if the scar is causing a functional problem.  Note: If <b>your doctor</b> recommends cosmetic <b>treatment</b> to correct a functional problem, for example, excess eye tissue which is interrupting the visual field, please contact <b>us</b> for pre-authorisation as <b>your</b> case will be assessed according to <b>Bupa Global's</b> medical <b>policy</b> criteria. If approved, benefits will be paid in line with the rules and benefits of <b>your health plan</b> .
Developmental problems	<b>Treatment</b> for, or related to developmental problems, including: <ul style="list-style-type: none"><li>◦ learning difficulties, such as dyslexia</li><li>◦ developmental problems treated in an educational environment or to support educational development</li></ul>



Experimental or unproven <b>treatment</b>	<p>Clinical tests, <b>treatments</b>, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy.</p> <p>This includes:</p> <ul style="list-style-type: none"> <li>any test, <b>treatment</b>, equipment, medicine, device or procedure that is not considered to be in standard clinical use but is (or should, in <b>Bupa’s</b> reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy.</li> <li>any tests, <b>treatment</b>, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by <b>Bupa Global</b> in line with its criteria for standard clinical use.</li> </ul> <p>Standard clinical use includes:</p> <ul style="list-style-type: none"> <li><b>treatment</b> 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 <b>specialist</b> bodies in the country of <b>treatment</b>;</li> <li>the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or <b>Bupa’s</b> in-house Clinical Effectiveness team) indicate that the <b>treatment</b> is safe and effective;</li> <li>where the <b>treatment</b> 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 <b>treatment</b>, 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</li> <li>tests, <b>treatments</b>, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which <b>treatment</b> is requested.</li> </ul> <p>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, <b>treatment</b>, equipment, medicine, device or procedure should be used in standard clinical use.</p> <p>Where licensing authority approval to market tests, <b>treatment</b>, equipment, medicines, devices or procedures does not, in <b>Bupa’s</b> reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.</p>
Eyesight	<b>Treatment</b> , equipment or surgery to correct eyesight, such as laser <b>treatment</b> , refractive keratotomy (RK) and photorefractive keratotomy (PRK).
Gender issues	Sex changes or gender reassignments.
Genetic testing	<p>Genetic tests, when such tests are performed to determine whether or not <b>you</b> may be genetically likely to develop a medical condition.</p> <p>Example: <b>We</b> do not pay for tests used to determine whether <b>you</b> may develop Alzheimer’s disease, when that disease is not present.</p>

Harmful or hazardous use of alcohol, drugs and/or medicines	<b>Treatment</b> for or arising directly or indirectly, from the deliberate, reckless (including where the insured 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.
Health hydros, nature cure clinics or any establishment that is not a <b>hospital</b>	<b>Treatment</b> or services received in a health hydro, nature cure clinic, spa, or any similar establishment that is not a <b>hospital</b> .
Ineligible medical practitioner, hospital or healthcare facility	<p><b>We</b> do not pay for:</p> <ul style="list-style-type: none"> <li><b>treatment</b> that <b>you</b> have from a person or at a place if: <ul style="list-style-type: none"> <li>the relevant local authorities do not recognise them as having <b>specialist</b> knowledge of, or expertise in treating the disease, illness or injury that <b>you</b> need <b>treatment</b> for, or</li> <li><b>we</b> have told them in writing that <b>we</b> will not pay for <b>treatment</b> they give to anyone covered by <b>our health plans</b>. <b>You</b> can contact <b>us</b> for details of who <b>we</b> have sent written notice to, or visit Facilities Finder at <a href="http://bupaglobal.com/en/facilities/finder">bupaglobal.com/en/facilities/finder</a></li> </ul> </li> <li><b>treatment you</b> give yourself</li> <li><b>treatment</b> from anyone who lives with <b>you</b></li> <li><b>treatment</b> from a <b>family member</b>.</li> </ul>
Infertility <b>treatment</b>	<p><b>Treatment</b> to assist reproduction such as:</p> <ul style="list-style-type: none"> <li>in-vitro fertilisation (IVF)</li> <li>gamete intrafallopian transfer (GIFT)</li> <li>zygote intrafallopian transfer (ZIFT)</li> <li>artificial insemination (AI)</li> <li>prescribed drug <b>treatment</b></li> <li>embryo transport (from one physical location to another), or</li> <li>donor ovum and/or semen and related costs</li> </ul> <p>Note: <b>we</b> pay for reasonable investigations into the causes of infertility if:</p> <ul style="list-style-type: none"> <li><b>you</b> had not been aware of any problems before joining, and</li> <li><b>you</b> have been a member of this plan (or any <b>Bupa</b> administered plan which included cover for this type of investigation) for a continuous period of two years before the</li> <li>investigations start</li> </ul> <p>Once the cause is confirmed, <b>we</b> will not pay for any additional investigations in the future.</p>
Maternity and childbirth	<p><b>Treatment</b> for maternity including childbirth for any condition arising from maternity or childbirth except the following conditions and <b>treatments</b>:</p> <ul style="list-style-type: none"> <li>abnormal cell growth in the womb (hydatidiform mole)</li> <li>foetus growing outside of the womb (ectopic pregnancy)</li> <li>other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant</li> </ul>
Mechanical or animal donor organs	Mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant, purchase of a donor organ from any source or harvesting or storage of stem cells when a preventive measure against possible future disease.



Obesity and weight management	<p><b>Treatment</b> for or as a result of obesity and weight management such as:</p> <ul style="list-style-type: none"><li>◦ slimming aids or drugs, or</li><li>◦ slimming classes</li></ul> <p>Note: <b>We</b> may cover costs associated with obesity surgery as detailed in the 'Table of benefits', subject to <b>Bupa Global's</b> medical <b>policy</b> criteria.</p>
<b>Persistent vegetative state</b> (PVS) and neurological damage	<p><b>We</b> will not pay for <b>treatment</b> while staying in <b>hospital</b> for more than 90 continuous days for permanent neurological damage or if <b>you</b> are in a <b>persistent vegetative state</b>.</p>
<b>Professional sports activities</b>	<p><b>Treatments</b> and services arising as a result of <b>professional sports activities</b>, 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 <b>professional sports activities</b>.</p>
Sexual problems	Sexual problems, such as impotence, whatever the cause.
Sleep disorders	<p><b>Treatment</b>, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.</p>
Stem cells	<p>Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.</p> <p>Note: <b>We</b> pay for bone marrow transplants and peripheral stem cell transplants when carried out as part of the <b>treatment</b> for cancer. This is covered under the cancer <b>treatment</b> benefit.</p>
Surrogacy	<p><b>Treatment</b> directly related to surrogacy. This applies to <b>you</b> if <b>you</b> act as a surrogate, or to anyone else acting as a surrogate for <b>you</b>.</p>
Temporomandibular joint (TMJ) disorders	Disorders of the Temporomandibular joint (TMJ) and related complications.
<b>Treatment</b> outside area of cover	<p><b>Treatment</b> in the U.S.</p>

# TERMS AND CONDITIONS

No	CLAUSE
1.	Your policy
1.1	The definitions set out in the "Glossary" in the <b>Guide to your Bupa Global health plan</b> apply to these Terms and Conditions and are marked in bold.
1.2	This <b>policy</b> is an insurance contract between <b>you the policyholder</b> and <b>Bupa Global</b> for each <b>policy year</b> .
1.3	No other persons, including any <b>dependants</b> , may enforce any legal rights under this insurance contract. <b>Dependants</b> may use <b>our</b> complaints process set out in clause 15 below.
1.4	<p>This insurance contract is set out in:</p> <ul style="list-style-type: none"><li>◦ these Terms and Conditions;</li><li>◦ the <b>Guide to your Bupa Global health plan</b>;</li><li>◦ the information and declarations in <b>your</b> application form; and</li><li>◦ the insurance certificate.</li></ul>
1.5	If <b>you the policyholder</b> add <b>dependants</b> to this <b>policy</b> , those <b>dependants</b> will be covered by this <b>policy</b> from the date shown on the updated insurance certificate sent to <b>you the policyholder</b> .
2.	Your cover
2.1	<p><b>We</b> will pay for the cost of any <b>covered benefits</b> in accordance with the terms of this <b>policy</b> and as defined in the <b>Guide to your Bupa Global health plan</b>.</p>
2.2	<p><b>Your health plan</b> may include a mandatory annual <b>deductible</b>, which will be shown in the <b>Guide to your Bupa Global health plan</b>. <b>You</b> may also have an optional annual <b>deductible</b>, if available and selected by <b>you the policyholder</b> in <b>your</b> application form. <b>Your deductibles</b> will be shown on <b>your</b> insurance certificate and <b>your</b> insurance card.</p> <p>All annual <b>deductibles</b> apply to <b>you the policyholder</b> and each of the <b>dependants</b> separately. <b>You the policyholder</b> and each <b>dependant</b> may have different annual <b>deductible</b> amounts. <b>You</b> will have a new annual <b>deductible</b> if this <b>policy</b> renews.</p> <p>If an annual <b>deductible</b> applies, <b>you</b> must pay the cost of any <b>covered benefits</b> received directly to the provider until <b>you</b> have reached the level of <b>your</b> annual <b>deductible</b>.</p> <p>Costs in excess of the maximums shown in the <b>Guide to your Bupa Global health plan</b> will not count towards <b>your</b> annual <b>deductible</b>.</p> <p>The cost of any <b>covered benefits</b> <b>you</b> receive which are covered by <b>your</b> annual <b>deductible</b> (excluding costs in excess of the maximums shown in the <b>Guide to your Bupa Global health plan</b>), count towards the maximum cover limits shown in the <b>Guide to your Bupa Global health plan</b>.</p> <p>Even if the amount <b>you</b> are claiming is less than the amount of <b>your</b> annual <b>deductible</b>, <b>you</b> should still submit a claim to <b>us</b> so <b>we</b> know when <b>you</b> have reached the level of <b>your</b> annual <b>deductible</b>.</p> <p>As this is an annual <b>deductible</b>, if <b>your</b> first claim is towards the end of the <b>policy year</b> and <b>your covered benefits</b> continue over <b>your renewal</b> date, the annual <b>deductible</b> is payable separately for the <b>covered benefits</b> received in each <b>policy year</b>.</p>
2.3	<p><b>Your health plan</b> may include a mandatory <b>co-insurance</b>, which will be shown in the <b>Guide to your Bupa Global health plan</b>. <b>You</b> may also have an optional <b>co-insurance</b>, if available and selected by <b>you the policyholder</b> in <b>your</b> application form. <b>Your co-insurance</b> will be shown on <b>your</b> insurance certificate and <b>your</b> insurance card</p> <p><b>You</b> must pay for the <b>co-insurance</b> proportion of the cost of any <b>covered benefits</b> to which the <b>co-insurance</b> applies directly to the <b>benefits provider</b>.</p>