

Summary of Benefits	Essential	Classic	Gold
Overall annual maximum			
Overall annual maximum	●	●	●
Deductible options	●	●	●
Out-patient treatment			
Out-patient surgical operations	●	●	●
Health screening and wellness checks (after one years' membership)		●	●
Physiotherapy, osteopathy and chiropractor treatment		●	●
Costs for treatment by therapists, complementary medicine practitioners and qualified nurses		●	●
Specialists' fees, psychologists' and psychotherapists' fees for mental health treatment		●	●
Pathology, X-rays and diagnostic tests		●	●
Specialists' fees for consultations		●	●
Costs for treatment by a family doctor			●
Prescribed drugs and dressings			●
Accident-related dental treatment		●	●
In-patient and day-case treatment			
Hospital accommodation	●	●	●
Intensive Care	●	●	●
Mental Health treatment	●	●	●
Nursing care, drugs and surgical dressings	●	●	●
Parent accommodation	●	●	●
Pathology, X-rays, diagnostic tests and therapies	●	●	●
Specialists' fees	●	●	●
Prosthetic implants and appliances	●	●	●
Surgical operations, including pre- and post-operative care	●	●	●
Theatre charges	●	●	●
Further Benefits			
Advanced imaging	●	●	●
Cancer treatment	●	●	●
Advanced therapy medicinal products (ATMPs)	●	●	●
Healthline services	●	●	●
HIV/AIDS drug therapy including ART (after five years' membership)		●	●
Home nursing after in-patient treatment	●	●	●
Hospice and palliative care	●	●	●
In-patient cash benefit	●	●	●
Kidney dialysis	●	●	●
Local air ambulance	●	●	●
Local road ambulance	●	●	●
Maternity cover (after 18 months' membership)		●	●
Newborn care	●	●	●
Prosthetic devices	●	●	●
Rehabilitation	●	●	●

Summary of Benefits (continued)	Essential	Classic	Gold
Further Benefits (continued)			
Transplant services	•	•	•
Optional benefits, if purchased			
U.S. cover	•	•	•
Assistance cover (Evacuation and Repatriation)	•	•	•
Assistance cover (optional if purchased)			
Evacuation	•	•	•
Repatriation	•	•	•

Summary of Exclusions	Essential	Classic	Gold
Antenatal classes	●	●	●
Artificial life maintenance	●	●	●
Birth control	●	●	●
Conflict and disaster	●	●	●
Congenital conditions	●	●	●
Convalescence and admission for general care	●	●	●
Cosmetic treatment	●	●	●
Deafness	●	●	●
Dental treatment /gum disease	●	●	●
Desensitisation and neutralisation	●	●	●
Developmental problems	●	●	●
Donor organs	●	●	●
Drugs and dressings for out-patient or take-home use	●	●	
Experimental or unproven treatment	●	●	●
Eyesight	●	●	●
Family doctor treatment	●	●	
Footcare	●	●	●
Genetic testing	●	●	●
Harmful or hazardous use of alcohol, drugs and/or medicines	●	●	●
Health hydros, nature cure clinics or any establishment that is not a hospital	●	●	●
Hereditary conditions	●	●	●
HIV/AIDS	●	●	●
Illegal activity	●	●	●
Ineligible medical practitioner, hospital or healthcare facility	●	●	●
Infertility treatment	●	●	●
Maternity	●		
Obesity and weight management	●	●	●
Persistent vegetative state (PVS) and neurological damage	●	●	●
Physical aids and devices	●	●	●
Pre-existing conditions	●	●	●
Preventive treatment	●	●	●
Professional sports activities	●	●	●
Reconstructive or remedial surgery	●	●	●
Sexual problems/gender issues	●	●	●
Sleep disorders	●	●	●
Speech disorders	●	●	●
Stem cells	●	●	●
Surrogate parenting	●	●	●
Travel costs for treatment	●	●	●
U.S. treatment	●	●	●

Table of Benefits

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

Overall annual maximum

Benefits	Essential	Classic	Gold	Explanation of benefits
Overall annual maximum	GBP 2,000,000 USD 3,200,000 EUR 2,500,000	GBP 3,000,000 USD 4,800,000 EUR 3,750,000	Unlimited	All benefits are subject to this overall annual maximum unless specified in the table of benefits
Deductible options	<p>No deductible GBP 100, GBP 250, GBP 500, GBP 1,000, GBP 2,000 or GBP 5,000</p> <p>No deductible USD 160, USD 400, USD 800, USD 1,600, USD 3,200 or USD 8,000</p> <p>No deductible EUR 160, EUR 400, EUR 800, EUR 1,600, EUR 3,200 or EUR 8,000</p>	<p>No deductible GBP 100, GBP 250, GBP 500, GBP 1,000, GBP 2,000 or GBP 5,000</p> <p>No deductible USD 160, USD 400, USD 800, USD 1,600, USD 3,200 or USD 8,000</p> <p>No deductible EUR 160, EUR 400, EUR 800, EUR 1,600, EUR 3,200 or EUR 8,000</p>	<p>No deductible GBP 100, GBP 250, GBP 500, GBP 1,000, GBP 2,000 or GBP 5,000</p> <p>No deductible USD 160, USD 400, USD 800, USD 1,600, USD 3,200 or USD 8,000</p> <p>No deductible EUR 160, EUR 400, EUR 800, EUR 1,600, EUR 3,200 or EUR 8,000</p>	Please see your insurance certificate for details of any deductible that applies to your benefits.

Out-patient treatment

Important

This is **treatment** when the patient does not normally need a **hospital** bed. The list below shows cover for **out-patient treatment** only. If **you** are having **treatment** and **you** are not sure which benefit applies, please call **us** and **we** will be happy to help.

Benefits	Essential	Classic	Gold	Explanation of benefits
Out-patient surgical operations	Paid in full	Paid in full	Paid in full	<p>We pay for out-patient surgical operations when carried out by a specialist or a family doctor.</p> <p>Note: For Lifeline Essential and Classic, we do not pay for out-patient surgical operations when carried out by a family doctor.</p>
Health screening and wellness checks (after one years' membership)	Not covered	We pay up to GBP 600 USD 1,000 or EUR 750 each membership year	We pay up to GBP 600 USD 1,000 or EUR 750 each membership year	<p>We pay for a full health screening after you have been a member of this plan for one membership year.</p> <p>A health screen generally includes various routine tests performed to assess your 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.</p> <p>We also pay for wellness checks after you have been a member of this plan for one membership year.</p> <p>The wellness checks you may also have are specific screening tests for breast, cervical, prostate or colorectal cancer.</p> <p>The actual tests you have will depend on those supplied by the benefits provider where you have your screening.</p>
Physiotherapy, osteopathy and chiropractor treatment	Not covered	We pay in full for up to 30 visits each membership year	Paid in full	<p>We pay for nursing charges for general nursing care, for example injections or wound dressings by a qualified nurse and consultations and treatment with therapists and complementary medicine practitioners when they are appropriately qualified and registered to practice in the country where treatment is received.</p> <p>This includes the cost of both the consultation and treatment, including any complementary medicine prescribed or administered as part of your treatment.</p> <p>Should any complementary medicines or treatments be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate visit.</p> <p>Note: we do not pay any other complementary therapies such as ayurvedic treatment or aromatherapy which may be available.</p> <p>Note: for dietitians, we pay the initial consultation plus two follow-up visits when needed as a result of an eligible condition.</p> <p>Please note that obesity is not covered.</p>
Costs for treatment by therapists , complementary medicine practitioners and qualified nurses	Not covered	We pay in full for up to 10 visits each membership year	We pay in full for up to 15 visits each membership year	
Specialists' fees, psychologists' and psychotherapists' fees for mental health treatment	Not covered	We pay up to GBP 6,400, USD 10,900 or EUR 8,000 each membership year	We pay in full for up to 30 visits each membership year	We will pay for specialists' fees, psychologists' and psychotherapists' fees for mental health treatment .

Out-patient treatment (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Pathology, X-rays and diagnostic tests	Not covered	We pay up to GBP 6,400, USD 10,900 or EUR 8,000 each membership year	Paid in full	<p>We pay for:</p> <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples for specific abnormalities, ○ radiology, such as X-rays, and ○ diagnostic tests, such as electro-cardiograms (ECGs) <p>when recommended by your specialist or family doctor to help determine or assess your condition.</p> <p>Note: For Lifeline Essential and Classic, we do not pay for your family doctor consultation for Pathology, X-rays and diagnostic tests.</p>
Specialists' fees for consultations	Not covered		We pay in full for up to 35 visits each membership year	<p>This normally means a meeting with a specialist to assess your condition.</p> <p>Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.</p>
Costs for treatment by a family doctor	Not covered	Not covered	Paid in full	<p>We pay for family doctor treatment.</p> <p>Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.</p>
Prescribed drugs and dressings	Not covered	Not covered	Paid in full	<p>We pay for the cost of drugs and dressings prescribed for you by your medical practitioner required to treat a disease, illness or injury, for eligible treatment.</p> <p>Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit described in the costs for treatment by therapists and complementary medicine practitioners benefit.</p>
Accident-related dental treatment	Not covered	Paid in full	Paid in full	<p>We pay for accident-related dental treatment that you receive from a dental practitioner for treatment during an emergency visit following accidental damage to any tooth.</p> <p>We only pay any accident-related dental treatment which takes place up to 30 days after the accident.</p>

In-patient and day-case treatment

Important

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

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

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.

In-patient stays longer than 10 nights:

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

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

Benefits	Essential	Classic	Gold	Explanation of benefits
Hospital accommodation	Paid in full	Paid in full	Paid in full	<p>We pay charges for your hospital accommodation, including all your own meals and refreshments. We do not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics.</p> <p>We pay for accommodation in a room that is no more expensive than the hospital's standard single room with a private bathroom. This means that we will not pay the extra costs of a deluxe, executive or VIP suite.</p> <p>We pay for the length of stay that is medically appropriate for the procedure that you are admitted for. For example, unless medically essential, we do not pay for day-case accommodation for out-patient treatment, and we do not pay for in-patient accommodation for day-case treatment.</p> <p>Examples: unless medically essential, we do not pay for day-case accommodation for out-patient treatment (such as an MRI scan), and we do not pay for in-patient accommodation for day-case treatment (such as a biopsy).</p> <p>Please also read convalescence and admission for general care in the 'What is not covered' section.</p>
Intensive Care	Paid in full	Paid in full	Paid in full	<p>We pay for intensive care in an intensive care unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when:</p> <ul style="list-style-type: none">○ it is an essential part of your treatment and is required routinely by patients undergoing the same type of treatment as yours, or○ it is medically necessary in the event of unexpected circumstances, for example if you have an allergic reaction during surgery
Mental Health treatment	Paid in full	Paid in full	Paid in full	<p>We pay for mental health treatment you receive in hospital during each membership year, in full. This benefit applies to all treatment related to the mental health condition.</p>

In-patient and day-case treatment (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Nursing care, drugs and surgical dressings	Paid in full	Paid in full	Paid in full	<p>We pay for nursing services, drugs and surgical dressings you need as part of your treatment in hospital.</p> <p>Note:</p> <ul style="list-style-type: none"> ○ we do not pay for drugs and surgical dressings you receive for out-patient treatment or use at home, and ○ we do not pay for nurses hired in addition to the hospital's own staff. In the rare case where a hospital does not provide nursing staff we will pay for the reasonable cost of hiring a qualified nurse for your treatment
Parent accommodation	Paid in full	Paid in full	Paid in full	<p>We pay room and board costs for the parent staying in hospital with their child when:</p> <ul style="list-style-type: none"> ○ the costs are for one parent or legal guardian only ○ the parent or guardian is staying in the same hospital as the child, ○ the child is under the age of 18 years old, and ○ the child is receiving treatment that is covered
Pathology, X-rays, diagnostic tests and therapies	Paid in full	Paid in full	Paid in full	<p>We pay for:</p> <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples ○ radiology (such as X-rays) and ○ diagnostic tests such as electro cardiograms (ECGs) <p>when recommended by your specialist to help determine or assess your condition when carried out in a hospital.</p> <p>We also pay for treatment provided by therapists, physiotherapists, osteopaths, chiropractors and complementary medicine practitioners (such as acupuncturists) if it is needed as part of your treatment in hospital.</p>
Specialists' fees	Paid in full	Paid in full	Paid in full	<p>We pay specialists' fees for treatment you receive in hospital if this does not include a surgical operation, for example if you are in hospital for treatment of a medical condition such as pneumonia.</p> <p>If your treatment includes a surgical operation we will only pay specialists' fees if the attendance of a specialist is medically necessary, for example, in the rare event of a heart attack following a surgical operation.</p>
Prosthetic implants and appliances	Paid in full	Paid in full	Paid in full	<p>We pay for a prosthetic implant needed as part of your treatment. By this, we mean an artificial body part or appliance which is designed to form a permanent part of your body and is surgically implanted for one or more of the following reasons:</p> <ul style="list-style-type: none"> ○ to replace a joint or ligament ○ to replace one or more heart valves ○ to replace the aorta or an arterial blood vessel ○ to replace a sphincter muscle ○ to replace the lens or cornea of the eye ○ to act as a heart pacemaker ○ to remove excess fluid from the brain ○ to control urinary incontinence (bladder control) ○ to reconstruct a breast following surgery for cancer when the reconstruction is carried out as part of the original treatment for the cancer and you have obtained our written consent before receiving the treatment ○ to restore vocal function following surgery for cancer <p>We also pay for the following appliances:</p> <ul style="list-style-type: none"> ○ a knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament, or ○ a spinal support which is an essential part of a surgical operation to the spine

In-patient and day-case treatment (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Surgical operations , including pre- and post-operative care	Paid in full	Paid in full	Paid in full	We pay surgeons' and anaesthetists' fees for a surgical operation , including all pre- and post-operative care. Note: this benefit does not include follow-up consultations with your specialist , as these are paid under the specialists' fees for consultations benefit.
Theatre charges	Paid in full	Paid in full	Paid in full	We pay for use of an operating theatre

Further Benefits

Important

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

Benefits	Essential	Classic	Gold	Explanation of benefits
Advanced imaging	Paid in full	Paid in full	Paid in full	We pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by your specialist or family doctor .
Cancer treatment	Paid in full	Paid in full	Paid in full	<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">○ 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<ul style="list-style-type: none">○ 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 <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>
Advanced therapy medicinal products (ATMPs)	Paid in full, one course of treatment for each condition per lifetime	Paid in full, one course of treatment for each condition per lifetime	Paid in full, one course of treatment for each condition per lifetime	<p>We pay for ATMP treatment if it is:</p> <ul style="list-style-type: none">○ 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:<ul style="list-style-type: none">○ 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). <p>Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.</p>

Further Benefits (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Healthline services	Included	Included	Included	<p>This is a telephone advice line which offers help 24 hours a day, 365 days a year. Please call +44 (0) 1273 718 470 at any time when you need to.</p> <p>The following are some of the services that may be offered by telephone:</p> <ul style="list-style-type: none"> ○ general medical information from a health professional ○ medical referrals to a specialist or hospital ○ medical service referral (ie locating a specialist) and assistance arranging appointments ○ inoculation and visa requirements information ○ emergency message transmission ○ interpreter and embassy referral <p>Note: treatment arranged through this service may not be covered under your plan. Please check your cover before proceeding.</p>
HIV/AIDS drug therapy including ART (after five years' membership)	Not covered	We pay up to GBP 12,000, USD 20,000 or EUR 15,000 each membership year	We pay up to GBP 12,000, USD 20,000 or EUR 15,000 each membership year	<p>We pay for HIV/AIDS drug therapy after you have been a member of the plan for the whole of the five years leading up to the treatment.</p> <p>Note: we pay for treatment that is not drug therapy or ART from your in-patient or out-patient benefits if you have been a member of the plan for five years.</p>
Home nursing after in-patient treatment	We pay up to GBP 120, USD 200 or EUR 150 each day up to a maximum of 10 days each membership year	We pay up to GBP 200, USD 320 or EUR 250 each day up to a maximum of 20 days each membership year	Paid in full up to a maximum of 30 days each membership year	<p>We pay for home nursing after eligible in-patient treatment. We pay if the home nursing:</p> <ul style="list-style-type: none"> ○ is needed to provide medical care, not personal assistance ○ is necessary, meaning that without it you would have to stay in hospital ○ starts immediately after you leave hospital ○ is provided by a qualified nurse in your home, and ○ is prescribed by your specialist <p>Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.</p>
Hospice and palliative care	We pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of your membership	We pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of your membership	We pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of your membership	<p>If you need in-patient, day-case or out-patient care or treatment following the diagnosis that your condition is terminal, when treatment can no longer be expected to cure your condition, we pay for your physical, psychological, social and spiritual care as well as hospital or hospice accommodation, nursing care and prescribed drugs. The amount shown here is the total amount we shall pay for these expenses during the whole of your membership, whether continuous or not.</p>
In-patient cash benefit	We pay GBP 100, USD 160 or EUR 125 each night up to 20 nights each membership year	We pay GBP 100, USD 160 or EUR 125 each night up to 20 nights each membership year	We pay GBP 150, USD 240 or EUR 190 each night up to 20 nights each membership year	<p>This benefit is paid instead of any other benefit for each night you receive eligible in-patient treatment without charge.</p> <p>To claim this benefit, please ask the hospital to sign and stamp your claim form. Then send the completed form to us with a covering letter stating that you were treated with no charge. Please note that you need to ensure that the medical section of your claim form is completed by your specialist.</p>
Kidney dialysis	Paid in full	Paid in full	Paid in full	We pay for kidney dialysis - provided as In-patient, day-case or as on out-patient .

Further Benefits (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Local air ambulance	Paid in full	Paid in full	Paid in full	<p>We pay for medically necessary travel for you to be transported by local air ambulance such as a helicopter, when related to eligible in-patient treatment or day-case treatment, either:</p> <ul style="list-style-type: none">○ from the location of an accident to hospital, or○ for a transfer from one hospital to another <p>when it is appropriate for this method of transfer to be used to transport you over short journeys of up to 100 miles/160 kilometres. This benefit does not include mountain rescue.</p> <p>Note: this benefit does not include evacuation if the treatment you need is not available locally.</p> <p>Please also see 'Assistance cover' section.</p>
Local road ambulance	Paid in full	Paid in full	Paid in full	<p>We pay for medically necessary travel by local road ambulance when related to eligible in-patient treatment or day-case treatment.</p>

Further Benefits (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Maternity cover (after 18 months' membership)	Not covered	<p>Maternity and childbirth:</p> <p>We pay up to GBP 3,600, USD 6,000 or EUR 4,500 each membership year</p> <p>Childbirth at home:</p> <p>We pay up to GBP 780, USD 1,300 or EUR 975 each membership year</p> <p>Medically essential Caesarean section:</p> <p>We pay up to GBP 11,400, USD 19,000 or EUR 14,250 each membership year</p> <p>Complications of maternity and childbirth</p> <p>- Paid in full</p>	<p>Maternity and childbirth:</p> <p>We pay up to GBP 6,000, USD 10,000 or EUR 7,500 each membership year</p> <p>Childbirth at home:</p> <p>We pay up to GBP 780, USD 1,300 or EUR 975 each membership year</p> <p>Medically essential Caesarean section:</p> <p>We pay up to GBP 13,800, USD 23,500 or EUR 17,250 each membership year</p> <p>Complications of maternity and childbirth</p> <p>- Paid in full</p>	<p>We pay maternity benefits only after you have been covered under the plan for 18 months.</p> <p>Maternity and childbirth (after 18 months' membership)</p> <p>These benefits include for example:</p> <ul style="list-style-type: none"> ○ ante natal care such as ultrasound scans ○ hospital charges, obstetricians' and midwives' fees for pregnancy and childbirth ○ post natal care required by the mother immediately following normal childbirth, such as stitches <p>Treatment for</p> <ul style="list-style-type: none"> ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside the womb (ectopic pregnancy) <p>are not covered from this benefit but may be covered by your other benefits.</p> <p>(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by your other benefits).</p> <p>Note: routine care for your baby</p> <p>We pay for routine care for the baby, for up to seven days following birth, from the mother's maternity benefit. Any non-routine care, if eligible, is paid from the baby's newborn care benefit, not from the mother's maternity benefit.</p> <p>Your baby is also covered for up to seven days routine care following birth if your baby was born to a surrogate mother and you, as the intended parent, have been covered on the plan for 18 months when the baby is born.</p> <p>Childbirth at home or birthing centre (after 18 months' membership)</p> <p>This benefit includes obstetricians' and midwives' fees for delivering your baby at home or a birthing centre.</p> <p>Medically Essential Caesarean Section (after 18 months' membership)</p> <p>This benefit includes hospital, obstetricians' and other medical fees for the cost of the delivery of your baby by Caesarean section when medically essential for example, non progression during labour leading to emergency Caesarean section (eg dystocia, foetal distress, haemorrhage) provided the mother has been a member of this plan for at least 18 months before delivery.</p> <p>Note: if we are unable to determine that your Caesarean section was medically essential, it will be paid from your maternity and childbirth benefit limit.</p> <p>Complications of maternity and childbirth (after 18 months' membership)</p> <p>Treatment which is medically necessary as a direct result of pregnancy and childbirth complications.</p> <p>By complications we mean those conditions which only ever arise as a direct result of pregnancy or childbirth for example pre-eclampsia, threatened miscarriage, gestational diabetes, still birth.</p> <p>Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided. If you require an emergency admission as a direct result of pregnancy and childbirth complications, please contact us within 48 hours of your admission.</p> <p>Please also see 'Adding people to the plan' in the 'Managing your plan' section. OR (for newborns only) Please also see 'Adding your newborn baby' in the 'Managing your plan' section.</p> <p>Please see surrogate parenting, congenital and hereditary conditions in the 'What is not covered' section</p>

Further Benefits (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Newborn care	We pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all treatment received during the first 90 days following birth	We pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all treatment received during the first 90 days following birth	We pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all treatment received during the first 90 days following birth	<p>All treatment (including routine preventive care, check-ups and immunisations) required for a newborn during the first 90 days' following birth shall be covered by this newborn care benefit.</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 Bupa Global plan before this benefit can be claimed.</p> <p>Please also see 'Adding your newborn baby' in the 'Managing your plan' section.</p> <p>Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.</p>
Prosthetic devices	We pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device	We pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device	We pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device	We pay for the initial prosthetic device needed as part of your treatment . By this we mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of your surgical procedure. We do not pay for any regular maintenance or replacement prosthetic devices for adults including any replacement devices or regular maintenance required in relation to a pre-existing condition . We will pay for the initial and up to two replacements per device for children under the age of 16 years.
Rehabilitation	We pay in full for up to 42 days of treatment (which may be inpatient treatment , day-case treatment or outpatient treatment) each membership year	We pay in full for up to 42 days of treatment (which may be inpatient treatment , day-case treatment or outpatient treatment) each membership year	We pay in full for up to 42 days of treatment (which may be inpatient treatment , day-case treatment or outpatient treatment) each membership year	<p>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.</p> <p>We pay for rehabilitation, only when you have received our pre-authorisation before the treatment starts, for up to 42 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.</p> <p>We only pay for rehabilitation where it:</p> <ul style="list-style-type: none"> ○ starts within 6 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 <p>Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.</p> <p>Note: in order to give pre-authorisation, we must receive full clinical details from your specialist; including your diagnosis, treatment given and planned, and proposed discharge date if you receive rehabilitation.</p> <p>Note (for Essential members only): We do not pay for any out-patient rehabilitation.</p>

Further Benefits (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Transplant services	Paid in full	Paid in full	Paid in full	<p>We pay for transplant services that you need as a result of an eligible condition. We pay medical expenses if you need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant. We also pay for bone marrow transplants (either using your own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy.</p> <p>We do not pay for costs associated with the donor or the donor organ.</p> <p>Note (for Essential members only): We do not pay for any out-patient treatment associated with a transplant, either before or after that transplant takes place, including consultations, diagnostic tests, or drugs prescribed for use as an out-patient, including anti-rejection drugs.</p> <p>Note (for Classic members only): We do not pay for any drugs prescribed for use as an out-patient, including anti-rejection drugs.</p> <p>Note (for Gold members only): Any drugs prescribed for use as an out-patient, including anti-rejection drugs are paid from your prescribed drugs and dressings benefit.</p> <p>Please see donor organs in the 'What is not covered' section.</p> <p>Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.</p>

Optional benefits, if purchased

Benefits	Essential	Classic	Gold	Explanation of benefits
U.S. cover	<p>100 percent of eligible costs in network</p> <p>Reasonable and Customary costs out of network.</p> <p>In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans must be pre-authorised or only 50% of eligible costs may be payable.</p>	<p>100 percent of eligible costs in network</p> <p>Reasonable and Customary costs out of network.</p> <p>In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans must be pre-authorised or only 50% of eligible costs may be payable.</p>	<p>100 percent of eligible costs in network</p> <p>Reasonable and Customary costs out of network.</p> <p>In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans must be pre-authorised or only 50% of eligible costs may be payable.</p>	<p>Pre-authorisation and the U.S. provider network</p> <p>If you have U.S. cover, then before any in-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans in the U.S., you must contact our dedicated team for pre-authorisation.</p> <p>Please contact them by calling 800 554 9299 (from inside the U.S.), or +1 800 554 9299 (from outside the U.S.)</p> <p>In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans received in the U.S. without pre-authorisation may not be paid beyond 50%. Any pre-authorised treatment costs are covered according to this table of benefits.</p> <p>Our U.S. Service Partner uses a national network of hospitals, clinics and medical practitioners. This is the U.S. provider network. Our dedicated team can help you to find a hospital or clinic in the U.S. provider network, when you contact them for pre-authorisation. When eligible treatment takes place in the U.S. using the U.S. provider network, benefit is paid at 100 percent. When eligible treatment takes place in the U.S. but outside the U.S. provider network, benefit is paid at 100 percent, once any co-insurance or deductible amount which may apply, and which you are responsible to pay, has been deducted from the claimed amount.</p> <p>Where eligible treatment takes place in the U.S. but outside the U.S. provider network, benefit is paid at Reasonable and Customary costs. Please see the "using our network" section of this membership guide.</p> <p>Please also see U.S. treatment in the 'What is not covered' section.</p>
Assistance cover (Evacuation and Repatriation)				<p>Your insurance certificate will show if you have purchased this cover.</p> <p>Please see 'Assistance cover' section.</p> <p>The overall annual maximum benefit limit does not apply.</p>

Assistance cover (optional if purchased)

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

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

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

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

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

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

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

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

How to arrange your medical transfer

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

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

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

Notes:

- **We** will only pay for Evacuation when the **treatment you** need is not available where **you** are. **We** will help **you** get to the nearest place where the **treatment you** need is available. This could be to another part of the country that **you** are in. It might not be **your** home country.
- In some cases, **you** may request a medical repatriation when contacting **Bupa Global's** service partners for authorisation, but this may not be medically appropriate. In these cases, **we** will first evacuate **you** to the nearest appropriate place where **treatment** is available. Once **you** have been stabilised, **we** may then repatriate **you** to **your country of nationality** or **your country of residence**.
- **We** will not cover a medical transfer if **you** were aware of the symptoms of **your** condition before **you** applied for assistance cover.
- **You** must have assistance cover in place before **you** need the **treatment**. **You** must also have cover for **treatment** in the country **you** need to be transferred from. **We** will arrange a transfer to a country where **you** have cover. For example, if **you** do not have U.S. cover, **we** will not transfer **you** to the U.S.
- **We** will not arrange a medical transfer if it is too dangerous to do so, or not practical to enter the area. This could be because of the local situation, or geography. Examples include war zones, or an oil rig.
- Transport depends on local or international resources. This can include equipment and crew. It must also remain within the scope of all law and regulations which apply. **We** may have to obtain authorisation from authorities. This is outside **our** control.
- **We** cannot be held liable for any delays or connection problems caused by the weather, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond **our** control.
- **We** do not provide the transport and other services set out in the assistance cover section. **We** will arrange those services on **your** behalf. In some countries **we** may use service partners to arrange these services.
- **We** do not pay for extra nights in **hospital** when **you** are no longer having **active treatment** which **you** need to be in **hospital** for. An example would be if **you** are waiting for **your** return flight.
- Please be aware that for medical reasons the member receiving **treatment** may travel in a different class from their companion.

Assistance cover (optional if purchased) (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Evacuation	Paid in full	Paid in full	Paid in full	<p>We will pay in full for your reasonable transport costs for in-patient treatment or day-case treatment. It may also be authorised if you need advanced imaging or cancer treatment such as radiotherapy or chemotherapy.</p> <p>We will only pay for evacuation to the nearest place where the treatment needed is available when the treatment is not available locally. This could be to another part of the country that you are in, and may not be your home country.</p> <p>We will pay for the reasonable travel costs for a relative or your partner to accompany you, but only if it is medically necessary.</p> <p>We will also pay for the reasonable costs of yours and your relative or partner's return journey to the place you were evacuated from.</p> <p>All arrangements for your return should be approved in advance by Bupa Global or our appointed representatives.</p> <p>We will pay for either:</p> <ul style="list-style-type: none">○ the reasonable cost of the return journey within the area of cover by the most direct route available by land or sea, or○ the cost of an economy class air ticket by the most direct route available, <p>whichever is the lesser amount.</p> <p>We will pay:</p> <ul style="list-style-type: none">○ reasonable costs for the transportation only of your body, depending on airline requirements and restrictions, to your home country within the area of cover, in the event of your death while you are away from home. We do not pay for burial or cremation, the cost of burial caskets, or the transport costs for someone to collect or accompany your remains○ reasonable travel costs for minor children to be transferred with you in the event of an evacuation provided they are under the age of 18 when it is medically necessary for you as their parent or guardian to be evacuated, your spouse, partner, or other joint guardian is accompanying you, and they would otherwise be left without a parent or guardian. <p>Note: we do not pay for any other costs related to the evacuation such as hotel accommodation or taxis. Costs of any treatment you receive are not payable under evacuation cover, but are payable from your medical cover as described in the 'What is covered' section.</p> <p>Please also note that for medical reasons the member receiving treatment may travel in a different class from their companion.</p>

Assistance cover (optional if purchased) (continued)

Benefits	Essential	Classic	Gold	Explanation of benefits
Repatriation	Paid in full	Paid in full	Paid in full	<p>Repatriation cover also includes evacuation cover — see above.</p> <p>We will pay in full for your reasonable transport costs for in-patient treatment or day-case treatment.</p> <p>We will pay for repatriation to your country of nationality or your country of residence, when the treatment needed is not available locally.</p> <p>We will pay for one repatriation for each illness or injury per lifetime.</p> <p>We will pay the reasonable costs for a relative or your partner to accompany you to your country of nationality or your country of residence if we have authorised this in advance of the repatriation.</p> <p>We will also pay an allowance of up to GBP 25, USD 50 or EUR 37 per day for up to 10 days to cover the living expenses of the person accompanying you.</p> <p>We will pay for you and the person accompanying you to return to where you were repatriated from. All arrangements for your return must be approved in advance by Bupa Global or our appointed representatives.</p> <p>We will pay for either:</p> <ul style="list-style-type: none">○ the reasonable cost of the return journey by the most direct route available by land or sea, or○ the cost of a scheduled return economy class air ticket by the most direct route available, <p>whichever is the lesser amount.</p> <p>We will pay reasonable costs for the transportation only of your body, depending on airline requirements and restrictions, to your home country, in the event of your death while you are away from home. We do not pay for burial or cremation, the cost of burial caskets, or the transport costs for someone to collect or accompany your remains.</p> <p>Note: we do not pay for any other costs related to the repatriation such as hotel accommodation or taxis. Costs of any treatment you receive are not payable under repatriation cover, but are payable from your medical cover as described in the 'Explaining your benefits' section.</p> <p>Please also note that for medical reasons the member receiving treatment may travel in a different class from their companion.</p>

What is not covered

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

Personal exclusions

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

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

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

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

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

We will not cover any **pre-existing condition** that **you** did not tell **us** about when **you** applied to join the plan.

Any personal terms **we** apply to **your** plan will be shown on **your** insurance certificate.

General exclusions

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

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

Exclusion	Notes	Rules
Antenatal classes		We will not pay for antenatal classes from your maternity benefits or any other benefits.
Artificial life maintenance		Including mechanical ventilation, where such treatment will not or is not expected to result in your recovery or restore you to your previous state of health. Example: We will not pay for artificial life maintenance when you are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days.
Birth control		Any type of contraception, sterilisation, termination of pregnancy or family planning.
Conflict and disaster		We shall not be liable for any claims which concern, are due to or are incurred as a result of treatment for sickness or injuries directly or indirectly caused by you putting yourself in danger by entering a known area of conflict (as listed below) and/or if you were an active participant or you have displayed a blatant disregard for your personal safety in a known area of conflict: <ul style="list-style-type: none">○ nuclear or chemical contamination○ war, invasion, acts of a foreign enemy○ civil war, rebellion, revolution, insurrection○ terrorist acts○ military or usurped power○ martial law○ civil commotion, riots, or the acts of any lawfully constituted authority○ hostilities, army, naval or air services operations whether war has been declared or not

Exclusion	Notes	Rules
Congenital conditions	Please see the table of benefits for details of your Newborn care limit.	Treatment received after the first 90 days following birth (or after the maximum benefit limit for Newborn care has been reached) for any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not, except cancer.
Convalescence and admission for general care		Hospital accommodation when it is used solely or primarily for any of the following purposes: <ul style="list-style-type: none"> ○ convalescence, supervision, pain management or any other purpose other than for receiving eligible treatment, of a type which normally requires you to stay in hospital ○ receiving general nursing care or any other services which do not require you to be in hospital, and could be provided in a nursing home or other establishment that is not a hospital ○ receiving services from a therapist or complementary medicine practitioner ○ receiving services which would not normally require trained medical professionals such as help in walking, bathing or preparing meals
Cosmetic treatment		Non-medically essential surgery and treatment to alter your appearance, including abdominoplasty or treatment related to or arising from the removal or addition of non-diseased or surplus or fat tissue is not covered. <p>We do not pay for treatment of keloid scars. We also do not pay for scar revision, even if the scar is causing a functional problem.</p>
Deafness		Treatment for or arising from deafness or partial hearing loss caused by a congenital abnormality or ageing.
Dental treatment /gum disease	Please see accident related dental in the table of benefits.	This includes surgical operations for the treatment of bone disease when related to gum disease or damage, or treatment for, or arising from disorders of the temporomandibular joint. <p>Examples: we do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth.</p>
Desensitisation and neutralisation		Treatment to de-sensitise or neutralise any allergic condition or disorder.
Developmental problems		Treatment for, or related to developmental problems, including: <ul style="list-style-type: none"> ○ learning difficulties, such as dyslexia ○ developmental problems treated in an educational environment or to support educational development
Donor organs		Treatment costs for, or as a result of the following: <ul style="list-style-type: none"> ○ transplants involving mechanical or animal organs ○ the removal of a donor organ from a donor ○ the removal of an organ from you for purposes of transplantation into another person ○ the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible diseases or illness ○ the purchase of a donor organ
Drugs and dressings for out-patient or take-home use	Exclusion applies to Essential and Classic cover only.	Any drugs or surgical dressings that are provided or prescribed for out-patient treatment , or for you to take home with you on leaving hospital , for any condition.

Exclusion	Notes	Rules
Experimental or unproven treatment		<p>Clinical tests, treatments, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy.</p> <ul style="list-style-type: none"> ○ We do not pay for 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. ○ We do not pay for any tests, treatment, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by Bupa Global in line with its criteria for standard clinical use. <p>Standard clinical use includes:</p> <ul style="list-style-type: none"> ○ 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 member has requested treatment, and is duly licensed for the condition and patient population being requested (please note – full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or ○ tests, treatments, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which treatment is requested. <p>Notes:</p> <ul style="list-style-type: none"> ○ 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.
Eyesight		<p>Treatment, equipment or surgery to correct eyesight, such as laser treatment, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Examples: we will not pay for routine eye examinations, contact lenses, spectacles. We will pay for eligible treatment or surgery of a detached retina, glaucoma, cataracts or keratoconus.</p>
Family doctor treatment	Exclusion applies to Essential and Classic cover only.	Treatment or services carried out by a family doctor .
Footcare		Treatment for corns, calluses, or thickened or misshapen nails.
Genetic testing		<p>Genetic tests, when such tests are solely performed to determine whether or not you may be genetically likely to develop a medical condition.</p> <p>Example: we do not pay for tests used to determine whether you may develop Alzheimer's disease, when that disease is not present.</p>

Exclusion	Notes	Rules
Harmful or hazardous use of alcohol, drugs and/or medicines		Treatment for or arising: <ul style="list-style-type: none"> ○ directly or indirectly, from the deliberate, reckless (including where you have displayed a blatant disregard for your personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and ○ in any event, from the illegal use of any such substance
Health hydros, nature cure clinics or any establishment that is not a hospital		Treatment or services received in health hydros, nature cure clinics or any establishment that is not a hospital .
Hereditary conditions		Treatment of abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of your family, except cancer.
HIV/AIDS	Please see HIV/AIDS drug therapy in the table of benefits.	Treatment for, or arising from, HIV or AIDS, including any condition that is related to HIV or AIDS, if your current period of membership is less than five years.
Illegal activity		We will not pay for treatment which arises, directly or indirectly, as result of your deliberate or reckless participation (whether actual or attempted) in any illegal act, including road traffic offenses.
Ineligible medical practitioner, hospital or healthcare facility		We do not pay for: <ul style="list-style-type: none"> ○ treatment that you have from a person or at a place if: <ul style="list-style-type: none"> ○ 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.
Infertility treatment		Treatment to assist reproduction, including but not limited to IVF treatment . Note: we pay for reasonable investigations into the causes of infertility if: <ul style="list-style-type: none"> ○ you had not been aware of any problems before joining, and ○ you have been a member of this plan (or any Bupa administered plan which included cover for this type of investigation) for a continuous period of two years before the investigations start Once the cause is confirmed, we will not pay for any additional investigations in the future.
Maternity	Exclusion applies to Essential cover only	Treatment for maternity or for any condition arising from maternity except the following conditions and treatments : <ul style="list-style-type: none"> ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside of the womb (ectopic pregnancy) ○ other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant
Obesity and weight management		Treatment for or as a result of obesity and weight management such as: <ul style="list-style-type: none"> ○ slimming aids or drugs, or ○ slimming classes, or ○ obesity surgery.
Persistent vegetative state (PVS) and neurological damage		We will not pay for in-patient treatment for more than 90 continuous days for permanent neurological damage or if you are in a persistent vegetative state .

Exclusion	Notes	Rules
Physical aids and devices		<p>Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an appliance.</p> <p>Examples: we will not pay for hearing aids, spectacles, contact lenses, crutches or walking sticks.</p>
Pre-existing conditions	For pre-existing conditions for newborns, please see the exclusions for congenital and hereditary conditions in this section.	<p>Please contact us before your renewal date if you or your dependants have personal exclusion(s) and would like us to review a personal exclusion. We may remove your exclusion if, in our opinion, no further treatment will be either directly or indirectly required for the condition, or for any related condition.</p> <p>There are some personal exclusions that, due to their nature, we will not review.</p> <p>To carry out a review, we may ask for an up to date medical report from your family doctor or specialist. Any costs incurred in obtaining these details are not covered under your plan and are your responsibility</p>
Preventive treatment	Please see health screening and wellness checks in the table of benefits.	<p>Note: we may pay for prophylactic surgery when:</p> <ul style="list-style-type: none"> ○ there is a significant family history of the disease for example ovarian cancer, which is part of a genetic cancer syndrome, and/or ○ you have positive results from genetic testing (please note that we will not pay for the genetic testing) <p>Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided. It may be necessary for us to seek a second opinion as part of our pre-authorisation process.</p>
Professional sports activities		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 .
Reconstructive or remedial surgery		<p>Treatment required to restore your appearance after an illness, injury or previous surgery, unless:</p> <ul style="list-style-type: none"> ○ the treatment is a surgical operation to restore your appearance after an accident, or as the result of surgery for cancer, if either of these takes place during your current continuous membership of the plan ○ the treatment is carried out as part of the original treatment for the accident or cancer ○ you have obtained our written consent before the treatment takes place
Sexual problems/gender issues		Treatment of any sexual problem including impotence (whatever the cause) and sex changes or gender reassignments.
Sleep disorders		Treatment , including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.
Speech disorders		<p>Treatment for speech disorders, including stammering or speech developmental delays, unless all of the following apply:</p> <ul style="list-style-type: none"> ○ the treatment is short term therapy which is medically necessary as part of active treatment for an acute condition such as a stroke ○ the speech therapy takes place during and/or immediately following the treatment for the acute condition, and ○ the speech therapy is recommended by the specialist in charge of your treatment, and is provided by a therapist <p>in which case we may pay at our discretion.</p>
Stem cells		We do not pay for the harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.
Surrogate parenting	Please also see maternity cover in the table of benefits.	<p>Treatment directly related to surrogacy. This applies:</p> <ul style="list-style-type: none"> ○ to you if you act as a surrogate, and ○ to anyone else acting as a surrogate for you

Exclusion	Notes	Rules
Travel costs for treatment		<p>Any travel costs related to receiving treatment, unless otherwise covered by:</p> <ul style="list-style-type: none">○ local air ambulance benefit,○ local road ambulance benefit, or○ Assistance cover <p>Examples:</p> <ul style="list-style-type: none">○ we do not pay for taxis or other travel expenses for you to visit a medical practitioner○ we do not pay for travel time or the cost of any transport expenses charged by a medical practitioner to visit you
U.S. treatment		<p><u>If U.S. cover has not been purchased</u>, then any treatment or services received in the U.S. are ineligible.</p> <p><u>If U.S. cover has been purchased</u>, then treatment or services received in the U.S. are ineligible:</p> <ul style="list-style-type: none">○ when arrangements were not pre-authorised by our agents in the U.S. where required (see 'Treatment in the U.S.' section of this membership guide); or○ we know or suspect that you purchased cover for and travelled to the U.S. for the purpose of receiving treatment for a condition, including pregnancy when the symptoms of the condition were apparent to you before buying the cover. This applies whether or not your treatment was the main or sole purpose of your visit even if the treatment was pre-authorised.