

A GUIDE TO YOUR MAJOR MEDICAL GLOBAL HEALTH PLAN

A COLLABORATION BETWEEN TWO OF THE MOST RESPECTED NAMES IN GLOBAL HEALTHCARE

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HELLO

With a **health plan** from **Bupa Global** and **Blue Shield Global®**, **you** benefit from the combined strength, knowledge and expertise of two world class global healthcare organisations. Within this **guide**, **you'll** find easy to understand information about **your health plan**. This includes:

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

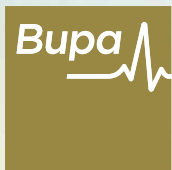
To make the most of **your health plan**, please read the 'Table of benefits' and 'General exclusions' sections carefully to get a full understanding of **your** cover, along with **your** 'Terms and conditions' also enclosed in **your** welcome pack.

BEFORE **WE** GET STARTED, THERE ARE A FEW THINGS **WE** WOULD LIKE TO BRING TO **YOUR** ATTENTION...

YOUR INSURER	Bupa Global is the sole insurer of this plan.
YOUR GEOGRAPHICAL AREA IS SHOWN ON YOUR INSURANCE CERTIFICATE	There are two area of cover options. The policyholder has chosen one of these. They are: - o Worldwide - o Worldwide, excluding the U.S As long as it is covered by your health plan, you can have your treatment at any recognised medical practitioner, hospital or clinic within your area of cover. To view a summary of hospitals visit www.bupaglobal.com/facilitiesfinder
BOLD WORDS	Any words written in bold are defined terms that are relevant to your cover. You can check their meaning in the 'Glossary'.
TREATMENT THAT WE COVER	Your Major Medical Global Health plan covers the treatment cost for a disease, illness or injury that leads to the conservation of your condition, your recovery or you getting back to your previous state of health. This includes treatment for chronic, congenital and hereditary conditions that may be covered, subject to underwriting. Your treatment is covered if it is: - o covered under the health plan - o at least consistent with generally accepted standards of medical practice in the country in which treatment is being received - o clinically appropriate in terms of type, duration, location and frequency
TWO OF THE BIGGEST, MOST TRUSTED BRANDS IN GLOBAL HEALTHCARE	Two of the most respected names in health care, Bupa Global and Blue Shield Global , have teamed up to deliver high quality health care products and services. Customers who have U.S. coverage within their plan can now enjoy even bigger benefits with access to the largest network of providers through our partnership with Blue Shield Global . If you would like to upgrade to a higher level of cover, including the ability to access U.S. medical facilities, please contact us .
ACCESSING CARE IN THE U.S.	If you have worldwide cover, you have access to Blue Shield companies' networks. This gives you the broadest network cover. To find out more, please visit www.bupaglobalaccess.com

ANY QUESTIONS? **We'll** be happy to help.
Get in touch using the details printed on **your** insurance cards.

Bupa Global is a trade name of **Bupa**, the international health and care company. **Bupa** is an independent licensee of **BCBSA**. **Bupa Global** is not licensed by **BCBSA** to sell **Bupa Global/BCBS** branded products in Argentina, Canada, Panama, Uruguay and US Virgin Islands. In Hong Kong, **Bupa Global** is only licensed to use the **Blue Shield** marks. Please consult **your** policy terms and conditions for coverage availability. **BCBSA** is an association of independent, community-based and locally operated member companies. **Blue Shield Global** is a brand owned by **BCBSA**. For more information about **Bupa Global**, visit bupaglobalaccess.com, and for more information about **BCBSA**, visit www.BCBS.com.



WHEN YOU'RE AWAKE, WE'RE AWAKE

You can call **us** at any time of the day or night for healthcare advice, support and assistance by medically trained people who understand **your** situation.

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

- general medical information
- finding local medical facilities
- arranging medical second opinions
- travel information
- security information
- information on inoculation and visa requirements
- **emergency** message transmission
- interpreter and embassy referral

You can ask **us** to arrange evacuations and repatriations as covered under this plan, including:

- air ambulance transportation
- commercial flights, with or without medical escorts
- stretcher transportation
- transportation of mortal remains
- travel arrangements for relatives and escorts

We believe that every person and situation is different and focus on finding answers and solutions that work specifically for **you**. **Our** assistance team will handle **your** case from start to finish, so **you** always talk to someone who knows what is happening.

Sight or hearing difficulties?

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

* **We** obtain the above health, travel and security information from third parties. **You** should check this information as **we** do not verify it, and so cannot be held responsible for any errors or omissions, or any loss, damage, illness and/or injury that may occur as a result of this information.

NEED TREATMENT?

The importance of pre-authorisation
We want everything to run smoothly when **you** need **treatment**. That way **you** can focus on getting better.

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

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

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

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

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

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



When **you** have pre-authorised **treatment** with one of **our network** providers, **we** will cover the costs if, at the time **you** have that **treatment**:

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

How do I pre-authorise my treatment?
Login to the MembersWorld app, go to <https://membersworld.bupaglobal.com> or contact **us** by phone or email. When **we** have the details, **we** will send **you** and the provider a pre-authorisation statement.

What if my pre-authorisation is no longer valid? Can I get a new one?
Yes. Just follow the process again.

What if I need to go to hospital in an emergency?
In an emergency there might not be time to contact **us**. If this happens, it is important that the hospital contacts **us** within 48 hours.

Our approach to costs
When **you** are in need of a **benefits provider**, **our** dedicated team can help **you** find a **recognised medical practitioner, hospital or healthcare facility** within **network**. Alternatively, **you** can view a summary of **benefits providers** on Facilities Finder at www.bupaglobal.com/facilitiesfinder. Where **you** choose to have **your treatment** and services with a **benefits provider** in **network**, **we** will cover all eligible costs of any **covered benefits**, once any applicable **co-insurance** or **deductible** amount which **you** are responsible to pay has been deducted from the total claimed amount.

Should **you** choose to have **covered benefits** with a **benefits provider** who is not part of **network**, **we** will only cover costs that are **reasonable and customary**. This means that the costs charged by the **benefits provider** must be no more than they would normally charge, and be similar to other **benefits providers** providing comparable health outcomes in the same geographical region. These may be determined by **our** experience of usual, and most common, charges in that region. Government or official medical bodies will sometimes publish guidelines for fees and medical practice (including established **treatment** plans, which outline the most appropriate course of care for a specific condition, operation or procedure). In such cases, or where published insurance industry standards exist, **we** may refer to these global guidelines when assessing and paying claims. Charges in excess of published guidelines or **reasonable and customary** made by an 'out-of-**network**' **benefits provider** will not be paid.

Pre-authorisation complete and now going for treatment?
Always remember to keep **your** insurance cards with **you** and present the appropriate card to **your** benefits provider when **you** arrive.

Please also see 'Hong Kong hospital **network** options' in the 'Table of benefits'.

This means that, should **you** choose to receive **covered benefits** from an 'out-of-**network**' **benefits provider**:

- **you** will be responsible for paying any amount over and above the amount which **we** reasonably determine to be **reasonable and customary** – this will be payable by **you** directly to **your** chosen 'out-of-**network**' **benefits provider**;
- **we** cannot control what amount **your** chosen 'out-of-**network**' **benefits provider** will seek to charge **you** directly.

There may be times when it is not possible for **you** to be treated at a **benefits provider** in **network**, for example, if **you** are taken to an 'out-of-**network**' **benefits provider** in an **emergency**. If this happens, **we** will cover eligible costs of any **covered benefits** (after any applicable **co-insurance** or **deductible** has been deducted).

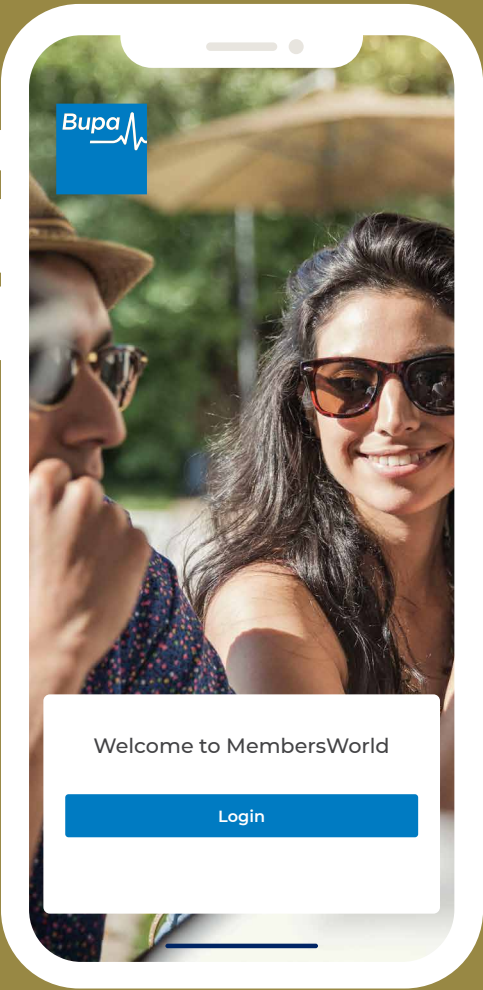
If **you** are taken to an 'out-of-**network**' **benefits provider** in an **emergency**, it is important that **you**, or the **benefits provider**, contact **us** within 48 hours of **your** admission, or as soon as reasonably possible in the circumstances. If it is the best thing for **you**, **we** may arrange for **you** to be moved to a **benefits provider** in **network** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a **benefits provider** in **network** only the **reasonable and customary** costs of any **covered benefits** received following the date of the transfer being offered will be paid (after any applicable **co-insurance** or **deductible** has been deducted).

Additional rules may apply in respect of **covered benefits** received from an 'out-of-**network**' **benefits provider** in certain countries.

These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by **our** experience of usual, and most common, charges in that region.

WELCOME TO MEMBERSWORLD

Your MembersWorld account gives **you** access to **Bupa Global** whenever **you** need it.



You can register for MembersWorld at: <https://membersworld.bupaglobal.com> and download the **Bupa Global** MembersWorld App from **your** app store.

MembersWorld is for everyone on the policy aged 16 and over.

All **dependants** over 16 can access these services, so it's important they register too.

If **you** are the **policyholder** and would like to access information about **your dependants** in MembersWorld, they will need to register for an account and give permission. They can do this by simply going to their account settings and updating their consent options.

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



How to access MembersWorld

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

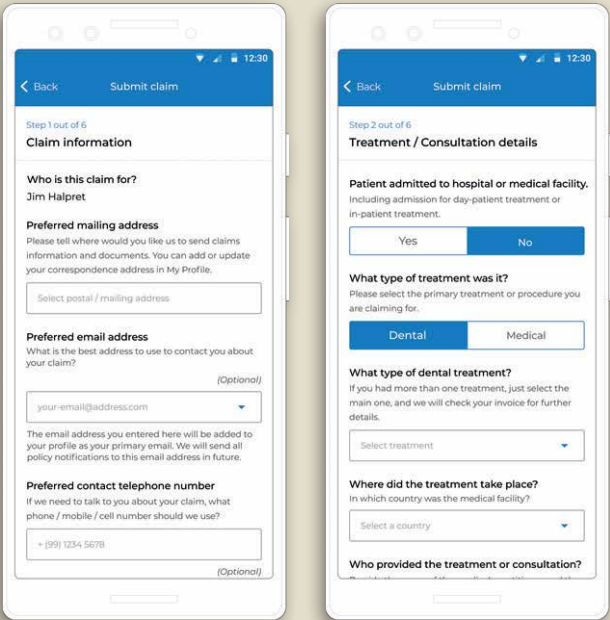
Search for “MembersWorld” on the App Store or Google Play and download to **your** device for access to **your** account on-the-go.



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

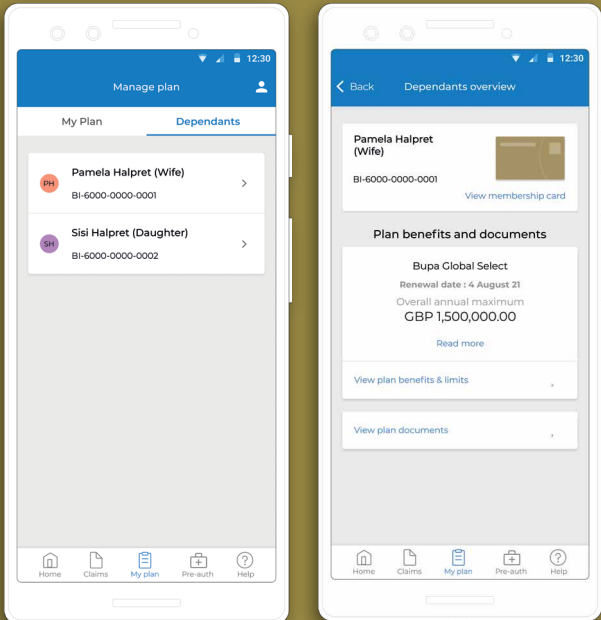
Claims and pre-authorisations

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



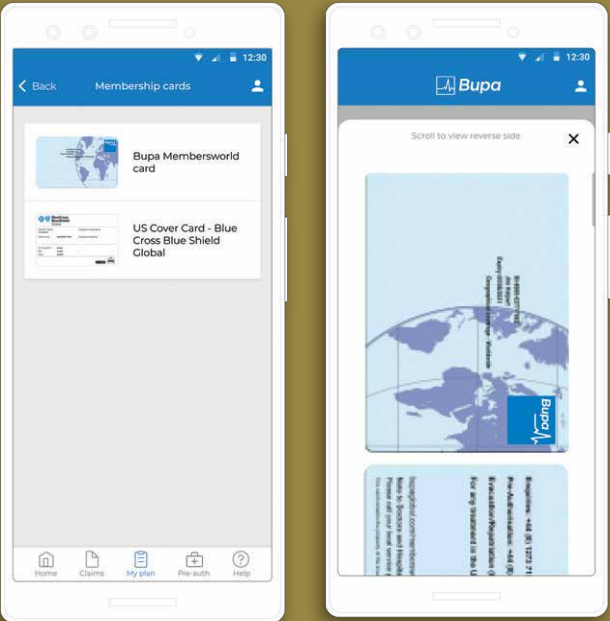
Dependants

- View **dependants'** plans, documents and membership cards
- Submit and view claims*
- Allow the **policyholder** to manage a **dependants'** account



Membership cards

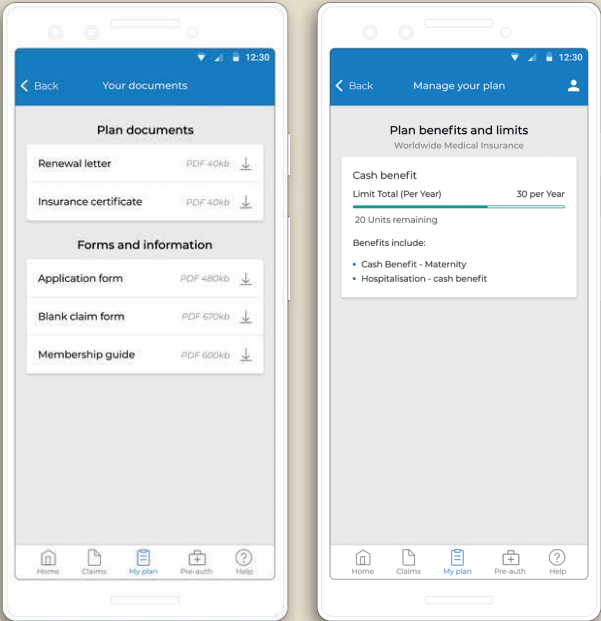
- Access to **your** membership cards whenever **you** need them



The membership cards shown are for illustration purposes only – cards vary depending on the area of cover.

Policy documents

- View and download documents for **your** plan



WELLBEING SERVICES

At **Bupa Global** we understand wellbeing means more than simply **your** physical health. Our wellbeing programmes support **you** and **your** family in all the moments that matter including **your** physical and mental health. **You** can start using these wellbeing programmes right away!

They are available to **you** from the very start of **your** policy at no additional cost. The use of the services listed on this page does not impact **your policy** premiums or benefits from **your** plan. For more information on any of these services please contact Customer Services.

Your Wellbeing

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

Find a wealth of inspiring articles, practical information and easy to follow tips to help **you** and **your** family live longer, healthier, happier lives.

Second Medical Opinion*

As a **Bupa Global** customer, **you** can access a second medical opinion from a team of international **specialist doctors**.

This virtual service can give **you** added reassurance and confidence in **your** diagnosis or **treatment** recommendation to help **you** take the most appropriate steps with regards to **your** health. An independent team of **doctors** will review **your** previous medical history, along with any proposed **treatment** and issue **you** with a detailed report including recommendations for the best approach towards optimal recovery.

To request a second medical opinion, complete an online referral form via the MembersWorld website, or contact the **Bupa Global** Customer Service team on **+852 2531 8503** or email service.hk@bupaglobal.com

Global Virtual Care*

Our virtual consult app provides **you** and **your dependants** with on demand access to a **network** of highly qualified international **doctors**. The **doctor** can help **you** and **your** family to better understand **your** symptoms and how to get the best care available - wherever **you** are in the world.

Features include (subject to local regulations):

- o Video and telephone consultations
- o **Doctor's** notes
- o Selfcare
- o Referrals
- o Prescriptions

Access virtual consultations with a **doctor** any time of the day or night by signing-in to the MembersWorld app. If **you** haven't registered yet, go to the MembersWorld page to get started.



Bupa Global retains the right to change the scope of these services. Select services* noted on this page of the membership guide are provided by independent third party service provider(s); access to these services is procured by **Bupa Global** for **your** use. These services are subject to third party availability. **Bupa Global** assumes no liability and accepts no responsibility for information provided by the services detailed above.



THE CLAIMING PROCESS

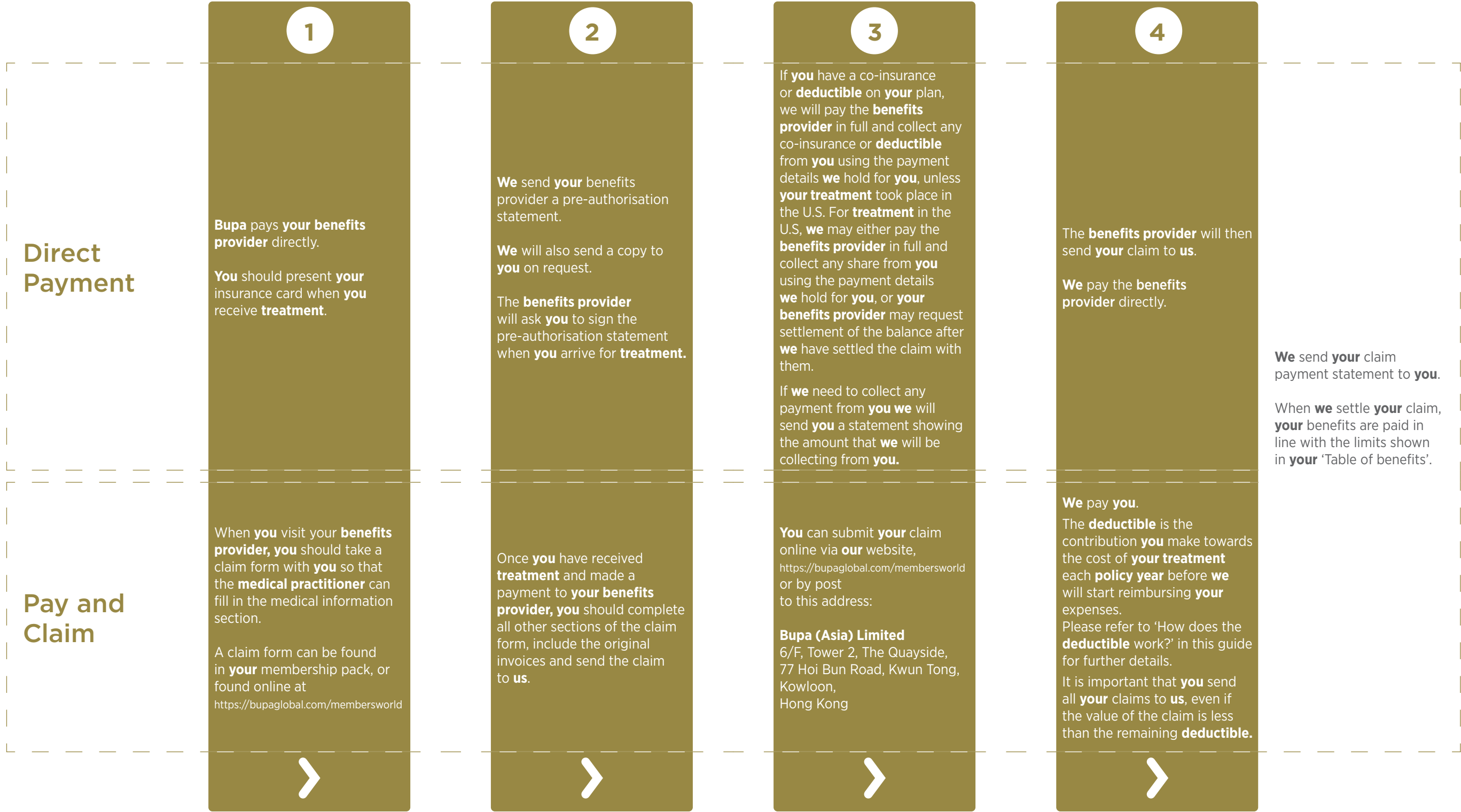
Whether **you** choose direct payment or ‘pay and claim’ **we** provide a quick and easy claims process. **We** aim to arrange direct settlement wherever possible, but it has to be with the agreement of whoever is providing the **treatment**. In general, direct settlement can only be arranged for **in-patient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

How to make a claim

- The quickest way to submit **your** claim is to log on to **your** MembersWorld account and submit **your** claim electronically. **You** have the choice of submitting an online claim or uploading any completed claims form.
- Make sure **we’ve** got all the information as the biggest delay to paying a claim is normally incomplete, missing or ineligible information.
- Make sure **you** have given **your** correct bank details. Reimbursement by bank transfer is by far the quickest way to receive **your** payment.

If **you** need assistance with a claim **you** can

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





WANT TO ADD MORE PEOPLE TO YOUR MAJOR MEDICAL GLOBAL HEALTH PLAN?

You can apply to include **dependants**, including newborn children, to this **health plan** by filling in an application form. **You** can download this easily from <https://membersworld.bupaglobal.com> Or **you** can contact **us** and **we** will send one to **you**.

It is possible to add dependants on to a different health plan.

When **you** apply, the **dependant's** medical history will be reviewed by **our** medical team which may result in cover for **pre-existing conditions**, special restrictions or exclusions, or **we** may decline to offer cover. Any special restrictions or exclusions are personal to the person **you** add and will be shown on **your** insurance certificate.

Adding your newborn child?
Congratulations on your new arrival!

To add **your** newborn baby you will need to send **us** a completed newborn application form. If:

- either parent has been a **Bupa Global** member for at least 18 months before the baby's birth, and
- **we** receive the application form within 30 days of the baby's birth

we will add the baby to the policy from their date of birth.

However, if:

- neither parent has been a **Bupa Global** member for at least 18 months before the baby's birth, or
- **we** receive the application form more than 30 days after the baby was born

cover will start on the date that **we** receive the application form.

When **you** apply, the baby's medical history will be reviewed by **our** medical team which may result in cover for **pre-existing conditions**, special restrictions or exclusions, or **we** may decline to offer cover. This means that if the baby has medical conditions that need **treatment**, these might not be covered by the policy.

YOUR HEALTH PLAN BENEFITS

The ‘Table of benefits’ provides an explanation of what is covered on **your health plan** and the associated limits.

Benefit limits

There are two kinds of benefit limits shown in this table:

1. The ‘overall annual maximum’ – the maximum amount **we** will pay in total for all benefits, for each person, in each **policy year**.
2. Individual benefit limits – the maximum amount **we** will pay for individual benefits such as **rehabilitation**.

All benefit limits apply per person. Some apply each **policy year**, which means that once a limit has been reached, the benefit will no longer be available until **you** renew **your health plan**. Others apply per lifetime, which means that once a limit has been reached, no further benefits will be paid, regardless of the **renewal** of **your health plan**.

Currencies

All the benefit limits and notes are set out in two currencies: USD and HKD. The currency in which **you** pay **your** premium is the currency that applies to **your health plan** for the purpose of the benefit limits.

Waiting periods

You will notice that waiting periods apply to some of the benefits. This means that **you** cannot make a claim for that particular benefit until **you** have been covered for the full duration of the waiting period stated.

How does the deductible work?

Your deductible is the annual amount **you** must pay each **policy year** towards covered expenses before **we** start paying. There is no deductible as standard with an option to increase it to USD 4,000 or USD 10,000. It’s important that **you** send all **your** claims to **us**, even if the value of **your** claim is less than the **deductible**. **We** won’t make any payment, but the claim will count towards **your deductible**. If **your** claim is for an amount higher than the value of **your deductible** or remaining **deductible**, **we** will pay costs in line with **your** benefit limits.

The **deductible** applies:

- per **policy year**
- separately for each person

EXAMPLE	
You have chosen a USD 4,000 deductible on your health plan	
You have treatment in hospital for a broken leg which costs USD 6,000	
Amount paid by you is USD 4,000	Amount paid by us is USD 2,000
Remaining deductible for the rest of the policy year is USD 0	

Please note that direct settlement may not be available outside **your** chosen **network** and/or room type options in **Hong Kong**. If direct settlement is not possible, you will have to pay for **your treatment** and claim the costs back from **us**.

We will assess the total costs for **your** covered **treatment** and then assess what the **reasonable and customary** rates are for **your treatment**. If **your** claimed amount is higher than the **reasonable and customary** rates, a shortfall will apply.

If **you** have the Standard **network** option in **Hong Kong**, a **network co-insurance** of 50% will apply if you choose a provider outside the Standard **network**.

If **you** have semi-private room cover in **Hong Kong**, a room type **co-insurance** of 50% will apply if **you** choose to stay in a private room.

If either the **network co-insurance** and/or the room type **co-insurance** is applied, **you** could pay a large amount for **your treatment**.

EXAMPLE	
You have treatment in hospital in Hong Kong totalling HKD 1,000,000 . You have the Standard network option in Hong Kong . You have semi-private room cover in Hong Kong .	
We will first assess the reasonable and customary rates for your treatment . If your claimed amount is higher than the reasonable and customary rates, a shortfall will apply.	For this example, the reasonable and customary rates are HKD 800,000
You visit a hospital outside the Standard network . We then apply the network co-insurance of 50%.	50% co-insurance applied taking the claimed amount to HKD 400,000
You stay in a private room. We then apply the room type co-insurance of 50%.	Further 50% co-insurance applied taking the claimed amount to HKD 200,000
Total amount paid by us is HKD 200,000 Amount paid by you is HKD 800,000	



TABLE OF BENEFITS - MAJOR MEDICAL GLOBAL HEALTH PLAN

BENEFIT AND EXPLANATION	LIMITS
OVERALL ANNUAL POLICY MAXIMUM	
All benefits below, even those paid in full, will contribute to the overall annual policy maximum limit.	Overall annual policy maximum
The currency applicable for your contract is as shown on your insurance certificate.	USD 4,500,000 or HKD 35,000,000
DEDUCTIBLE OPTIONS	
No deductible , Optional USD 4,000 or HKD 31,200, or Optional USD 10,000 or HKD 78,000 Please see your insurance certificate for details of the deductible that applies to your plan. Please see details within the Table of Benefits for which benefits the deductible applies to.	
MANDATORY PRE-AUTHORISATION	
There are some benefits for which you 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 us for pre-authorisation before proceeding with all in-patient and day-patient treatment . Benefits may not be paid unless pre-authorisation has been provided.	
AREA OF COVER OPTIONS	
There are two area of cover options. The policyholder has chosen one of these. They are: - Worldwide - Worldwide, excluding the U.S.	Worldwide or Worldwide, excluding the U.S.
Your geographical area for coverage is shown on your insurance certificate. Please see the ' Treatment outside of area of cover' exclusion in the 'General exclusions' section.	

BENEFIT AND EXPLANATION	LIMITS
HONG KONG HOSPITAL NETWORK OPTIONS	
Your insurance certificate will show which network applies to you. These networks are only for treatment that you have at a hospital in Hong Kong. This applies to treatment as an in-patient, day-patient or out-patient. If you have the Standard network but have treatment at a hospital not in the network: We will not pay the hospital directly. You will have to pay and then claim the costs from us. We will assess the total hospital costs for your treatment that the health plan covers. Examples include room costs and treatment costs. - For specialists' and doctors' fees, we will assess what are reasonable and customary fees for your treatment. We will then apply a 50% co-insurance to the specialists' and doctors' fees and hospital charges that we have assessed in points 1 and 2. This means that you could pay a large amount for your treatment. For hospitals in Hong Kong only: To view a summary of hospitals within your chosen network option, please visit MembersWorld.	Standard network or Comprehensive network
TREATMENT IN HONG KONG	
If you have treatment from a specialist or doctor or at a place that is not part of our network, we may not pay all the costs. You will have to pay the difference between what we pay and the final bill. There are many places where a specialist or doctor might treat you. This could be, for example, a hospital, a clinic, a day-centre. In Hong Kong, the specialist or doctor who treats you works separately from the place where you have the treatment. This means that you could have treatment in a hospital that is in our network but the specialists or doctors who treat you are not part of our network. In this case we would pay the hospital bill in full but may only pay part of the specialist's or doctor's bill. It is important to pre-authorise any treatment you plan to have. This gives us the chance to tell you if the place where you plan to have the treatment and the specialist or doctor treating you are in our network. In the table of benefits we often say 'paid in full'. We can only pay in full if: you have treatment that the policy covers - the place you are treated is in our network, and - the people who treat you are in our network.	
IN-PATIENT CARE: FOR ALL IN-PATIENT AND DAY-PATIENT TREATMENT COSTS	
Your chosen deductible option applies to all the in-patient and day-patient benefits below. Please see your insurance certificate for details of the deductible that applies to your plan.	

BENEFIT AND EXPLANATION	LIMITS
HOSPITAL ACCOMMODATION, ROOM AND BOARD When: - there is a medical need to stay in hospital - the treatment is given or managed by a specialist, and - the length of your stay is medically appropriate We will not pay the extra costs of a deluxe, executive or VIP suite. If the cost of treatment is linked to the type of room, we pay the cost of treatment at the rate which would be charged if you occupied a room type appropriate for your level of cover. In a semi-private room patients may have to share a room and bathroom. Your insurance certificate will show if your cover in Hong Kong is for a semi-private room. If you have semi-private room cover and choose to stay in a private room: We will not pay the hospital directly. You will have to pay and then claim the costs from us. 1) We will assess the total hospital costs for your treatment that the health plan covers. Examples include room costs and treatment costs. 2) For specialists’ and doctors’ fees, we will assess what are reasonable and customary fees for your treatment. 3) We will then apply a 50% co-insurance to the specialists’ and doctors’ fees and hospital charges that we have assessed in points 1 and 2. This means that you could pay a large amount for your treatment. For in-patient stays of five nights or more, you or your specialist must send us a medical report before the fifth night, confirming your diagnosis, treatment already given, treatment planned and discharge date. We will also pay up to USD 17 or HKD 130 each day for personal expenses such as newspapers, television rental and guest meals when you have had to stay overnight in hospital.	Paid in full Standard private room or Semi-private room (for hospitals in Hong Kong only).
PARENT ACCOMMODATION IN HOSPITAL Room and board costs for a parent staying in hospital with their child when the costs are for one parent only, you are staying with a child up to 18 years old and the child is insured and receiving treatment that is covered.	Paid in full
OPERATING ROOM, MEDICINES AND SURGICAL DRESSINGS Costs of the: - operating room - recovery room - medicines and dressings used in the operating or recovery room - medicines and dressings used during your hospital stay	Paid in full
INTENSIVE CARE Costs for treatment in an intensive care unit when it is medically necessary or an essential part of treatment.	Paid in full
SURGERY, INCLUDING SURGEONS’ AND ANAESTHETISTS’ FEES Surgery, including surgeons’ and anaesthetists’ fees, as well as treatment needed immediately before and after the surgery on the same day.	Paid in full
SPECIALISTS’ CONSULTATION FEES When you require medical treatment during your stay in hospital.	

BENEFIT AND EXPLANATION	LIMITS
PATHOLOGY, RADIOLOGY AND DIAGNOSTIC TESTS: - pathology such as blood test(s) - radiology such as ultrasound or X-ray(s) diagnostic tests such as electrocardiograms (ECGs) when recommended by your specialist to help diagnose or assess your condition when you are in hospital.	Paid in full
MENTAL HEALTH Mental health treatment, overnight in hospital or as a day-patient, to include room, board and all treatment costs related to the mental health condition. Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.	Paid in full
PHYSIOTHERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS AND DIETITIANS Treatment provided by therapists (such as occupational therapists), physiotherapy and dietitian or speech therapy if it is needed as part of your treatment in hospital, meaning this is not the sole reason for your hospital stay.	Paid in full
OBESITY SURGERY (AFTER A WAITING PERIOD OF 24 MONTHS) We may pay, subject to Bupa Global’s medical policy criteria, for bariatric surgery, if you: - have a body mass index (BMI) of 40 or over and have been diagnosed as being morbidly obese - can provide documented evidence of other methods of weight loss which have been tried over the past 24 months and - have been through a psychological assessment which has confirmed that it is appropriate for you to undergo the procedure The bariatric surgery technique needs to be evaluated by our medical teams and is subject to Bupa Global’s medical policy criteria. In some cases, you may qualify for weight-loss surgery if your BMI is between 35 and 40 and you have a serious weight-related health problem, such as type 2 diabetes. The decision for Bupa Global to cover this will be entirely made by our medical teams. Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.	Paid in full
PROPHYLACTIC SURGERY We may pay depending on Bupa Global’s medical policy criteria, for example, a mastectomy when there is a significant family history and/or you have a positive result from genetic testing. Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.	Paid in full
PROSTHETIC DEVICES 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 needed for a pre-existing condition. We will pay for the initial and up to two replacements per device for children under the age of 18.	Up to USD 6,000 or HKD 46,800 each device

BENEFIT AND EXPLANATION	LIMITS
PROSTHETIC IMPLANTS AND APPLIANCES Eligible prosthetic implants and appliances shown in the following lists. Prosthetic implants: - to replace a joint or ligament - to replace a heart valve - to replace an aorta or an arterial blood vessel - to replace a sphincter muscle - to replace the lens or cornea of the eye - to control urinary incontinence or bladder control - to act as a heart pacemaker (internal cardiac defibrillator may be available subject to Bupa Global's medical policy criteria. Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided) - to remove excess fluid from the brain - cochlear implant – provided the initial implant was provided when you were under the age of five, we will pay ongoing maintenance and replacements - to restore vocal function following surgery for cancer Appliances: - a knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament - a spinal support which is an essential part of a surgical operation to the spine - an external fixator such as for an open fracture or following surgery to the head or neck	Paid in full
RECONSTRUCTIVE SURGERY Treatment to restore your appearance after an illness, injury or surgery. We may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during your current continuous cover. Please contact us for pre-authorisation before proceeding with any reconstructive surgery. Benefit may not be paid unless pre-authorisation has been provided.	Paid in full
ACCIDENT RELATED DENTAL TREATMENT We pay for dental treatment that is required in hospital after a serious accident.	Paid in full
IN-PATIENT HOSPITAL CASH BENEFIT We pay in-patient hospital cash benefit if you: - have been treated in a public hospital in Hong Kong - have received in-patient treatment in hospital which is covered under this plan whether or not you have been charged for your room, board and treatment.	Up to USD 250 or HKD 1,950 each night, for up to 20 nights each policy year
PRE- AND POST-HOSPITALISATION Your chosen deductible option applies to all the pre- and post-hospitalisation benefits below. Please see your insurance certificate for details of the deductible that applies to your plan.	

BENEFIT AND EXPLANATION	LIMITS
PRE- AND POST- HOSPITALISATION Pre-examinations that are medically necessary in order to perform the surgery or treatment which is to take place during hospitalisation are covered 30 days prior to hospitalisation. Check-ups that are medically necessary in order to verify that the insured is recovering successfully from surgery or treatment received while hospitalised are covered up to 60 days after hospitalisation. Note: any pre-and post-hospitalisation for cancer treatment is paid from the cancer treatment benefit.	Paid in full up to 30 days prior to hospitalisation Paid in full up to 60 days after hospitalisation
HOME NURSING Following treatment in hospital which is covered under this health plan, when it: - is prescribed by your specialist - starts immediately after you leave hospital - reduces the length of your stay in hospital - is provided by a qualified nurse in your home and - is needed to provide medical care, not personal assistance Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.	Paid in full Up to 30 days each policy year
HOSPICE AND PALLIATIVE CARE Hospice and palliative care services if you have received a terminal diagnosis and can no longer have treatment which will lead to your recovery: hospital or hospice accommodation - nursing care - prescribed medicines - physical, psychological, social and spiritual care	Up to USD 40,000 or HKD 312,000 for the whole of your lifetime
REHABILITATION (MULTIDISCIPLINARY REHABILITATION) We pay for rehabilitation, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. We do not pay for room and board for rehabilitation when the treatment being given is solely physiotherapy. We pay for rehabilitation only when you have received our pre-authorisation before the treatment starts, for up to 45 days treatment each policy year. For treatment in hospital one day is each overnight stay and for day-patient and out-patient treatment, one day is counted as any day on which you have one or more appointments for rehabilitation treatment. We only pay for multidisciplinary rehabilitation where it: - starts within 30 days after the end of your treatment in hospital for a condition which is covered by your health plan (such as trauma or stroke), and - arises as a result of the condition which required the hospitalisation or is needed as a result of such treatment given for that condition Note: in order to give pre-authorisation, we must receive full clinical details from your specialist; including your diagnosis, treatment given and planned and proposed discharge date if you stayed in hospital to receive rehabilitation. Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.	Paid in full Up to 45 days each policy year

BENEFIT AND EXPLANATION	LIMITS
PRESCRIBED MEDICINES AND DRESSINGS Medicines and dressings prescribed by your medical practitioner, at the hospital, after in-patient or day-patient treatment when you are discharged, required to treat a disease, illness or injury.	Up to USD 1,000 or HKD 7,800 each policy year Prescribed at the hospital following in-patient or day-patient treatment
DURABLE MEDICAL EQUIPMENT Durable medical equipment that: ◦ can be used more than once ◦ is not disposable ◦ is used to serve a medical purpose ◦ is not used in the absence of a disease, illness or injury and ◦ is fit for use in the home For example oxygen supplies or wheelchairs.	
IN-PATIENT AND/OR OUT-PATIENT CARE Your chosen deductible option applies to all the in-patient and/or out-patient care benefits below. Please see your insurance certificate for details of the deductible that applies to your plan.	
OUT-PATIENT SURGICAL OPERATIONS When carried out by a specialist or a doctor, including out-patient endoscopic examinations.	Paid in full
CANCER TREATMENT If you are diagnosed with cancer, we will pay for costs related specifically to planning and carrying out treatment for the cancer. This includes: ◦ surgery (including any prostheses needed) ◦ specialists’ fees ◦ diagnostic tests ◦ consultations with a specialist ◦ chemotherapy ◦ radiotherapy ◦ treatment you need to relieve the side effects of cancer treatment ◦ examples include antibiotics, anti-sickness drugs, pain relief, blood transfusions, cold cap treatment needed as a result of cancer treatment. ◦ bone marrow and peripheral blood stem cell transplants (see the ‘transplant services’ benefit for details of what we cover) ◦ one wig ◦ consultations and diagnostic tests to monitor your condition after your cancer treatment has finished and you are still under the care of your cancer specialist We will also pay for you to have a chemotherapy at home where this is possible. Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided. Treatment for cancer using ATMPs will be covered separately from the ATMP benefit.	Paid in full

BENEFIT AND EXPLANATION	LIMITS
ADVANCED THERAPY MEDICINAL PRODUCTS (ATMPs) We pay for ATMP treatment if it is: ◦ administered by a specialist in the country where you receive it, and; ◦ approved by the licensing authority in the country where you receive it, for your condition, stage of disease and stage of treatment that you have, and; ◦ endorsed by an independent specialist appointed by Bupa Global who confirms it: ◦ as medically appropriate, based on established medical practice, or ◦ is provided under a registered and ethically approved study (in this case we will not apply the ‘experimental or unproven treatment’ exclusion). Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.	Paid in full, one course of treatment for each condition for the whole of your lifetime
TRANSPLANT SERVICES All medical expenses, including consultations with a doctor or specialist and medical treatments whether staying in hospital overnight, as a day-patient or an out-patient for the following transplants, if the organ has come from a relative or a certified and verified source of donation: ◦ cornea ◦ small bowel ◦ kidney ◦ kidney/pancreas ◦ liver ◦ heart ◦ lung, or ◦ heart/lung transplant 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 treatment benefit. Donor expenses, for each condition needing a transplant whether the donor is insured or not, including: ◦ the harvesting of the organ, whether from a live or deceased donor ◦ all tissue matching fees ◦ hospital/operation costs of the donor, and ◦ any donor complications, but to a maximum of 30 days post-operatively only Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.	
KIDNEY DIALYSIS Provided as an in-patient, day-patient or as an out-patient.	Paid in full
NEWBORN CARE The newborn care benefit is paid instead of any other benefit. Newborn children must have their own membership and must be registered on a Bupa Global plan before this benefit can be claimed. Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.	Up to USD 1,250 or HKD 9,750 maximum benefit for all treatment received during the first 90 days following birth each policy year.

BENEFIT AND EXPLANATION	LIMITS
ADVANCED IMAGING ◦ magnetic resonance imaging (MRI) ◦ computed tomography (CT) ◦ positron emission tomography (PET) if recommended by your specialist to help diagnose or assess your condition.	Paid in full
TRANSPORTATION/TRAVEL	
Please note: your chosen deductible option does not apply to the below transportation and travel benefits. 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-patient treatment. Evacuation covers you for reasonable transport costs to the nearest appropriate place of treatment. Repatriation also gives you the option to travel to your country of nationality or your country of residence. We may authorise evacuation if you need a CT, MRI or PET scan, or cancer treatment such as radiotherapy or chemotherapy. You must contact us before you travel, and we must agree the arrangements with you. If you do not, we may not pay the costs of your transport and treatment. Notes: ◦ We will only pay for Evacuation when the treatment you need is not available where you are. We will help you get to the nearest place where the treatment you need is available. This could be to another part of the country that you are in. It might not be your home country. ◦ In some cases, you may request a medical repatriation when contacting Bupa Global’s service partners for authorisation, but this may not be medically appropriate. In these cases, we will first evacuate you to the nearest appropriate place where treatment is available. Once you have been stabilised, we may then repatriate you to your country of nationality or your country of residence. How to arrange your medical transfer If you need a medical transfer, call us on +852 2531 8503. 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. If someone else arranges a transfer which the plan covers, we will only pay what we would have paid if we had arranged the transfer. ◦ We will not cover a medical transfer if you were aware of the symptoms of your condition before you applied for Assistance cover. ◦ You must have Assistance cover in place before you need the treatment. You must also have cover for treatment in the country you need to be transferred from. ◦ We will not arrange a medical transfer if it is too dangerous to do so, or not practical to enter the area. This could be because of the local situation, or geography. Examples include war zones, or an oil rig. ◦ Transport depends on local or international resources. This can include equipment and crew. It must also remain within the scope of all law and regulations which apply. We may have to obtain authorisation from authorities. This is outside our control. ◦ We cannot be held liable for any delays or connection problems caused by the weather, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond our control. ◦ We do not provide the transport and other services set out in the assistance cover section. We will arrange those services on your behalf. In some countries we may use service partners to arrange these services. ◦ We do not pay for extra nights in hospital when you are no longer having active treatment which you need to be in hospital for. An example would be if you are waiting for your return flight.	

BENEFIT AND EXPLANATION	LIMITS
EVACUATION Transport costs for an evacuation: ◦ to the nearest appropriate place where the required treatment is available. (This could be to another part of the country that you are in or to another country), and ◦ for the return journey to the place you were transferred from When this is authorised in advance by us. The costs we pay for the return journey will be either: ◦ the reasonable cost of the return journey by land or sea, or ◦ the cost of an economy class air ticket whichever is the lesser amount We 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 you to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, we will pay for taxi fares.	Paid in full
REPATRIATION Transport costs for a repatriation: ◦ to your specified country of nationality as given on your application form, or your specified country of residence, and ◦ the return journey to the place you were transferred from when: ◦ this is authorised in advance by Bupa Global, and ◦ the return journey is within 14 days of the end of the treatment The costs we pay for the return journey will be either: ◦ the reasonable cost of the return journey by land or sea, or ◦ the cost of an economy class air ticket whichever is the lesser amount We do not pay any other costs related to the repatriation such as travel costs or hotel accommodation. In some cases, it may be more appropriate for you to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, we will pay for taxi fares. In some cases you may request a medical repatriation when contacting Bupa Global 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 specified country of nationality or your specified country of residence.	Paid in full

BENEFIT AND EXPLANATION	LIMITS
TRAVEL COST FOR AN ACCOMPANYING PERSON Reasonable travel costs for a close relative (spouse/partner, parent, child, brother or sister) to accompany you if there is a reasonable need for you to be accompanied. By 'reasonable need' we mean that you need someone to accompany you for one of the following reasons: ◦ you need assistance to board or disembark from transport ◦ you need to be transferred over a long distance (over at least 1000 miles or 1600 kilometres) ◦ there is no medical escort ◦ in the case of serious acute illness The accompanying person may travel in a different class from the person receiving treatment depending on medical requirements. Reasonable travel costs for the return journey to the place you were transferred from when this is authorised in advance by Bupa Global. The costs we pay for the return journey will be either: ◦ the reasonable cost of the return journey by land or sea, or ◦ the cost of an economy air ticket whichever is the lesser amount We do not pay for someone to travel with you when the evacuation is for you to receive out-patient treatment.	Paid in full
TRAVEL COST FOR THE TRANSFER OF CHILDREN Reasonable travel costs for children to be transferred with you in the event of an evacuation or repatriation, provided they are under the age of 18 when: ◦ it is medically necessary for you as their parent or guardian to be evacuated or repatriated ◦ your spouse, partner, or other joint guardian is accompanying you, and ◦ they would otherwise be left without a parent or guardian	Paid in full
COMPASSIONATE VISIT TRANSPORT COSTS AND COMPASSIONATE VISIT LIVING ALLOWANCE The cost of economy class travel costs for a close relative (spouse/partner, parent, child, brother or sister) who is in another country to visit when you have a sudden accident or illness and are going to be hospitalised for at least five days or you have received a short-term terminal prognosis. This includes economy class costs of your relative's return journey to their home country. This benefit is only paid when authorised in advance by Bupa Global. For: ◦ a maximum of five trips per lifetime ◦ only when authorised in advance by Bupa Global Costs towards living expenses for your relative: ◦ following an covered compassionate visit only, and ◦ for up to 10 days whilst away from their usual specified country of residence This benefit is not paid when either an evacuation or repatriation has taken place. In the event of an evacuation or repatriation taking place during a compassionate visit, no further benefits as described in notes 'Travel cost for an accompanying person', 'Travel cost for the transfer of children' or 'Living allowance' will be payable.	Visit and return: Up to five trips per lifetime USD 1,500 or HKD 11,700 each trip Visit living allowance: Up to USD 150 or HKD 1,170 each day Up to 10 days each policy year

BENEFIT AND EXPLANATION	LIMITS
LIVING ALLOWANCE Costs towards living expenses for a relative (spouse/partner, parent, child, brother or sister) who is authorised to travel with you: ◦ following an evacuation, and ◦ for up to 10 days, or your date of discharge whichever is the earlier, whilst away from their usual specified country of residence We do not pay for someone to travel with you when evacuation is for out-patient treatment only.	10 days each policy year up to USD 150 or HKD 1,170 per day
LOCAL AIR AMBULANCE ◦ from the location of an accident to a hospital, or ◦ for a transfer from one hospital to another When a local air ambulance is: ◦ medically necessary ◦ used for short distances of up to 100 miles/160 kilometres, and ◦ related to treatment that is covered that you need to receive in hospital 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. We do not pay for mountain rescue.	Paid in full
LOCAL ROAD AMBULANCE ◦ from the location of an accident to a hospital ◦ for a transfer from one hospital to another, or ◦ from your home to the hospital When a local road ambulance is: ◦ medically necessary, and ◦ related to treatment that is covered that you need to receive in hospital	Paid in full
REPATRIATION OF MORTAL REMAINS Reasonable costs for the transportation of your body or cremated mortal remains to your home country or to your specified country of residence: ◦ in the event of your death while you are away from home, and ◦ subject to airline requirements and restrictions We 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. We 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 your mortal remains.	Paid in full

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 **benefits provider** who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. Additional rules may apply in respect of **covered benefits** received from an 'out-of-**network**' **benefits 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 we , at our 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 covered benefits .
Antenatal classes	We will not pay for antenatal classes from your maternity benefits or any other benefits.

Artificial life maintenance	We will not pay for artificial life maintenance for more than 90 days - 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 days.
Assisted fertility treatment	Treatment to assist reproduction such as: ◦ in-vitro fertilisation (IVF) ◦ gamete intrafallopian transfer (GIFT) ◦ zygote intrafallopian transfer (ZIFT) ◦ artificial insemination (AI) ◦ prescribed drug treatment ◦ embryo transport (from one physical location to another), or ◦ donor ovum and/or semen and related costs Note: we pay for reasonable investigations into the causes of infertility if: ◦ you had not been aware of any problems before joining, and ◦ you have been a member of this plan (or any Bupa administered plan which included cover for this type of investigation) for a continuous period of two years before the investigations start. Once the cause is confirmed, we will not pay for any additional investigations in the future.
Birth control	Contraception, sterilisation, vasectomy, termination of pregnancy (unless there is a threat to the mother's health), family planning, such as meeting your doctor to discuss becoming pregnant or contraception.
Complementary therapists	Treatment and medicine by Complementary therapists including any Chinese medicine practitioner.
Conflict and disaster	We shall not be liable for any claims which concern, are due to or are incurred as a result of treatment for sickness or injuries directly or indirectly caused by you putting yourself in danger by entering a known area of conflict (as listed below) and/or if you were an active participant or you have displayed a blatant disregard for your personal safety in a known area of conflict: ◦ nuclear or chemical contamination ◦ war, invasion, acts of a foreign enemy ◦ civil war, rebellion, revolution, insurrection ◦ terrorist acts ◦ military or usurped power ◦ martial law ◦ civil commotion, riots, or the acts of any lawfully constituted authority ◦ hostilities, army, naval or air services operations whether war has been declared or not
Convalescence and admission for treatment that could take place as a day-patient or out-patient , general care, or staying in hospital for	◦ convalescence, pain management, supervision, or ◦ receiving only general nursing care, or ◦ therapist or complementary therapist services, or ◦ domestic/living assistance such as bathing and dressing

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. 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. Note: If your doctor recommends cosmetic treatment to correct a functional problem, for example, excess eye tissue which is interrupting the visual field, please contact us for pre-authorisation as your case will be assessed according to Bupa Global's medical policy criteria. If approved, benefits will be paid in line with the rules and benefits of your health plan.
Developmental problems	Treatment for, or related to developmental problems, including: ◦ learning difficulties, such as dyslexia ◦ developmental problems treated in an educational environment or to support educational development
Experimental or unproven treatment	Clinical tests, treatments, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy. This includes: ◦ any test, treatment, equipment, medicine, device or procedure that is not considered to be in standard clinical use but is (or should, in Bupa's reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy. ◦ any tests, treatment, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by Bupa Global in line with its criteria for standard clinical use. Standard clinical use includes: ◦ treatment agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved through the UK Cancer Drugs Fund), Royal Colleges or equivalent national specialist bodies in the country of treatment; ◦ the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or Bupa's in-house Clinical Effectiveness team) indicate that the treatment is safe and effective; ◦ where the treatment has received full regulatory approval by the licensing authority (e.g. U.S. Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency) in the location where the customer has requested treatment, and is duly licensed for the condition and patient population being requested (please note – full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or ◦ tests, treatments, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which treatment is requested. Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not considered appropriate evidence to demonstrate a test, treatment, equipment, medicine, device or procedure should be used in standard clinical use. Where licensing authority approval to market tests, treatment, equipment, medicines, devices or procedures does not, in Bupa's reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.

Eyesight	Treatment equipment or surgery to correct eyesight, such as laser treatment , refractive keratotomy (RK) and photorefractive keratotomy (PRK).
Footcare	Treatment for: corns, calluses, or thickened or misshapen nails.
Gender issues	Sex changes or gender reassignments.
Genetic testing	Genetic tests, when such tests are performed to determine whether or not you may be genetically likely to develop a medical condition. Example: We do not pay for tests used to determine whether you may develop Alzheimer's disease, when that disease is not present.
Harmful or hazardous use of alcohol, drugs and/or medicines	Treatment for or arising directly or indirectly, from the deliberate, reckless (including where 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 hospital	Treatment or services received in a health hydro, nature cure clinic, spa, or any similar establishment that is not a hospital .
Illegal activity	We will not pay for treatment which arises, directly or indirectly, as result of your deliberate or reckless participation (whether actual or attempted) in any illegal act, including road traffic offenses.
Ineligible medical practitioner, hospital or healthcare facility	We do not pay for: ◦ treatment that you have from a person or at a place if: ◦ the relevant local authorities do not recognise them as having specialist knowledge of, or expertise in treating the disease, illness or injury that you need treatment for, or ◦ we have told them in writing that we will not pay for treatment they give to anyone covered by our health plans. You can contact us for details of who we have sent written notice to, or visit Facilities Finder at bupaglobal.com/en/facilities/finder ◦ treatment you give yourself ◦ treatment from anyone who lives with you ◦ treatment from a family member.
Maternity and childbirth	Treatment for maternity including childbirth for any condition arising from maternity or childbirth except the following conditions and treatments: ◦ 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
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	Treatment for or as a result of obesity and weight management such as: ◦ slimming aids or drugs, or ◦ slimming classes Note: we may cover costs associated with obesity surgery as detailed in the 'Table of benefits', subject to Bupa Global's medical policy criteria.

Persistent vegetative state (PVS) and neurological damage	We will not pay for treatment while staying in hospital for more than 90 continuous days for permanent neurological damage or if you are in a persistent vegetative state .
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 .
Sexual problems	Sexual problems, such as impotence, whatever the cause.
Sleep disorders	Treatment , including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.
Stem cells	Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage. Note: we pay for bone marrow transplants and peripheral stem cell transplants when carried out as part of the treatment for cancer. This is covered under the cancer treatment benefit.
Surrogacy	Treatment directly related to surrogacy. This applies to you if you act as a surrogate, or to anyone else acting as a surrogate for you .
Temporomandibular joint (TMJ) disorders	Disorders of the Temporomandibular joint (TMJ) and related complications.
Treatment outside of area of cover	If you have Worldwide excluding the U.S. area of cover, then any treatment or services received in the U.S. are not covered when: ◦ this takes place after the 28th day of your visit to the U.S.; or ◦ this relates to any condition where symptoms of the condition were apparent to you before your visit to the U.S.; or ◦ we know or have reasonable grounds to conclude that you travelled to the U.S. for the purpose of receiving treatment or services. This applies whether or not your treatment or services were the main or sole purpose of your visit; or ◦ these relate to the delivery of a baby, other than in the case of unexpected premature delivery; or ◦ these relate to a newborn baby born in the U.S., other than in the case of an unexpected premature delivery. (In the case of unexpected premature delivery, the newborn must have been validly added to the membership); or ◦ when arrangements for treatment or services were not pre-authorised by our agents in the U.S. Note: to claim for unexpected treatment or services received within 28 days of your arrival in the U.S., you must send a photocopy of your airline ticket and stamped passport as evidence of your arrival date with your claim. Please see terms around adding newborn babies in the 'WANT TO ADD MORE PEOPLE TO YOUR HEALTH PLAN?' section of this membership guide.

TERMS AND CONDITIONS

No	CLAUSE
1.	Your policy
1.1	The definitions set out in the "Glossary" in the Guide to your Bupa Global health plan apply to these Terms and Conditions and are marked in bold.
1.2	This policy is an insurance contract between you the policyholder and Bupa Global for each policy year .
1.3	No other persons, including any dependants , may enforce any legal rights under this insurance contract. Dependants may use our complaints process set out in clause 13 below.
1.4	This insurance contract is set out in: ◦ these Terms and Conditions; ◦ the Guide to your Bupa Global health plan; ◦ the information and declarations in your application form; and ◦ the insurance certificate.
1.5	If you the policyholder add dependants to this policy , those dependants will be covered by this policy from the date shown on the updated insurance certificate sent to you the policyholder .
2.	Your cover
2.1	We will pay for the cost of any covered benefits in accordance with the terms of this policy and as defined in the Guide to your Bupa Global health plan .
2.2	Your health plan may include a mandatory annual deductible, which will be shown in the Guide to your Bupa Global health plan. You may also have an optional annual deductible, if available and selected by you the policyholder in your application form. Your deductibles will be shown on your insurance certificate. All annual deductibles apply to you the policyholder and each of the dependants separately. You the policyholder and each dependant may have different annual deductible amounts. You will have a new annual deductible if this policy renews. If an annual deductible applies, you must pay the cost of any covered benefits received directly to the provider until you have reached the level of your annual deductible. Costs in excess of the maximums shown in the Guide to your Bupa Global health plan will not count towards your annual deductible. The cost of any covered benefits you receive which are covered by your annual deductible (excluding costs in excess of the maximums shown in the Guide to your Bupa Global health plan), count towards the maximum cover limits shown in the Guide to your Bupa Global health plan. Even if the amount you are claiming is less than the amount of your annual deductible, you should still submit a claim to us so we know when you have reached the level of your annual deductible. As this is an annual deductible, if your first claim is towards the end of the policy year and your covered benefits continue over your renewal date, the annual deductible is payable separately for the covered benefits received in each policy year.
2.3	Your health plan may include a mandatory co-insurance, which will be shown in the Guide to your Bupa Global health plan. You may also have an optional co-insurance, if available and selected by you the policyholder in your application form. Your co-insurance will be shown on your insurance certificate. You must pay for the co-insurance proportion of the cost of any covered benefits to which the co-insurance applies directly to the benefits provider.

No	CLAUSE
2.4	Should we be required for any reason to pay a benefits provider an amount which is covered by any annual deductible or co-insurance we will then collect payment from you for that amount. You authorise us to take this payment from you under the direct debit agreement or credit card authority you have given to us in your application form or as updated. If this policy has an annual deductible or co-insurance you must ensure that we always have a valid direct debit agreement or credit card authority that enables us to take payment of any annual deductible or co-insurance we have paid. You must update the direct debit agreement or credit card authority you have given to us when necessary or when requested by us. Otherwise it may cause delays in our paying claims. We will not pay claims until we have received any outstanding annual deductible or co-insurance payments
2.5	You must obtain pre-authorisation for any covered benefits where it is stated that this is required in the Guide to your Bupa Global health plan. Details of how to pre-authorise covered benefits are available in the Guide to your Bupa Global health plan.
2.6	Before we pre-authorise any covered benefits or pay any claim, we are entitled to request additional information, such as medical reports, and we may require that you have a medical examination by an independent medical practitioner appointed by us (at our cost) who will then provide us with a medical report If this information is not provided in a timely manner once requested this may result in a delay in pre-authorisation and to your claims being paid. If this information is not provided to us at all this may result in your claims not being paid.
2.7	In certain situations we may pay for medical services or benefits which are not covered by this policy. This is called a discretionary or ex gratia payment and may include, should we determine not to seek to recover it, a payment made at our error. Any payment that we may make on this basis will still count towards the overall annual maximum limit that applies to this policy. If we make a payment like this it does not mean that we are required to pay identical or similar costs in the future.
3.	Premium & Payment
3.1	You should pay your premiums direct to Bupa Global. If you pay your premiums to anyone else, such as an intermediary or insurance broker, we are not responsible for ensuring those persons pass the premium on to us.
3.2	If we do not receive your premium (or any instalment) or any other payment you owe us under this policy by the due date, we will write to you the policyholder requesting payment by a specific date, which will be not less than 30 days after the date we issue our letter or email to you. If we do not receive payment by that date, this policy will be cancelled and all rights under this policy will cease from the original date on which your premium (or the first missed instalment) or other payment should have been received. We will not pay any claims until all overdue payments have been paid, unless the reason for non-payment is an error outside of your control, such as a bank error
3.3	If we incorrectly make any payment to either a benefits provider for treatment or benefits received by you but not covered by this policy, or to you, we reserve the right to deduct the amount we incorrectly paid from your future claims or seek repayment from you.

No	CLAUSE
4.	Making a claim
4.1	We want it to be simple for you to make a claim. We try to pay providers directly but sometimes this isn't possible. <u>Claim forms</u> Before we can pay a claim, we need to make sure that it is a valid claim. The claim form gives us the information that we need to check that your claim is valid. Please make sure that you complete the form. If not, we may have to ask for more information. This can take time and delay any payment. An incomplete claim form is the most common reason for delayed payments. You can: ◦ complete a claim form in MembersWorld, or ◦ contact us and we will send you one. You must make a separate claim for each: ◦ member ◦ condition ◦ in-patient or day-patient stay, and ◦ currency of claim. If you need treatment for more than six months, we can ask you to complete a new claim form. <u>What we need for your claim</u> We need to receive the completed form, with any invoices, receipts and prescriptions related to the claim. This must be within two years of receiving the treatment. We do not pay claims that we receive more than two years after treatment unless there is a good reason why you couldn't make the claim earlier. <u>More information</u> We may ask for more information about your claim. For example: ◦ medical reports or other information about your treatment ◦ the results of any medical examination by a medical practitioner who we appointed and that we paid for. If you don't give us the information we ask for, we may not be able to pay your claim. <u>Important</u> We only pay for treatment: ◦ you have while you are on the policy ◦ up to the benefit levels that apply at the time you have it ◦ costs that are reasonable and customary. We can't return original documents to you - for example invoices. However, when you make a claim, you can send us copies. If you do send an original document, we can send you a copy if you ask us.

No	CLAUSE
4.2	<u>Confirming a claim</u> If you are aged 16 or over, we'll explain to you how we have dealt with your claim. For dependants aged 15 and under, we will write to the policyholder. <u>How we pay your claim</u> Where possible, we follow the instructions in the 'Payment details' section of the claim form. <u>Who we will pay</u> We only make payments to the: ◦ member who received the treatment ◦ provider of the treatment ◦ policyholder ◦ executor or administrator of the member's estate. We pay a dependant only if: ◦ they received the treatment ◦ they are aged 16 or over, and ◦ we have their bank details. We do not make payments to anyone else. <u>Payment method</u> We can: ◦ transfer payment to your bank account. This is quick and secure. However, we can send a payment only if we know details of where to send the payment, for example the full account number, SWIFT code, bank address and (in Europe only) IBAN number ◦ pay by cheque. You should cash a cheque within six months. If you have an out-of-date cheque, please contact us and we will replace it. If your bank charges you for a transfer we make, we will try to refund this as well. We do not pay any other bank charges, for example currency exchange fees.
4.3	<u>Payment currency and conversions</u> We will reimburse you in the currency: ◦ in which we receive the premium ◦ of the invoices you send us, or ◦ of your bank account. Sometimes banking rules may not let us pay in the currency you would like. So, we will pay in the currency we receive the premium in. Very rarely, paying in a certain currency may be illegal or expose us (or the Bupa Group) to United Nations sanctions. If so: ◦ we may not be able to pay you immediately, or ◦ will pay you in a currency which we are allowed to and able to. <u>How we convert one currency to another</u> We use the rate that is in place in the UK on the invoice date. If there is no invoice date, we will use your treatment date. The exchange rate we use will be from a leading market provider of rates. Please call us if you would like more details.

No	CLAUSE
4.4	<u>Other claim information</u> Incorrect payment of claims If we incorrectly pay your claim, we can: ◦ deduct the incorrectly paid amount from future claims, or ◦ seek repayment from you. <u>Discretionary payments</u> If we may make a payment for a benefit your policy doesn't cover, we don't have to pay identical or similar costs in the future. The payment will count towards the overall annual maximum that applies to this policy. <u>Claiming for treatment when others are responsible</u> You may need to claim for treatment that you need because someone else is at fault. An example would be if you were a victim in a car crash. You will need to complete the relevant section of the claim form. You will also need to take any reasonable steps we ask of you to help us: ◦ recover from the person at fault the cost of the treatment we paid for. This could be through their insurance company. ◦ claim interest if you are entitled to do so. We may make a claim in your name. You must give us any help we reasonably need to make that claim. For example: ◦ giving us any documents or witness statements ◦ signing court documents, and ◦ having a medical examination. You must not: ◦ take any action ◦ settle any claim or ◦ do anything which has a negative effect on our right to claim in your name. <u>Claiming with joint or double insurance</u> If you have other insurance for costs you have claimed from us, you must: ◦ tell us about this when you make a claim from us ◦ complete the appropriate section of the claim form. We will only pay our share of the costs.

No	CLAUSE
4.5	<u>What do we do to detect and prevent fraud?</u> We can check your details with: ◦ fraud prevention agencies ◦ other insurers, and ◦ other relevant third parties. If you give us false or inaccurate information and we suspect fraud, we may record this with a fraud prevention agency. We and other organisations may also use these records to: ◦ help make decisions about cover for you and members of your plan ◦ help make decisions on other insurance proposals and claims for you and members of your plan/group ◦ trace debtors, recover debt, prevent fraud and to manage your insurance plans ◦ establish your identity ◦ undertake credit searches and additional fraud searches. <u>Fraudulent claims</u> If a claim on the policy is fraudulent in any way, we can: ◦ refuse to pay it and any later claim ◦ recover any payments we have already made for it and for any later claim. What if the policyholder makes a fraudulent claim? We can cancel the policy. This will be from the date of that claim. What if a dependant makes a fraudulent claim? We can cancel their cover. This will be from the date of that claim. In either case we don't have to refund any premium already paid to us. What is an example of a fraudulent claim? ◦ making a false or exaggerated claim ◦ giving us false information. For example forged, falsified or manipulated documents ◦ not giving us information which we need to assess a claim ◦ refusing to give us information which we have reasonably asked for to assess a claim. For example, medical history reports, proof of payment and original invoices.
5.	Renewal
5.1	We will write to let you know the terms on which you may renew this policy for the next year, in advance of the renewal date (unless Clause 5.2 applies). Each policy year we may change how we calculate your premiums, how we determine premiums, what you have to pay and the method of payment. We may also change the Guide to your Bupa Global health plan (including which covered benefits are covered and the limits for covered benefits) and the terms of this policy. We will issue you a notice at least 30 days' in advance of the renewal date, with details of the new premium, any changes to the renewed policy and the reasons for those changes. If you do not want to renew this policy you must contact us within 30 days following the start of the renewed policy. Unless you contact us to tell us not to, we will continue to take payment of the new premium using the payment details you have given us.
5.2	We reserve the right not to renew this policy at our discretion if we have decided to stop making this health plan available to all customers or to a category of customers which includes you the policyholder or any dependants.
5.3	If we decide to renew this policy, we won't add any new personal restrictions or exclusions (those that appear on your insurance certificate) to your renewed policy. However, should you move to a different health plan, we may add new personal restrictions or exclusions
6.	Making changes to the policy
6.1	Only we and the policyholder can agree to make changes. Changes will take effect only when we confirm them in writing.

No	CLAUSE
6.2	This policy lasts one year: ◦ the policyholder can only make changes at renewal ◦ any waiting periods would not re-start.
6.3	We may make changes to the policy before renewal: ◦ if laws or regulators say we must, or ◦ to improve cover for all members with the same product. If so, we will write to tell you about the changes.
6.4	If we reasonably consider that by continuing this policy we or you may breach any: ◦ law ◦ regulation ◦ code or ◦ court order the policy can end immediately. This policy does not provide cover if this would expose us (or the Bupa group) to any: ◦ sanction, prohibition or restriction under United Nations resolutions or ◦ trade or economic sanctions, laws or regulations of Hong Kong, the European Union, UK or U.S. We will not provide cover and we will not pay any claim or provide any benefit under this insurance, if doing so would: ◦ break any United Nations resolution, or any trade or economic sanctions, laws or regulations that apply to us (including those of the European Union, the UK, and / or the U.S.), or ◦ put us at risk of being sanctioned by any relevant authority or competent body, or ◦ put us at risk of being involved (directly or indirectly) in something which any relevant authority, banks we use, or competent body would consider to be banned or restricted. If any resolutions, sanctions, laws or regulations referred to in this clause apply (or start to apply), we can take any action we consider necessary, to make sure we continue to work within them. If this happens, you acknowledge that this may restrict, delay or end our obligations under your plan, and we may not be able to pay any claim.
6.5	If you ask to add a new dependant to this policy, we will review that person's medical history. We may not agree to add the person to this policy, or we may add special restrictions or exclusions to the cover for that new dependant. We may, at our discretion, agree to provide cover for certain pre-existing conditions of the new dependant. You must pay any additional premium. Children may be added without medical history or additional premium being required where this is provided for (and in accordance with any relevant requirements) in your Guide to your Bupa Global health plan. For certain health plans, we may not be able to add dependants who are over a certain age at the time we receive the request for them to be added to this policy.
7.	Your country of residence
7.1	You must tell us straight away if you move to a different country or your specified country of residence or specified country of nationality changes. This policy will terminate if the law of the country in which you are located, or your country of residence or nationality, or any other law which applies to us or this policy, prohibits the provision of healthcare cover by us to local nationals, residents or citizens.
7.2	You must tell us straight away if you change your correspondence address or other contact details as we will use the last address and contact details you gave us until you tell us otherwise.

No	CLAUSE
8.	Ending your policy or removing a dependant from cover
8.1	<u>Cancellation:</u> The policyholder can at any time: ◦ cancel the entire policy, which will end cover for everyone; or ◦ cancel cover for a dependant. To do this, please tell us by telephone, email or post. The change will take effect 14 days after the policyholder tells us about the change. Please note: 1. we will not back-date the cancellation date and 2. will not pay claims for treatment which takes place after the policy ends.
8.2	<u>Refund timeframes:</u> The refund of any premium will depend on the date the policyholder cancels the entire policy or the policy of a dependant. There are two scenarios: A. Cancellation within the first 30 days of the policy; or B. Cancellation after the first 30 days of taking out the policy. A. Cancellation within the first 30 days of cover: If the policyholder cancels the entire policy: ◦ within the first 30 days of cover starting for that policy year, and ◦ there have been no claims for treatment which took place in that 30-day period we will refund all premiums paid for that policy year. If the policyholder cancels cover for a dependant: ◦ within the first 30 days of cover starting for that dependant for that policy year, and ◦ there have been no claims for treatment for that dependant which took place in that 30-day period we will refund all premium paid for that dependant for that policy year. Important: In either case, where a claim has been made in the first 30 days of cover either by the policyholder or a dependant, we will treat this as acceptance to have a policy with us. This means if you wish to cancel the policy, it will be treated as cancellation taking place after the first 30 days (section B below). B. Cancellation after the first 30 days of cover: If the policyholder cancels the entire policy: ◦ after the first 30 days of cover for that policy year, or ◦ there have been claims for treatment which took place in the first 30 days of cover we will cancel the policy 14 days from the date the policyholder asked us (as mentioned in section 8.1 above). And we will refund any premiums already paid for after the 14-day cancellation period. For example, if the policyholder cancels the entire policy on 1 March, we will refund any premium paid for 15 March onwards. If the policyholder cancels cover for a dependant: ◦ after the first 30 days of cover for that policy year, or ◦ there have been claims for treatment for that dependant which took place in those first 30 days of cover we will refund any premium already paid for that dependant for after the 14-day cancellation period. For example, if the policyholder cancels the cover for a dependant on 1 March, we will refund any premium paid for 15 March onwards.
8.3	<u>Refund of premium:</u> We will refund you on the same method you used to pay premium. This means the refund will go back into your bank account, credit card, debit card or via a cheque. Please be aware that if you have any outstanding payments with us, we may deduct this from the refund.

No	CLAUSE
8.4	<u>If a member dies:</u> If: ◦ a dependant dies – The policyholder should tell us within 30 days. ◦ the policyholder dies – Any dependants on the policy, or family members of the policyholder, should tell us within 30 days. After we have been informed of the death, we will end the policy. Where the policyholder has died, a dependant aged 18 or over can apply to be the policyholder and can add more dependants to the policy. If there is no new policyholder, the policy will end. In either case, where there have been no claims, we will refund the premium for the period after the policy ended.
8.5	We may decide to end your plan. If this happens, it will be at your next renewal. We: ◦ will notify you of our decision at least 3 months before your next renewal; and ◦ may offer you membership of another of our plans with the current insurer. If you accept our proposed alternative plan, this new plan will take effect from your renewal date without a break in cover and without any new underwriting terms. You may wish to discuss this with us before your renewal date or you may decide not to continue your cover with us.
9.	Our role under this policy and appointment as your agent
9.1	Our role under this policy is to provide you with insurance cover and sometimes to make arrangements (on your behalf) for you to receive any covered benefits. It is not our role to provide you with the actual covered benefits.
9.2	You the policyholder, on behalf of yourself and the dependants, appoint us to act as agent for you, to make appointments or arrangements for you to receive covered benefits which you request. We will use reasonable care when acting as your agent.
9.3	You the policyholder, on behalf of yourself and the dependants, authorise us as your agent, if for any reason you are not available to give us instructions with regard to any covered benefits (for example if you are incapacitated), to: ◦ take such action as we reasonably consider to be in your best interests (in accordance with the cover you have under this policy); ◦ provide any information about you to your benefits provider as we reasonably consider to be appropriate in the circumstances; and/or ◦ take instructions from the person we reasonably consider to be the most appropriate person (for example a family member, your treating doctor or your employer).
9.4	When acting as your agent we may act via our Bupa group companies and administrators.
10.	Our liability to you
10.1	We (and our Bupa group companies and administrators) shall not be liable to you or anyone else for any loss, damage, illness and/or injury that may occur as a result of your receiving any covered benefits, nor for any action or failure to act of any benefits provider or other person providing you with any covered benefits. You should be able to bring a claim directly against such benefits provider or other person.
10.2	Your statutory rights are not affected.

No	CLAUSE
11.	Provision of accurate and complete information
11.1	You and any dependant must take reasonable care to make sure that all information provided to us is accurate and complete, at the time you take out this plan, and at each renewal and variation of this plan. You and any dependant must also tell us if any of the answers to the questions in the application form change prior to this plan starting. Otherwise, the following apply with effect from the date the plan was taken out, renewed or varied (depending on when we were provided with inaccurate or incomplete information). A. We may treat this plan as if it had not existed if you deliberately or recklessly give us inaccurate or incomplete information. B. Where you negligently or carelessly give us inaccurate or incomplete information, or where A. applies but we choose not to rely on our rights under A, we may treat the plan and any claims in a way which reflects what we would have done if we had been provided with accurate and complete information, as follows: ◦ if we would have refused to cover you at all, we may treat this plan as if it had not existed; ◦ if we would have provided you with cover on different terms, then we may apply those different terms to this plan. This means a claim will only be paid if it is covered by and/or if you have complied with such different terms - for example your plan may contain new personal restrictions or exclusions; and/or ◦ if we would have charged you a higher premium, we may reduce the amount payable on any claim by comparing the additional premium to the original premium. For example, we will only pay half of a claim, if we would have charged double the premium. Where it is a dependant (or you on their behalf) who has provided incomplete or inaccurate information, the same rules apply but only to that part of the plan which applies to the dependant, or to claims made by that dependant. The same rules apply if someone else provides us with information on your behalf or any dependant's behalf.
12.	Data Processing Notice
12.1	Bupa Global takes the confidentiality of your personal health information seriously. Bupa Global sometimes uses third parties to process data on our behalf. Such processing, which may be undertaken outside your jurisdiction in countries which do not provide the same protection as your own, will always be subject to contractual restrictions with regard to confidentiality and security obligations. If you transfer to another Bupa plan or a plan offered by one of our partners, we may share your medical, claims and policy history with the new insurer. We may share the dependant's information with the policyholder including covered benefits received, claims paid, amount of deductible used and, if relevant, any medical history which impacts on the provision of covered benefits. In your application form and in any claim form we will give you more detailed information on how we process your personal data and we will ask you for your consent to process your personal data and the personal data of any dependants in this way.
13.	Complaints
13.1	Occasionally things go wrong and when this happens, we'll do our best to put things right quickly. You can: ◦ contact us through MembersWorld (this is the quickest way) ◦ email: service.hk@bupaglobal.com ◦ call us: +852 2531 8503 ◦ write to: Head of Customer Relations, Bupa Global, c/o Bupa (Asia) Limited, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong Please let us know if you want a full copy of our complaints procedure. None of these procedures affect your legal rights.

No	CLAUSE
13.2	If we have not been able to resolve the problem and you wish to take your complaint further, please call the Bupa Global customer helpline on +852 2531 8503 or write to the Complaints Manager at: Bupa Global c/o Bupa (Asia) Limited, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong If we can't settle your complaint, you may be able to refer it to the Insurance Complaints Bureau: ◦ write to: The Insurance Complaints Bureau, 29/F, Sunshine Plaza, 353 Lockhart Road, Wanchai, Hong Kong ◦ call them: 2520 2728 ◦ email: icb.enquiry@icb.org.hk For more details go to: www.icb.org.hk
14.	The law of this policy and where you can bring court action
14.1	This policy is governed by Hong Kong law. Any disputes or differences arising out of or in connection with this policy shall be referred to and determined by arbitration at the Hong Kong International Arbitration Centre and in accordance with the Hong Kong International Arbitration Centre Administered Arbitration rules in force when the notice of arbitration is submitted. Any dispute that cannot otherwise be resolved may be dealt with by courts in Hong Kong, and in such instance, we and you submit to the exclusive jurisdiction of the Courts in Hong Kong.
14.2	If any dispute arises as to the interpretation of this policy as between different language versions, then the English version shall be deemed to be conclusive and take precedence over any other versions. Please note that although we may provide this document in other languages for your convenience only, future correspondence relating to this policy may be serviced in English.

PRIVACY NOTICE

Bupa (Asia) Limited Privacy Notice relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

1. Introduction

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

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

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

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

2. Personal Information We Collect

2.1 From time to time, it is necessary for you, or other members/ insured persons covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) when you interact with us, apply for and use our products and services.

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

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

you, or the Member.

2.4 The personal information we collect and/or hold from time to time may include your personal identification information, contact information, transaction records, financial background, medical and health records, biometric data and your location and activities when you access or browse our website(s) or use our mobile application(s) or portal(s) (including any diagnostic or health-monitoring tools thereon and the Bluetooth and/or wearable device that are used to collect data for the purposes of such tools).

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

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

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

2.8 Separate privacy notices apply for recruitment or employment purposes.

3. Purposes of Collection

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

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

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

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

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

(e) any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending,

analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;

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

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

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

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

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

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

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

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

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

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

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

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

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

4. Transfer of Personal Information

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

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

(b) any insurance adjusters, agents and brokers;

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

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

(e) healthcare professionals and hospitals;

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

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

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

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

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

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

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

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

4.3 In the event that we complete the acquisition of a new business or brand, we shall communicate with you through the communication channels you provided to us, and any

personal information shall be treated in accordance with this Notice if it is practicable and permissible to do so.

5. Use of Personal Information in Direct Marketing

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

- (a) insurance, medical, dental, healthcare, wellness, personal development, beauty, sporting activities and membership, lifestyle, entertainment, financial, and related services and products;
- (b) rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products;
- (c) services and products offered by the Company's co-branding partners; and
- (d) donations and contributions for charitable and/or non-profit making purposes.

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

- (a) any member and/or brand of the Group Companies;
- (b) third party service providers;
- (c) third party reward, loyalty, co-branding or privileges programme providers;
- (d) co-branding partners of a member of the Group Companies; and
- (e) charitable or non-profit making organisations.

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

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

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

6. Security and Retention

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

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

6.3 We will take all practicable steps to protect your personal information against unauthorised or accidental access, processing, erasure, loss or use. This includes implementing a range of digital and physical security measures. In addition, we will restrict access to your personal information to those properly authorised to have access.

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

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

7. Data Access and Correction

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

- (a) check whether the Company holds personal information relating to you or the Member and to access such personal information;
- (b) require the Company to correct any personal information relating to you or the Member which is inaccurate;
- (c) ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company;
- (d) request the Company to cease using your personal information for direct marketing purposes; and
- (e) change your preference in respect of our use of your personal information.

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

Data Privacy Officer/ Customer Service Manager
6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong

8.

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

9.

For any enquiries about this Notice, please do not hesitate to contact our service team at +852 2531 8503.

10.

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

11.

In case of discrepancies between the English and Chinese versions of this Notice, the English version shall prevail. This Notice maybe amended by the Company from time to time. You may access and obtain a copy of this Notice, as amended from time to time, at www.bupa.com.hk or <https://www.bupa.co.uk/legal-notices/privacy-and-cookies>.

Issued by **Bupa** (Asia) Limited
16 May 2025

GLOSSARY

Acceptable current clinical evidence	International medical and scientific evidence of effectiveness and safety of the treatment , which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people, or clinical trials which are not registered.
Active treatment	Treatment from a medical practitioner of a disease, illness or injury that leads to your recovery, conservation of your condition or to restore you to your previous state of health as quickly as possible.
Advanced therapy medicinal products (ATMPs)	Treatments that are based on genes, tissues or cells, for example Chimeric Antigen Receptor (CAR) T-cell treatment .
Artificial life maintenance	Any medical procedure, technique, medication or intervention delivered to a patient in order to prolong life.
Assisted Reproduction Technologies	Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction.
BCBSA/Blue Shield Global	Bupa Global is a trade name of Bupa , the international health and care company. Bupa is an independent licensee of BCBSA . Bupa Global is not licensed by BCBSA to sell Bupa Global /BCBS branded products in Argentina, Canada, Panama, Uruguay and US Virgin Islands. In Hong Kong , Bupa Global is only licensed to use the Blue Shield marks. Please consult your policy terms and conditions for coverage availability. BCBSA is an association of independent, community-based and locally operated member companies. Blue Shield Global is a brand owned by BCBSA . For more information about Bupa Global , visit bupaglobalaccess.com, and for more information about BCBSA , visit www.BCBS.com.
Benefits provider	The recognised medical practitioner , hospital or clinic, or any other service provider, which provides you with any covered benefits .
Bupa	The British United Provident Association Limited, a UK limited liability company limited by guarantee, registered in England and Wales with company number 00432511, with registered office at Bupa 1 Angel Court, London, EC2R 7HJ, England.
Bupa Global	Bupa (Asia) Limited (a limited liability company incorporated in Hong Kong, company number 103048, registered office at 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong) – the sole insurer of this plan.
Bupa Group	Bupa (Asia) Limited, Bupa Global , Bupa Insurance Limited and all other companies in the Bupa Group , and those companies which provide any administration of this policy on behalf of Bupa (Asia) Limited.
Complementary therapist	Such as an acupuncturist, homeopath, reflexologist, naturopath or Chinese medicine practitioner who is fully trained and legally qualified and permitted to practise by the relevant authorities in the country in which the treatment is received.
Covered benefits	The treatment and benefits shown as covered in the Guide to your Bupa Global health plan .

Day-patient	Treatment which for medical reasons requires you to be admitted to stay in a facility for recovery in hospital or day procedure centre during the day only. We do not require you to stay in a facility for recovery for day-patient mental health treatment .
Deductible	The amount payable by you in any insurance period before we will pay for any covered benefits .
Dependants	Any other people covered by this policy , as named on the insurance certificate.
Diagnostic tests	Investigations, such as X-rays or blood tests, to find the cause of your symptoms.
Dietitian	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received.
Doctor	A person who: is legally qualified in medical practice following attendance at a recognised medical school to provide medical treatment , does not need a specialist's training, and is licensed to practise medicine in the country where the treatment is received. By recognised medical school we mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.
Emergency	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgment of a reasonable person, requires immediate treatment , generally within 24 hours of onset, and which would otherwise put your health at risk.
Family Members	Persons of a family relationship (related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
Guide to your Bupa Global health plan	The booklet entitled " Guide to your Bupa Global health plan " for the health plan which is stated to apply to you on your insurance certificate. This sets out which treatments and benefits are included under and any exclusions that apply to this policy . Where you the policyholder have a different health plan to the dependants , a different " Guide to your Bupa Global health plan " will apply to each of you .
Health plan	Any insurance plans made available by Bupa Global from time to time.
Hong Kong	The Hong Kong Special Administrative Region of the People's Republic of China.
Hospital	A centre of treatment which is registered, or recognised under the local country's laws, as existing primarily for carrying out major surgical operations , or providing treatment which only specialists can provide.
In-patient	Treatment which for medical reasons normally means that you have to stay in hospital bed overnight or longer.
Ineligible medical practitioner, hospital or healthcare facility	treatment that you have from a person or at a place if: - the relevant local authorities do not recognise them as having specialist knowledge of, or expertise in treating the disease, illness or injury that you need treatment for, or we have told them in writing that we will not pay for treatment they give to anyone covered by our health plans. You can contact us for details of who we have sent written notice to, or visit Facilities Finder at bupaglobal.com/en/facilities/finder treatment you give yourself treatment from anyone who lives with you treatment from a family member.

Intensive care	Intensive care includes; High Dependency Unit (HDU): a unit that provides a higher level of medical care and monitoring, for example in single organ system failure. Intensive Therapy Unit/ Intensive Care Unit (ITU/ICU): a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation. Coronary Care Unit (CCU): a unit that provides a higher level of cardiac monitoring. Special care baby unit: a unit that provides the highest level of care for babies.
Medical practitioner	A specialist, doctor, psychologist, psychotherapist, physiotherapist, osteopath, chiropractor, dietitian, speech therapist, complementary therapist or therapist who provides active treatment of a known condition.
Medically necessary:	Treatment , medical service or prescribed drugs/medication which is: (a) consistent with the diagnosis and medical treatment for the condition ; (b) is consistent with generally accepted standards of medical practice; (c) necessary for such a diagnosis or treatment ; (d) not being undertaken primarily for the convenience of the insured or the treating medical practitioner
Mental health treatment	Treatment of mental conditions, including eating disorders.
Network	Hospitals or similar facilities, or medical practitioner’s that have an agreement in effect with Bupa Global or a service partner to provide you with eligible treatment .
Out-patient	Treatment given at a hospital , consulting room, doctor’s office or out-patient clinic where you do not stay overnight or as a day-patient to receive treatment .
Ovulation induction treatment	Treatment including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.
Persistent vegetative state	A state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and the person does not respond to stimuli such as calling their name, or touching. The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.
Physiotherapists, osteopaths and chiropractors	Practitioners must be fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the treatment is received.
Policy	Your contract of insurance with Bupa Global as described in Clause 1 of the Terms and Conditions.
Policy year	The 12 month period for which this policy is effective, as first shown on your insurance certificate and, if this policy is renewed, each 12 month period which follows the renewal date.
Policyholder	The main applicant set out in the application and who will be the first person named on the insurance certificate.
Pre-existing condition	- Any medical condition declared in your application for cover which has been noted as a 'personal exclusion' under your insurance certificate; or - Any disease, illness or injury for which you received medication, advice or treatment, or you had experienced symptoms of whether the condition was diagnosed or not, prior to becoming a member which was not disclosed under your application for cover. Where we have accepted your transfer to this plan from another insurance product on a continuous cover basis, the above reference to 'application for cover' shall be deemed to mean your original application for cover under that previous insurance product.

Professional sports activities	Any sport the member takes part in and is compensated for, whether when participating in training practice or in competitive practice.
Prophylactic surgery	Surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland.
Psychologist and psychotherapist	A person who is legally qualified and is permitted to practice as such in the country where the treatment is received.
Qualified nurse	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the treatment is received.
Reasonable and Customary	Reasonable and Customary means the 'usual', or 'accepted standard' amount payable for a specific healthcare treatment , procedure or service in a particular geographical region, and provided by benefits providers of comparable quality and experience.
Recognised medical practitioner, hospital or healthcare facility	Any provider who is not an ineligible medical practitioner, hospital or healthcare facility .
Rehabilitation (multidisciplinary rehabilitation)	Treatment in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.
Renewal	Each anniversary of the date you joined the health plan .
Serious acute illness	A medical condition, or symptoms resulting from a disease, illness or injury which arises suddenly and in the reasonable opinion of the attending specialist and our medical consultants, requires immediate treatment , generally within 24 hours of onset, and which would otherwise put your health at serious risk.
Service partner	A company or organisation that provides services on behalf of Bupa Global . These services may include location of local medical facilities.
Specialist	A surgeon, anaesthetist or physician who: is legally qualified to practise medicine or surgery following attendance at a recognised medical school, is recognised by the relevant authorities in the country in which the treatment is received as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated. By 'recognised medical school' we mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.
Specified country of nationality	The country of nationality specified by you in your application or as advised to us in writing, whichever is the later.
Specified country of residence	The country of residence specified by you in your application and shown in your insurance certificate, or as advised to us in writing, whichever is the later. The country you specify must be the country in which the relevant authorities (such as tax authorities) consider you to be resident for the duration of the policy .
Speech therapist	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received.
Surgical operation	A medical procedure that involves the use of instruments or equipment which are inserted into the body. This does not apply to minor surgical procedures e.g. removal of wart.
Therapists	An occupational therapist or orthoptist, who is legally qualified and is permitted to practise as such in the country where the treatment is received.

Treatment	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure disease, illness or injury.
We/us/our	Bupa Global
You the policyholder	Just the policyholder .
You/your	The policyholder and/or any dependants .

General services

+852 2531 8503
Service.HK@bupaglobal.com

For pre-authorisation

+852 2531 8570
Preauth.HK@bupa.com

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

+852 2531 8573
Rest of world:
+44 (0) 1273 323 563

For services in the U.S

Blue Shield Global U.S.
U.S. Service Center
18001 Old Cutler Road, Suite 500
Palmetto Bay, Florida 33157
info@bupaglobalaccess.com
+1 786 257 4742
+1 844 369 3797 (toll free)

Your calls may be recorded or monitored.

Bupa (Asia) Limited

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

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

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Bupa Global offers you

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

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