

Table of Benefits

Please note that the Table of Benefits is part of the **Terms and Conditions**. It is therefore necessary to read both the Table of Benefits and the **Terms and Conditions** (including Glossary) carefully.

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

All amounts are in EUR/GBP/USD.

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

Hospital Plan

Payments under the Hospital Plan are effected according to the Table of Benefits below. If you have chosen a **deductible**, please note that the **benefit limits** for the benefits listed in the Table of Benefits will be reduced by any remaining **deductible**. Once your **deductible** has been reached, all covered expenses will be paid in line with your **benefit limits**. One joint **deductible** applies per person per policy year for Hospital Plan, Module 1 and Module 2 (if chosen).

For the Hospital Plan and any additional modules the payments will not in any event exceed the following amounts or the overall annual maximum per person per policy year of EUR 3,600,000 /GBP 3,000,000/ USD 4,400,000

Hospital Services — during Hospitalisation	Hospital plan
Private room (see also Glossary: ' Hospital accommodation ') Intensive care room	100%
Room and board for a parent or legal guardian accompanying a child dependant (also Glossary: ' Hospital accommodation ') Surgery	100%
Initial reconstruction surgery , immediate or delayed, following an injury or illness (excluded corrective reconstruction surgery for enhancement of appearance and replacement of implant/prosthesis) Please contact us for pre-authorisation before proceeding with treatment . Benefit may not be paid unless pre-authorisation has been provided.	100%
Medical treatment , laboratory tests, X-rays, scans	100%
Medicine for use during hospitalisation and relevant only for the insured condition being treated	100%
Prescribed out-patient medicine up to 7 days after discharge from hospital (medicine must be licensed for the condition which was treated while hospitalised), maximum per policy year	EUR 900 / GBP 600 / USD 1,000
Pacemaker	100%
Mental health treatment provided by recognised mental health providers	100%

Pre-examinations that are medically necessary in order to perform the **surgery** or **treatment** which is to take place during **hospitalisation** are covered up to 30 days prior to **hospitalisation**.

Check-ups that are medically necessary in order to verify that the **customer** is recovering successfully from the **surgery** or **treatment** received while hospitalised are covered up to 180 days after **hospitalisation**.

Physiotherapy following **surgery** is covered with up to 10 sessions.

Please contact **us** for pre-authorisation before proceeding with all in-patient and day/case **treatment**. Benefits may not be paid unless pre-authorisation has been provided.

Hospital Plan (continued)

Cancer treatment	
<p>If you are diagnosed with cancer, we will pay for costs related specifically to planning and carrying out treatment for the cancer. This includes:</p> <ul style="list-style-type: none">○ surgery (including any prostheses needed)○ specialists' fees○ diagnostic tests○ consultations with a specialist○ chemotherapy○ radiotherapy○ treatment you need to relieve the side effects of cancer treatment<ul style="list-style-type: none">○ examples include antibiotics, anti-sickness drugs, pain relief, blood transfusions, cold cap treatment needed as a result of cancer treatment.○ bone marrow and peripheral blood stem cell transplants (see the 'transplant services' benefit for details of what we cover)○ one wig○ consultations and diagnostic tests to monitor your condition after your cancer treatment has finished and you are still under the care of your cancer specialist <p>We will also pay for you to have a chemotherapy at home where this is possible.</p> <p>Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.</p> <p>Treatment for cancer using ATMPs will be covered separately from the ATMP benefit.</p>	100%

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

Out-patient Treatment in a Hospital or Clinic	Hospital Plan
Surgery*	100%
Dialysis (including home dialysis), intravenous drug infusion which is only available as an infusion (must be pre-authorised by the Company)	100%
Endoscopic examinations	100%

*Pre-examinations that are medically necessary in order to perform the **treatment/surgery** are covered up to 30 days prior to **treatment/surgery**. Check-ups that are medically necessary in order to verify that the **customer** is recovering successfully from the **treatment/surgery** are covered up to 180 days after **treatment/surgery**. Physiotherapy following **treatment/surgery** is covered with up to 10 sessions.

Other **out-patient treatment** is reimbursed under Module 1 - Non-**Hospitalisation** Benefits

Hospital Plan (continued)

Childbirth* (after 12 or 18-month waiting period)	Hospital Plan	Hospital Plan incl. Module 1 Non-Hospitalisation Benefits
18-month waiting period only applies to insurances with an original date of joining on or after 1 November 2024.	Covered 100% up to EUR 5,725 / GBP 3,925 / USD 7,150	Covered 100% up to EUR 9,675 / GBP 6,650 / USD 12,100
Delivery and non-medically essential caesarean section delivery incl. pre- and postnatal treatment for mother and child. Maximum per delivery**		
Medically essential caesarean section, incl. pre- and postnatal treatment for mother and child. Maximum per delivery**	Covered 100% up to EUR 10,625 / GBP 7,325 / USD 13,200	Covered 100% up to EUR 12,650 / GBP 8,575 / USD 15,400
**see also art. 7.1.3		

***Deductible**, if chosen, also applies to childbirth benefit. Only the amount of one full annual **deductible** will be applied to maternity claims for one pregnancy, even if the course of pregnancy spans two policy years.

Organ Transplant	
Organ transplant	100%
Per diagnosis and course of treatment per lifetime, to include all related costs up to the financial maximum.	EUR 450,000 / GBP 315,000 / USD 500,000
Please contact us for pre-authorisation before proceeding with treatment . Benefit may not be paid unless pre-authorisation has been provided.	
The insurance policy must be valid throughout the course of treatment .	
The procurement of the organ must be pre-authorised by the Company	

Emergency Room Treatment	
Emergency room treatment in connection with an acute illness or accident	100%

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

Hospital Plan (continued)

In-patient Rehabilitation	
<p>We pay for rehabilitation, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. We do not pay for room and board for rehabilitation when the treatment being given is solely physiotherapy.</p> <p>We pay for rehabilitation, only when you have received our pre-authorisation before the treatment starts, for up to 90 days' treatment in each membership year. For in-patient treatment one day is each overnight stay and for day-case treatment, one day is counted as any day on which you have one or more appointments for rehabilitation treatment. We only pay for rehabilitation where it:</p> <ul style="list-style-type: none">○ starts within six weeks of in-patient treatment which is covered by your membership (such as trauma or stroke), and○ arises as a result of the condition which needed the in-patient treatment or is needed as a result of such treatment given for that condition <p>Please contact us for pre-authorisation before proceeding with treatment. Benefit may not be paid unless pre-authorisation has been provided.</p> <p>Note: in order to give pre-authorisation, we must receive full clinical details from your consultant; including your diagnosis, treatment given and planned, and proposed discharge date if you receive rehabilitation.</p>	Covered 100% Maximum per day EUR 330 / GBP 220 / USD 355
Home Nursing	
For expenses incurred for medically prescribed assistance in your private home by a certified nurse. Please contact us for pre-authorisation before proceeding with treatment . Benefit may not be paid unless pre-authorisation has been provided.	100%
Maximum per day for maximum 40 days per policy year	EUR 130 / GBP 84 / USD 135
Hospice and palliative care	
Hospice and palliative care, maximum per lifetime	EUR 30,500/ GBP 27,000/ USD 34,000
Hospital Cash Benefit (see also Glossary)	
If room, board and treatment are received free of charge or at a minor admission/service fee at a public hospital, per night maximum	EUR 90 / GBP 60 / USD 100
Maximum 60 nights per policy year. Please contact us for pre-authorisation before proceeding with treatment . Benefit may not be paid unless pre-authorisation has been provided.	
Emergency Dental Treatment	
Acute emergency dental treatment due to serious accident requiring hospitalisation	100%
In case of doubt, the decision will be left with the Company's dental consultant	

Module 1

Non-Hospitalisation Benefits

Payments under this module are according to the Table of Benefits below. If you have chosen a **deductible**, please note that the **benefit limits** for the benefits listed in the Table of Benefits will be reduced by any remaining **deductible**. Once your **deductible** has been reached, all covered expenses will be paid in line with your **benefit limits**. One joint **deductible** applies per person per policy year for Hospital Plan, Module 1 and Module 2 (if chosen).

Payments will not in any event exceed the following amounts or the annual maximum limit of EUR 35,000/GBP 25,000/USD 35,000.

General Practitioners and Specialists*	
GP consultations, per consultation	EUR 220 / GBP 175 / USD 235
Chinese doctor consultation (if charged separately), per consultation	EUR 30 Maximum per policy year of EUR 300 GBP 22 Maximum per policy year of GBP 220 USD 30 Maximum per policy year of USD 300
Eye and ear specialists /other specialists , per consultation	EUR 220 / GBP 175 / USD 235
Psychiatrists, per consultation	EUR 220 / GBP 175 / USD 235

Psychologist and psychotherapist*	
Psychologist and psychotherapist , per consultation	EUR 220 / GBP 175 / USD 235

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

Therapists	
Dietetic guidance, speech therapy per consultation Maximum four consultations per policy year	EUR 50 / GBP 40 / USD 50
Physiotherapist, occupational therapist, per consultation	EUR 95 / GBP 70 / USD 95
Maximum per policy year	EUR 1,050 / GBP 700 / USD 1,200
Chiropractor/osteopath (including Chinese bonesetter) all inclusive, per consultation	EUR 65 Maximum per policy year EUR 1,050 GBP 50 Maximum per policy year GBP 700 USD 65 Maximum per poicy year USD 1,200
Maximum per policy year	EUR 1,050 / GBP 700 / USD 1,200

Module 1

Non-Hospitalisation Benefits (continued)

Full health screening, all inclusive, per year	
Full health screening, all inclusive, per year	EUR 900 / GBP 800 / USD 1,000
Examinations and other Medical Assistance	
Laboratory test, analysis, maximum	100%
X-ray	EUR 450 / GBP 305 / USD 500
ECG	EUR 450 / GBP 305 / USD 500
Scan, per examination	EUR 1,020 / GBP 780 / USD 1,200
Injection and vaccination, per injection/vaccination	EUR 85 / GBP 65 / USD 100
Acupuncture and homeopathic treatment , performed by complementary medicine practitioners when they are appropriately qualified and registered to practice in the country where treatment is received. This includes the cost of both the consultation and treatment , including any complementary medicine prescribed or administered as part of treatment . Should any complementary medicines or treatments be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate visit	EUR 55 / GBP 35 / USD 60

Module 2

Medicine and Appliances

Payments under this module are according to the list below. If you have chosen a **deductible**, please note that the **benefit limits** for the benefits listed in the Table of Benefits will be reduced by any remaining **deductible**. Once your **deductible** has been reached, all covered expenses will be paid in line with your **benefit limits**. One joint **deductible** applies per person per policy year for Hospital Plan, Module 1 and Module 2 (if chosen).

Hearing Aids	
Prescribed hearing aids, per appliance , maximum	Covered 50% up to EUR 300 / GBP 200 / USD 325
Maximum two appliances are reimbursed per policy year up to maximum	Covered 50% up to EUR 600 / GBP 400 / USD 650
Other Appliances	
Slings and bandages	100%
Arch support	100%
Medical appliances	100%

Module 2
Medicine and Appliances (continued)

Medicine	
Prescribed medicine and traditional Chinese medicine	100%
Traditional Chinese medicine administered by a traditional Chinese practitioner (with the exception of the treatment listed in art 12.2 r)	Maximum per policy year EUR 375/GBP 260/USD 450 for traditional Chinese medicine
Limited to recognised traditional Chinese practitioners registered to practice locally	
Medicine and other appliances are reimbursed up to an annual maximum of	EUR 3,000 / GBP 2,000 / USD 3,300

Module 3
Medical Evacuation and Repatriation

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

Medical Evacuation and Repatriation	
Transportation expenses by aeroplane or helicopter	100%
Accompanying person	100%
Return journey to residential address abroad/home country within three months after completion of treatment	100%
Statutory arrangements in case of death, such as embalming and zinc coffin Transportation of the urn/coffin	100%

Expenses are covered up to the overall annual maximum of your policy

In all circumstances, **we** must be notified before the transport takes place, either directly or through the attending **specialist**.

Medical Evacuation and Repatriation must be pre-authorised by the **Company**. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.

Modules 4A and 4B
Dental and Optical

Payments under these two modules are effected at 50-80%, but they will not in any event exceed the following amounts or the respective annual maximums of Module 4A: EUR 5,000/GBP 3,500/USD 5,000 and Module 4B: EUR 7,500/GBP 5,000/USD 7,500.

Modules 4A and 4B Dental and Optical (continued)

Dental Treatment	Module 4A	Module 4B
Examinations, maximum	Covered 80% up to EUR 30 / GBP 25 / USD 30	Covered 80% up to EUR 50 / GBP 40 / USD 50
Tooth cleaning, maximum	Covered 80% up to EUR 50 / GBP 30 / USD 50	Covered 80% up to EUR 70 / GBP 40 / USD 70
Fillings per tooth, maximum	Covered 80% up to EUR 80 / GBP 55 / USD 80	Covered 80% up to EUR 130 / GBP 80 / USD 130
Root treatment per tooth, maximum	Covered 80% up to EUR 380 / GBP 245 / USD 380	Covered 80% up to EUR 540 / GBP 370 / USD 540
Tooth extractions per tooth, maximum	Covered 80% up to EUR 75 / GBP 40/ USD 75	Covered 80% up to EUR 145 / GBP 90 / USD 145
Surgery , maximum	Covered 80% up to EUR 160 / GBP 110 / USD 180	Covered 80% up to EUR 465 / GBP 320 / USD 520
X-ray, maximum	Covered 80% up to EUR 60 / GBP 30 / USD 60	Covered 80% up to EUR 70 / GBP 50 / USD 70
Anaesthesia, maximum	Covered 80% up to EUR 30 / GBP 20 / USD 30	Covered 80% up to EUR 50 / GBP 40 / USD 50

Special Dental Treatment	Module 4A	Module 4B
Bridgework Crowns Dental implants Periodontitis Orthodontics (tooth adjustment) (subject to a 24 month waiting period) Dentures	Covered 50% Maximum per policy year for special dental treatment EUR 2,650 / GBP 2,000 / USD 2,650	Covered 50% Maximum per policy year for special dental treatment EUR 3,650 / GBP 2,750 / USD 3,650

Glasses and Contact Lenses	Module 4A	Module 4B
One pair of glasses (excl. frames) per policy year, maximum	Covered up to 80% up to EUR 160 / GBP 100 / USD 160	Covered up to 80% up to EUR 220 / GBP 150 / USD 220
Contact lenses, per policy year, maximum	Covered up to 80% up to EUR 100 / GBP 60 / USD 100	Covered up to 80% up to EUR 130 / GBP 80 / USD 130

Frames and sunglasses are not covered

Eye check	Module 4A	Module 4B
Eye check performed by optician/optometrist, maximum per policy year	EUR 240 / GBP 150 / USD 240	EUR 240 / GBP 150 / USD 240