A GUIDE TO YOUR BUSINESS HEALTH PLAN

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

13 May 2024

WELCOME TO YOUR HEALTH PLAN

Two of the most respected names in healthcare, **Bupa Global** and **Blue Shield Global**, are teaming up to deliver high-quality healthcare products and services. This partnership was born out of a shared ambition to champion and deliver access to world-class healthcare and meet the healthcare needs of globally minded and globally mobile customers.

Customers with U.S. cover will have access to one of the largest **networks** of healthcare providers and facilities worldwide, utilising both **Blue Shield** networks in the U.S. and **Bupa's networks** outside the U.S.

This combined strength, scale and expertise means customers can be confident in knowing that they have access to quality healthcare when and where they need it.

Within this **membership guide**, **you'll** find easy to understand information about **your** health plan.

This includes:

- advice on what to do when **you** need **treatment**
- simple steps to understanding the claims process
- 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
- a 'Glossary' to help **you** understand the meaning of some of the terms used

This membership guide must be read alongside **your** insurance certificate and **your** application for cover, as together they set out the terms and conditions of **your** membership and form **your health plan** documents. To make the most of **your health plan**, please read the 'Table of Benefits', 'General Exclusions' and '**Your** Membership' sections carefully to get a full understanding of **your** cover.

Please keep **your** booklet in a safe place. If **you** need another copy, **you** can view and print it online at **https://membersworld.bupaglobal.com** or **you** can call **us**.

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 leading international **specialists**.

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

YOUR INSURER	Bupa (Asia) Limited is the sole insurer of this plan
YOUR GEOGRAPHICAL AREA FOR COVERAGE IS DEPENDENT ON **YOUR** LEVEL OF COVER	As long as it is covered by **your health plan**, **you** can have **your treatment** at any recognised **medical practitioner**, **provider** or **facility.** To confirm **your** level of cover please see **your** insurance certificate. To view a summary of **hospitals** visit Facilities Finder at **www.bupaglobal.com/en/facilities/finder**
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 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. **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 **Your health plan** also provides preventive benefits to help keep **you** healthy. **You** can find these in the 'Table of Benefits'.
ACCESSING CARE IN THE U.S.	If **you** have U.S. cover as part of **your health plan**, **you** have access to the broadest coverage in the U.S. via **Blue Shield networks**. To find out more please visit **bupaglobalaccess.com** Please call **our** dedicated team on +1 844 369 3797 (from inside or outside the U.S.) to arrange any **treatment** in the U.S.
ANY QUESTIONS?	**We'll** be happy to help. Get in touch using the details printed on **your** membership cards.

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CONTACT US

Open 24 hours a day, 365 days a year

You can access details about your **insurance** plan any time of the day or night through MembersWorld.
Alternatively you can call us anytime for advice, support & assistance by people who understand your situation.

Healthline* +852 2531 8503

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

- general medical information
- finding local medical facilities
- access to a second medical opinion
- travel information
- security information
- information on inoculation and visa requirements
- emergency message transmission
- interpreter and embassy referral

You can ask **us** to arrange medical evacuations and repatriations, if covered under your **insurance** 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.

General enquiries

MembersWorld is the first place to go for information about:

- Cover details
- Pre-authorisation
- Claims
- **Membership** & payment queries

Web:
https://membersworld.bupaglobal.com

Alternatively:

Phone: +852 2531 8503
Email: service.hk@bupaglobal.com

Post: Bupa (Asia) Limited,
6/F, Tower 2, The Quayside,
77 Hoi Bun Road, Kwun Tong,
Kowloon, Hong Kong

Your calls may be recorded or monitored.

* **We** obtain 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.

Easier to read information

Braille, large print or audio
We want to make sure that **customers** with special needs are not excluded in any way. **We** also offer a choice of Braille, large print or audio for **our** letters and literature. Please let **us** know which you would prefer.

Contact details changed?

It's very important that **you** let **us** know when **you** change **your** contact details (correspondence address, email or telephone). **We** need to keep in touch with **you** so **we** can provide **you** with important information about **your** insurance plan or **your** claims. Simply log onto MembersWorld or call, email or write to **us**.

Making a complaint

We're always pleased to hear about aspects of your plan that you have particularly appreciated, or that you have had problems with.

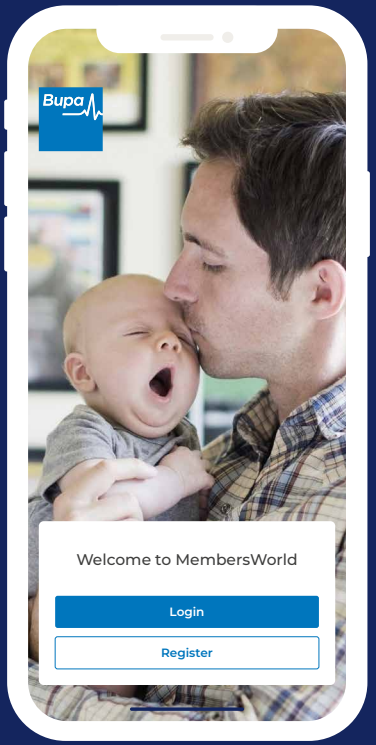
If something does go wrong, this **membership** guide outlines a simple procedure to make sure **your** concerns are dealt with as quickly and effectively as possible. Please see the 'Making a Complaint' section for more details.

If you have any comments or complaints, contact us:

Phone: +852 2531 8503
Email: service.hk@bupaglobal.com
Post:
Bupa (Asia) Limited,
6/F, Tower 2, The Quayside,
77 Hoi Bun Road, Kwun Tong,
Kowloon,
Hong Kong

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 **principal member** 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 **principal member**, **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

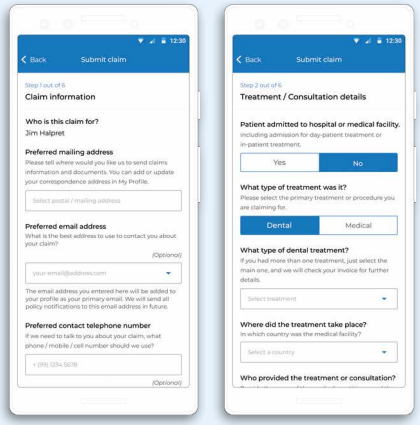
Download on the App Store

GET IT ON Google Play

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

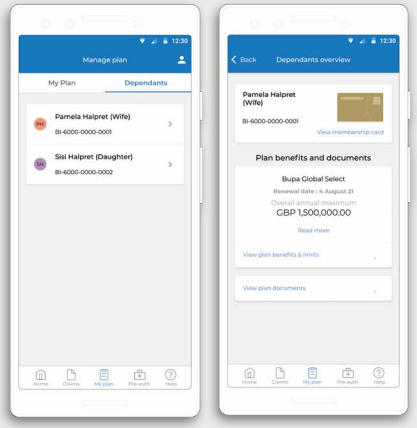
Claims and pre-authorisations

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



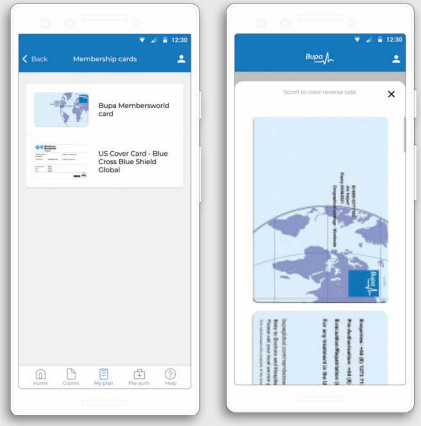
Dependants

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



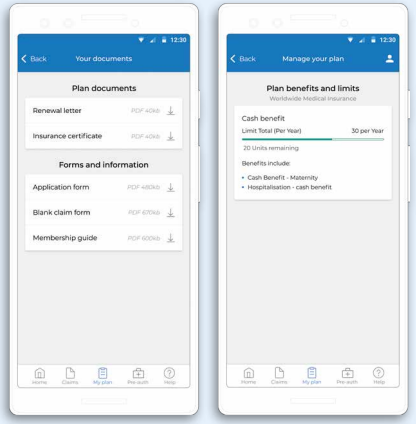
Membership cards

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



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 extra cost. The use of the services listed on this page does not impact **your** policy premiums or erode 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 leading international **specialists**.

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 **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 (depending on local regulations):

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

Virtual Care

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.

Download Global Virtual Care from either App Store or Google Play.

Bupa LifeWorks*

Designed to help **you** with all of life's questions, issues and concerns, Bupa LifeWorks is **your** global Employee Assistance Programme and gives **you** and **your** family instant access to advice from professionals in **your** language. Get confidential support for **your** mental, financial, physical and emotional wellbeing including short-term counselling. Help is available 24 hours a day, 7 days a week and 365 days a year online, by phone or mobile app. **You** also have access to a range of services, including expert tips and toolkits, as well as a wealth of online articles, podcasts, videos, and more.

Getting started is simple, visit lifeworks.com or search "LifeWorks" on the App Store or on Google Play, and look out for the LifeWorks logo.

'Log in' for the first time using the company code 'Bupa', then enter **your** MembersWorld email address and password to sign in.

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 depend on third-party availability. **Bupa Global** assumes no liability and accepts no responsibility for information provided by the services detailed above.

PRE-AUTHORISATION

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.

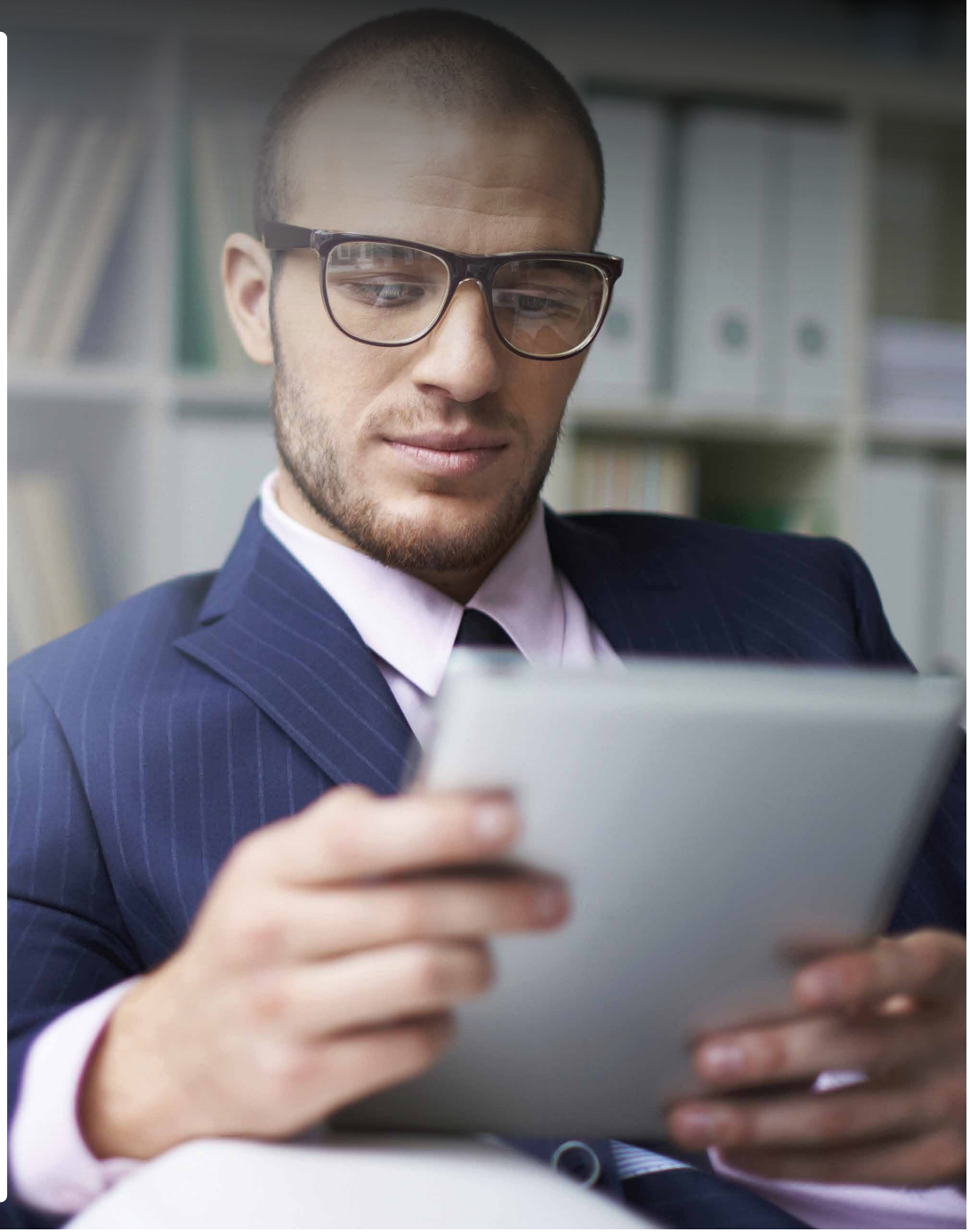
When **you** have pre-authorised **treatment** with one of **our network** providers, **we** will cover the costs if, at the time **you** have that **treatment**:

- 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.



THE CLAIMING PROCESS

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**

Whether **you** choose direct settlement on 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-case 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 on-line claim or uploading any completed claim 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.

	1	2	3	4	5
Direct Settlement Direct settlement is where the provider of **your treatment** claims directly from **us**, making things easier for **you**.	**You** should present **your** membership card when **you** receive **treatment**.	**We** send **your benefits provider** a pre-authorisation statement. **We** will also send a copy to **you** on request.	If **you** have a co-insurance or remaining deductible on any benefit, **you** will need to pay this directly to **your benefits provider**. The **benefits provider** will then send **your** claim to **us**.	**We** pay the **benefits provider** directly.	**We** will send **your** claim payment statement to **you**. When **we** settle **your** claim, **your** benefits are paid in line with the limits shown in **your** 'Table of Benefits'. If **you** have an **annual deductible,** please refer to the '**Annual deductible**' section in this guide for more details. It is important that **you** send all **your** claims to **us**, even if the value of the claim is less than the remaining deductible.
Pay and Claim The alternative is for **you** to pay and then claim back the costs from **us**.	When **you** visit **your benefits provider**, **you** should take a claim form with **you** so that the **medical practitioner** can fill in the medical information section. A claim form can be found online at **membersworld.bupaglobal.com**	Once **you** have received **treatment** and made a payment to **your benefits provider**, **you** should complete all other sections of the claim form, include the original invoices and send the claim to **us**.	**You** can submit **your** claim online via the MembersWorld app, **membersworld.bupaglobal.com** or email it to **us**.	**We** pay **you**. If **you** have an **annual deductible** or a co-insurance applied to **your** claim **we** will pay **you** the cost of the claim minus the percentage of the co-insurance or the amount of the remaining **annual deductible**.	

Things you need to know about your health plan

About your membership

The **Bupa Global** group plan is a group insurance plan. **You** are therefore one of a group of **members**, which has a **sponsor** (normally the company that **you**, the **principal member** work for).

This plan is governed by an **agreement** between **your sponsor** and **Bupa Global**, which covers the terms and conditions of **your** membership. This means that there is no legal contract between **you** and **Bupa Global**. Only the **sponsor** and **Bupa Global** have legal rights under the **agreement** relating to **your** cover, and only they can enforce the **agreement**.

As a **member** of the plan, **you** do have access to **our** complaints process. This includes the use of any dispute resolution scheme **we** have for **our members**.

The following must be read together as they set out the terms and conditions of **your** membership:

- **you**, the **principal member's** application for cover: this includes any quote request, applications for cover for **you** and **your dependants** (if any) and the declarations that **you**, the **principal member** made during the application process
- **your** rules and benefits in this **Membership Guide**
- **your** insurance certificate

The full name of **your** insurer is shown on **your** insurance certificate.

When your cover starts

The start date of **your** membership is the 'effective from' date shown on **your** insurance certificate.

If you move to a new country or change your specified country of nationality

You, the **principal member**, must tell **your sponsor** straight away if **your specified country of residence** or **your specified country of nationality** changes.

Your new country may have different regulations about health insurance. **You**, the **principal member** need to tell **your sponsor** of any change so that they can make sure that **you** have the right cover.

If you leave your Business Health Plan membership

You, the **principal member** can apply to transfer to a personal **Bupa Global** plan if **your** membership of **your** group plan ends. **You** can also apply for **your dependants** (if applicable) to transfer with **you**. Please contact the customer service helpline for more information.

Want to add more people to your health plan?

If **your sponsor** agrees, **you**, the **principal member** may apply to include any of **your dependants** under **your** membership. To apply **you**, the **principal member** will need to complete a Business Health Plan Employee Application form (later referred to as 'application form') which can be downloaded easily from membersworld.bupaglobal.com

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. This does not apply if **your sponsor** has purchased cover with medical history disregarded. Please contact the customer services helpline if **you** are not sure if this applies to **you**.

Adding your newborn child?

Congratulations on **your** new arrival!

We will add the baby to the policy from its date of birth and not apply any personal exclusions to the baby's cover if:

- either parent has been a **Bupa Global member** for at least 10 months before the baby's birth, and
- **we** receive the application form within 30 days of the baby's birth.

If the above criteria are not met, **we** will require a completed newborn application form and medical underwriting will apply as described when adding a **dependant**. The cover will start on the date that **our** medical team accepts **your** application to join.

Where full U.S. cover has not been purchased prior to the mother falling pregnant, newborn care / **treatment** will not be covered by the 28 day **emergency** U.S. cover, unless the baby is born prematurely in unexpected circumstances.

When cover starts for others on your membership

If any other person is included as a **dependant** under **your**, the **principal member's** membership, their membership will start on the effective date on the insurance certificate **we** sent **you** for **your** current period of **health plan** membership which lists them as a **dependant**. Their membership can continue for as long as **you**, the **principal member** remain a **member** of the **health plan**.

If **your**, the **principal member's** membership ceases, **your dependants** can then, of course, apply for membership in their own right under an individual **Bupa Global** insurance plan.

Your health plan benefits

The 'Table of Benefits' provides an explanation of what is covered on **your health plan** and the associated limits.

Treatment that we cover

For **us** to cover any **treatment** that **you** receive, it must satisfy all of the following requirements:

- it is at least consistent with generally accepted standards of medical practice in the country in which **treatment** is being received
- it is clinically appropriate in terms of type, duration, location and frequency, and
- it is covered under the terms and conditions of the **health plan**.

We will not pay for **treatment** which in **our** reasonable opinion is inappropriate based on established clinical and medical practice, and **we** are entitled to conduct a review of **your treatment**, when it is reasonable for **us** to do so.

Active treatment and wellness benefits

This **health plan** covers **you** for the costs of **active treatment** only. By this **we** mean **treatment** 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. **We** also cover certain wellness and preventive **treatment**, like full health screening and wellness tests. Please see the 'Table of Benefits' for information.

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 bupaglobal.com/en/facilities/finder. 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.

Treatment from a person or place that is not part of the network (if you have the Standard network option for treatment in Hong Kong, different rules apply. See the table of benefits)

If **you** choose to have **covered benefits** with a **benefits provider** who is not part of **network** or **you** do not get pre-authorisation, **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**, or for **treatment** that **we** have not pre-authorised, will not be paid.

This means that, if **you** choose to receive **covered benefits** from an 'out-of-**network**' **benefits provider** or not contact **us** for pre-authorisation where **we** have asked **you** to do so:

- **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. If **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.

Table of Benefits

The 'Table of Benefits' shows the benefits, limits and the detailed rules that apply to **your health plan**. **You** also need to read the 'General Exclusions' section so that **you** understand the exclusions on **your health plan**.

Variations to your benefits

Your sponsor may have agreed variations to this benefit table with **us**. If so, **your sponsor** will inform **you** of these variations.

How to read the Table of Benefits

There are four levels of cover: Select, Premier, Elite and Ultimate. **You** need to read the column in the 'Table of Benefits' that applies to **your** level of cover, as shown on **your** insurance certificate.

For example if **your** insurance certificate states Elite Health Plan, the columns showing Select, Premier and Ultimate do not apply to **you**.

Benefit limits

There are two kinds of benefit limits shown in this table. The overall annual maximum is the maximum **we** will pay for all benefits in total for each **member**, each **membership year**. Some benefits also have a limit applied to them separately; for example home nursing.

All benefit limits apply to each **member**. If a benefit limit also applies each **membership year**, this means that once a benefit limit has been reached, that benefit will no longer be available until the **sponsor** renews **your health plan** and **you** start a new **membership year**.

If a benefit limit applies for the whole of **your** lifetime, once this benefit limit has been reached, no further benefits will be paid, regardless of the renewal of **your health plan**. This applies to all Bupa administered plans **you** have been a **member** of in the past, or may be a **member** of in the future, even if **you** have had a break in **your** cover.

Currencies

All the benefit limits in this 'Table of Benefits' and notes are set out in three currencies: USD, GBP and HKD. The currency in which **your sponsor** pays **us** premiums is the currency that applies to **your** membership for the purpose of the benefit limits. The currency applicable for **your** contract is as shown on **your** insurance certificate. For example, if **your sponsor** pays **us** premiums in USD then the benefit limits given in USD apply to **your** membership and GBP and HKD limits do not apply to **you**.

If **you** are unsure which level of cover **you** have, the currency that applies to **your** membership, or whether **you**, the **principal member**, have a **co-insurance**, **you** can either check on **your** insurance certificate, through **our** MembersWorld website or contact the customer services helpline.

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. **We** may have agreed to waive waiting periods on **your health plan**. Please call **us** to find out whether the waiting periods on **your health plan** have been waived.

How does the co-insurance work?

If **your sponsor** has chosen a **co-insurance** this will be shown on **your** membership card. The **co-insurance** on this **health plan** is the percentage of all out-patient day to day care expenses that **you** share with **us** - please refer to **your** 'Table of Benefits'.

Example

1. With 15% **co-insurance**, **you** always pay 15% of **your** out-patient day to day care
2. **You** have a consultation with **your doctor** which costs £80
3. 15% out-patient day to day care **co-insurance** applied is £12 which **you** pay directly to **your doctor**
4. Amount paid by **us** is £68
5. Later in the year **you** stay in **hospital** for 5 days which costs £8,000
6. As this is in-patient care the **co-insurance** applied is £0
7. Amount paid by **us** is £8,000

Please note that the benefit limits shown in the 'Table of Benefits' is the maximum paid by **us**.

Summary of Benefits

	Select	Premier	Elite	Ultimate
Table of benefits				
Overall annual maximum*	●	●	●	●
Geographical cover	Worldwide excluding U.S.	Worldwide excluding U.S.	Worldwide excluding U.S.	Worldwide
Hong Kong **hospital network** options	Optional	Optional	Optional	Optional
Accommodation type	Optional	Optional	Optional	Optional
For **members** with the Standard **network** and semi-private room options	●	●	●	●
Out-patient treatment				
Out-patient **surgical operations**	●	●	●	●
Wellness - mammogram, PAP test, prostate cancer screening or colon cancer screening	●	●	●	●
Full Health Screening - cholesterol, blood pressure, diabetes, anaemia, lung function, liver and kidney function, cardiac risk-assessment and hearing tests	●	●	●	●
Consultants' fees for consultations	●	●	●	●
Pathology, X-rays and **diagnostic tests**	●	●	●	●
Consultants' fees, **psychologists'** and **psychotherapists**' fees for **mental health treatment**	●	●	●	●
Prescribed drugs and dressings	●	●	●	●
Costs for **treatment** by **therapists**, **complementary medicine practitioners** and **qualified nurses** (excluding physiotherapy)	●	●	●	●
Physiotherapy	●	●	●	●
Chinese medicine	●	●	●	●
Vaccinations		●	●	●
Costs for **treatment** by a family **doctor**	●	●	●	●
Accident-related dental **treatment**	●	●	●	●
Durable medical equipment		●	●	●
In-patient and day-case treatment				
Hospital accommodation	●	●	●	●
Surgical operations, including pre- and post-operative care	●	●	●	●
Nursing care, drugs and surgical dressings	●	●	●	●
Specialists' fees	●	●	●	●
Theatre charges	●	●	●	●
Intensive care, intensive therapy, coronary care and high dependency unit	●	●	●	●
Pathology, X-rays, **diagnostic tests** and therapies	●	●	●	●
Prosthetic implants and appliances	●	●	●	●
Parent accommodation	●	●	●	●
Mental health treatment	●	●	●	●
Prophylactic surgery	●	●	●	●
Reconstructive surgery	●	●	●	●
Obesity surgery (after a waiting period of two years)	●	●	●	●
Further benefits				
Advanced imaging	●	●	●	●
Cancer **treatment**	●	●	●	●
Advanced therapy medicinal products (**ATMPs**)	●	●	●	●
Genetic Cancer Screening				●

This is a summary of **your** plan. Please read the table of benefits and exclusions on the following pages for detailed rules and benefit limits.

Summary of Benefits (continued)

	Select	Premier	Elite	Ultimate
Further benefits (continued)				
Congenital and hereditary conditions	●	●	●	●
HIV / AIDS drug therapy including ART	●	●	●	●
Home nursing after **in-patient treatment**	●	●	●	●
Hospice and palliative care	●	●	●	●
In-patient cash benefit	●	●	●	●
Kidney dialysis	●	●	●	●
Prosthetic devices	●	●	●	●
Rehabilitation	●	●	●	●
Rehabilitation in a health resort				●
Transplant services	●	●	●	●
Bupa LifeWorks, **your** Global Employee Assistance Programme	●	●	●	●
Healthline services	●	●	●	●
Transportation / Travel				
Medical evacuation	●	●	●	●
Medical repatriation	●	●	●	●
Non-medical evacuation in case of conflicts and natural disasters				●
Local air ambulance	●	●	●	●
Local road ambulance	●	●	●	●
Travel cost for an accompanying person	●	●	●	●
Travel cost for the transfer of children	●	●	●	●
Compassionate visit transport costs and compassionate visit living allowance			●	●
Compassionate **emergency** repatriation				●
Living allowance			●	●
Repatriation of mortal remains	●	●	●	●
Maternity and childbirth cover (after a waiting period of 10 months)				
Maternity and childbirth cover (after a waiting period of 10 months)	●	●	●	●
U.S. cover option				
U.S. cover	Optional	Optional	Optional	●
Dental & Optical treatment				
Dental	Optional	Optional	Optional	●
Optical	Optional	Optional	Optional	●

Summary of Exclusions

	Select	Premier	Elite	Ultimate
Administration / registration fees	●	●	●	●
Advance payments / deposits	●	●	●	●
Artificial life maintenance	●	●	●	●
Birth control	●	●	●	●
Conflict and disaster	●	●	●	●
Congenital and hereditary conditions	●	●	●	●
Convalescence, nursing home and admission for general care, or staying in **hospital** or other establishment	●	●	●	●
Cosmetic **treatment**	●	●	●	●
Deafness	●	●	●	●
Dental **treatment** / gum disease	●	●	●	
Desensitisation and neutralisation	●	●	●	●
Developmental problems	●	●	●	●
Donor organs	●	●	●	●
Experimental or unproven **treatment**	●	●	●	●
Eyesight	●	●	●	●
Footcare	●	●	●	●
Genetic testing	●	●	●	●
Harmful or hazardous use of alcohol, drugs and/or medicines	●	●	●	●
Health hydros, nature cure clinics or any establishment that is not a **hospital**.	●	●	●	●
Illegal activity	●	●	●	●
Ineligible medical practitioner, **hospital or healthcare facility**	●	●	●	●
Infertility **treatment**	●	●	●	●
Maternity and childbirth	●	●	●	
Mechanical or animal donor organs	●	●	●	●
Obesity	●	●	●	●
Persistent vegetative state (PVS) and neurological damage	●	●	●	●
Physical aids and devices	●	●	●	●
Pre-existing conditions	●	●	●	●
Reconstructive or remedial surgery	●	●	●	●
Sleep disorders	●	●	●	●
Speech disorders	●	●	●	●
Stem cells	●	●	●	●
Surrogacy	●	●	●	●
Temporomandibular joint (TMJ) disorders	●	●	●	●
Travel costs for **treatment**	●	●	●	●
Treatment for or related to gender dysphoria	●	●	●	●
U.S. **treatment**	●	●	●	

This is a summary of **your** plan. Please read the table of benefits and exclusions on the following pages for detailed rules and benefit limits.

Table of benefits

Table of benefits

The table of benefits shows the benefits, limits and the detailed rules that apply to **your** plan. **You** also need to read the 'General exclusions' section so that **you** understand the exclusions on **your** plan which these benefits are subject to.

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Overall annual maximum*	USD 2.5 million, GBP 1.6 million or HKD 20 million each **membership year**	USD 4.4 million, GBP 2.8 million or HKD 34 million each **membership year**	USD 6 million, GBP 3.9 million or HKD 47 million each **membership year**	Unlimited	* All benefits below, even those paid in full will contribute to the overall annual policy maximum limit. * The currency applicable for **your** contract is as shown on **your** insurance certificate. **Co-insurance** options: optional 15% or 25% **co-insurance** available on Premier and Elite. Please see **your** insurance certificate for details of any **co-insurance** that applies to **your** out-patient benefits.
Geographical cover	Worldwide excluding U.S.	Worldwide excluding U.S.	Worldwide excluding U.S.	Worldwide	If **you** have Select, Premier or Elite cover, **your** insurance certificate will show if **your sponsor** has bought optional U.S. cover. Please see the 'U.S. **treatment**' exclusion for more information on unforeseen **treatment** on Worldwide excluding U.S. cover
Hong Kong **hospital network** options	Standard **network** or Comprehensive **network** For **hospitals** in Hong Kong only	Standard **network** or Comprehensive **network** For **hospitals** in Hong Kong only	Standard **network** or Comprehensive **network** For **hospitals** in Hong Kong only	Standard **network** or Comprehensive **network** For **hospitals** in Hong Kong only	**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-case 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**. 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**.
Accommodation type	Private or semi-private room (for **hospitals** in Hong Kong only). Applies to **in-patient treatment** and **day-case treatment**	Private or semi-private room (for **hospitals** in Hong Kong only). Applies to **in-patient treatment** and **day-case treatment**	Private or semi-private room (for **hospitals** in Hong Kong only). Applies to **in-patient treatment** and **day-case treatment**	Standard suite or semi-private room (for **hospitals** in Hong Kong only). Applies to **in-patient treatment** and **day-case treatment**	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**.

Table of benefits (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
For **members** with the Standard **network** and semi-private room options					**<u>If you have treatment in a private room in a hospital on the Comprehensive list</u>** **We** will apply the 50% **co-insurance** for using a private room, and then the 50% **co-insurance** for using a Comprehensive **hospital**. This means that **you** could pay a large amount for **your treatment**.

Out-patient treatment

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

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Out-patient **surgical operations**	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for out-patient **surgical operations** when carried out by a **specialist** or a family **doctor**.
Wellness - mammogram, PAP test, prostate cancer screening or colon cancer screening	**We** pay up to USD 300, GBP 200 or HKD 2,300 each **membership year**	**We** pay up to USD 1,000, GBP 650 or HKD 8,000 each **membership year**	**We** pay up to USD 2,000, GBP 1,300 or HKD 15,500 each **membership year**	**We** pay up to USD 8,000, GBP 5,000 or HKD 62,000 each **membership year**	**We** pay for these four preventive checks only.
Full Health Screening - cholesterol, blood pressure, diabetes, anaemia, lung function, liver and kidney function, cardiac risk-assessment and hearing tests					**We** pay for a full health screening. The actual tests **you** have will depend on those supplied by the **benefits provider** where **you** have **your** screening.
Consultants' fees for consultations	**We** pay up to USD 2,500, GBP 1,600 or HKD 19,000 each **membership year**	**We** pay up to USD 10,000, GBP 6,500 or HKD 77,500 each **membership year**	Paid in full	Paid in full	This normally means a meeting with a **consultant** to assess **your** condition. These meetings may take place: ○ in their office ○ by telephone or ○ online.
Pathology, X-rays and **diagnostic tests**					**We** pay for: ○ pathology, such as checking blood and urine samples for specific abnormalities, ○ radiology, such as X-rays, and ○ **diagnostic tests**, such as electro-cardiograms (ECGs) when recommended by **your consultant** or family **doctor** to help determine or assess **your** condition.
Consultants' fees, **psychologists'** and **psychotherapists**' fees for **mental health treatment**					**We** will pay for **consultants'** fees, **psychologists'** and **psychotherapists**' fees for **mental health treatment**.
Prescribed drugs and dressings					**We** pay for the cost of drugs and dressings prescribed for **you** by **your medical practitioner** for eligible **treatment**. **If optional U.S. cover has been purchased:** **We** pay for the cost of drugs and dressings prescribed for **you** by **your medical practitioner** for eligible **treatment** when using **our** U.S. provider **network**. **You** must present **your Bupa Global** U.S. insurance card. Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit described in the costs for **treatment** by **therapists** and **complementary medicine practitioners** benefit.

Out-patient treatment (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Costs for **treatment** by **therapists**, **complementary medicine practitioners** and **qualified nurses** (excluding physiotherapy)	Paid in full up to 5 visits each **membership year**	Paid in full up to 35 visits each **membership year**	Paid in full up to 70 visits each **membership year**	Paid in full up to 90 visits each **membership year**	**We** pay for nursing charges for general nursing care, for example injections or wound dressings by a **qualified nurse** and consultations and **treatment** with **therapists** and **complementary medicine practitioners** when they are appropriately qualified and registered to practice in the country where **treatment** is received. This includes the cost of both the consultation and **treatment**, including any complementary medicine prescribed or administered as part of **your 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. Note: for dietitians, **we** pay the initial consultation plus two follow-up visits when needed as a result of an eligible condition. Please note that obesity is not covered under this benefit.
Physiotherapy	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for Physiotherapy. This includes the cost of both the consultation and **treatment**
Chinese medicine	**We** pay up to USD 300, GBP 200 or HKD 2,300 each **membership year**	**We** pay up to USD 1,500, GBP 1,000 or HKD 11,500 each **membership year**	**We** pay up to USD 3,000, GBP 2,000 or HKD 23,300 each **membership year**	Paid in full	**We** pay for consultations and **treatment** with Chinese medicine practitioners when the practitoners are appropriately qualified and registered to practise in the country where **treatment** is received. Note: if any complementary medicines or **treatments** are supplied or carried out on a separate dateto a consultation, these costs will count as a separate consultation. **We** do not pay for any of these traditional Chinese medicines: cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American ginseng; radix ginseng silvestris; antelope horn powder; placenta hominis; agaricus blazei murill; musk; and pearl powder, rhinoceros horn and substances from Asian elephant, sun bear, and tiger or other endangered species.
Vaccinations	Not covered	**We** pay up to USD 500, GBP 300 or HKD 4,000 each **membership year**	Paid in full	Paid in full	**We** pay for vaccinations including vaccinations to aid the prevention of cancer, such as the human papilloma virus (HPV) vaccination, as and when such vaccines have completed medical trials and are approved for use in the country of **treatment**.

Out-patient treatment (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Costs for **treatment** by a family **doctor**	Paid in full up to 5 visits each **membership year**	Paid in full up to 15 visits each **membership year**	Paid in full	Paid in full	**We** pay for family **doctor treatment**. These meetings may take place: ○ in their office, ○ by telephone, or ○ online. **We** pay any vaccinations from the vaccinations benefit.
Accident-related dental **treatment**	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for accident-related dental **treatment** that **you** receive from a **dental practitioner** for **treatment** during an **emergency** visit following accidental damage to any tooth. **We** only pay any accident-related dental **treatment** which takes place up to 30 days after the accident.
Durable medical equipment	Not covered	**We** pay up to USD 1,500, GBP 1,000 or HKD 11,500 each **membership year**	**We** pay up to USD 5,000, GBP 3,200 or HKD 39,000 each **membership year**	Paid in full	**We** pay for 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 day-case treatment

For all in-patient and day-case treatment costs:

- it must be **medically necessary** for **you** to occupy a **hospital** bed to receive the **treatment**
- **your treatment** must be provided, or overseen, by a **consultant**
- the **hospital** where **you** have **your treatment** must be a **recognised hospital**
- for **hospital** accommodation:
  - for Select, Premier and Elite **we** pay for a room that is no more expensive than the **hospital's** standard single room with a private bathroom. For Ultimate **we** will pay for a standard suite. **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 standard single room with a private bathroom
  - if **you** have the semi-private room option and have **treatment** in Hong Kong: **we** pay for a room that is no more expensive than the **hospital's** semi-private room.

Mandatory pre-authorisation is required for:

- all in-patient and day-case admissions
- obesity surgery
- **prophylactic surgery**
- internal cardiac defibrillator
- reconstructive surgery
- **rehabilitation**
- **rehabilitation** at health resorts
- advanced imaging - MRI, CT and PET scans
- cancer **treatment**
- **advanced therapy medicinal products** (**ATMPs**)
- transportation (evacuation and repatriation)
- complications of maternity and childbirth
- home nursing
- genetic cancer screening
- refractive eye surgery.

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 and day-case treatment (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Hospital accommodation	Paid in full	Paid in full	Paid in full	Paid in full	For Select, Premier and Elite **we** will pay for a standard private room which costs no more than the **hospital's** standard single room with a private bathroom, unless **you** have the semi-private room option. For Ultimate **we** will pay for a standard suite unless **you** have the semi-private room option. **We** do not pay the extra costs of a deluxe, executive or VIP suite. **We** pay charges for **your hospital** room if: ○ **you** need to stay in **hospital** for medical reasons ○ the **treatment** is given or managed by a **specialist**, and ○ the length of **your** stay is medically appropriate for the **treatment** that **you** need. **We** only pay for day-case room costs for **out-patient treatment**, or an in-patient room for **day-case treatment**, if this is **medically necessary**. **We** pay for **your** food and drinks. **We** do not pay for personal things such as phone calls, newspapers, guest meals or make-up. Please also read convalescence and admission for general care in the 'What is not covered?' section. **Hospitals in Hong Kong only – semi-private room** 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 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**.
Surgical operations, including pre- and post-operative care	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay surgeons' and anaesthetists' fees for a **surgical operation**, including all pre- and post-operative care. Note: this benefit does not include follow-up consultations with **your consultant**, as these are paid under the **consultants'** fees for consultations benefit
Nursing care, drugs and surgical dressings	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for nursing services, drugs and surgical dressings **you** need as part of **your treatment** in **hospital**. Note: **we** do not pay for nurses hired in addition to the **hospital's** own staff. In the rare case where a **hospital** does not provide nursing staff **we** will pay for the reasonable cost of hiring a **qualified nurse** for **your treatment**.
Specialists' fees	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay **specialists'** fees for **treatment you** receive in **hospital** if this does not include a **surgical operation**, for example if **you** are in **hospital** for **treatment** of a medical condition such as pneumonia. If **your treatment** includes a **surgical operation we** will only pay **specialists'** fees if the attendance of a **specialist** is **medically necessary**, for example, in the rare event of a heart attack following a **surgical operation**.

In-patient and day-case treatment (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Theatre charges	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for use of an operating theatre.
Intensive care, intensive therapy, coronary care and high dependency unit	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for **intensive care** in an **intensive care** unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when: ○ it is an essential part of **your treatment** and is required routinely by patients undergoing the same type of **treatment** as **yours**, or ○ it is **medically necessary** in the event of unexpected circumstances, for example if **you** have an allergic reaction during surgery
Pathology, X-rays, **diagnostic tests** and therapies	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for: ○ pathology, such as checking blood and urine samples ○ radiology (such as X-rays), and ○ **diagnostic tests** such as electrocardiograms (ECGs) when recommended by **your consultant** to help determine or assess **your** condition when carried out in a **hospital**. **We** also pay for **treatment** provided by **therapists** (such as physiotherapy) and **complementary medicine practitioners** (such as acupuncturists) if it is needed as part of **your treatment** in **hospital**.
Prosthetic implants and appliances	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for a prosthetic implant needed as part of **your treatment**. By this, **we** mean an artificial body part or appliance which is designed to form a permanent part of **your** body and is surgically implanted for one or more of the following reasons: ○ to replace a joint or ligament ○ to replace one or more heart valves ○ to replace the aorta or an arterial blood vessel ○ to replace a sphincter muscle ○ to replace the lens or cornea of the eye ○ to act as a heart pacemaker (internal cardiac defibrillator may be available subject to Bupa Global's medical policy criteria. Please contact **us** for pre-authorisation - if **you** do not get pre-authorisation for **treatment** that the policy covers, **we** will only pay costs that are **reasonable and customary**) ○ to remove excess fluid from the brain ○ to control urinary incontinence (bladder control) ○ to reconstruct a breast following surgery for cancer when the reconstruction is carried out as part of the original **treatment** for the cancer and **you** have obtained **our** written consent before receiving the **treatment** ○ to restore vocal function following surgery for cancer **We** also pay for the following appliances: ○ a knee brace which is an essential part of a **surgical operation** for the repair to a cruciate (knee) ligament, or ○ a spinal support which is an essential part of a **surgical operation** to the spine
Parent accommodation	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay room and board costs for the parent staying in **hospital** with their child when: ○ the costs are for one parent or legal guardian only ○ the parent or guardian is staying in the same **hospital** as the child, ○ the child is under the age of 18 years old, ○ and the child is receiving **treatment** that is covered

In-patient and day-case treatment (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Mental health treatment	Paid in full	Paid in full	Paid in full	Paid in full	**We** cover **mental health treatment** in **hospital** in full. This benefit applies to all **treatment** related to the mental health condition.
Prophylactic surgery	Paid in full	Paid in full	Paid in full	Paid in full	**We** may pay subject to **Bupa Global**'s medical policy criteria, for example, a mastectomy and reconstruction when there is a significant family history and/or **you** have a positive result from genetic testing. Please contact **us** for pre-authorisation - if **you** do not get pre-authorisation for **treatment** that the policy covers, **we** will only pay costs that are **reasonable and customary**.
Reconstructive surgery	Paid in full	Paid in full	Paid in full	Paid in full	**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** continuous membership. Please contact **us** for pre-authorisation - if **you** do not get pre-authorisation for **treatment** that the policy covers, **we** will only pay costs that are **reasonable and customary**.
Obesity surgery (after a waiting period of two years)	Paid in full	Paid in full	Paid in full	Paid in full	The two year waiting period does not apply if **you** have MHD (medical history disregarded) underwriting terms. **Your** insurance certificate will show if **you** have MHD underwriting terms. **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 two years 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 - if **you** do not get pre-authorisation for **treatment** that the policy covers, **we** will only pay costs that are **reasonable and customary**.

Further benefits

Important

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

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Advanced imaging	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by **your consultant** or family **doctor** to help diagnose or assess **your** condition. Please contact **us** for pre-authorisation - if **you** do not get pre-authorisation for **treatment** that the policy covers, **we** will only pay costs that are **reasonable and customary**.
Cancer **treatment**	Paid in full	Paid in full	Paid in full	Paid in full	Once cancer is diagnosed, **we** pay fees that are related to **treatment** for cancer. This includes tests, scans, consultations, wigs and prescribed medicines (such as cytotoxic drugs or chemotherapy). If **your treatment** involves **advanced therapy medicinal products** (**ATMP**), this will be paid from the **ATMP** benefit. Please contact **us** for pre-authorisation - if **you** do not get pre-authorisation for **treatment** that the policy covers, **we** will only pay costs that are **reasonable and customary**.

Advanced therapy medicinal products (**ATMPs**)	Paid in full, one course of **treatment** for each condition for the whole of **your** lifetime	Paid in full, one course of **treatment** for each condition for the whole of **your** lifetime	Paid in full, one course of **treatment** for each condition for the whole of **your** lifetime	Paid in full, one course of **treatment** for each condition for the whole of **your** lifetime	**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**.

Genetic Cancer Screening	Not covered	Not covered	Not covered	Paid in full	Cover for costs of genetic cancer testing and one pre and one post consultation, only if: ○ referred by a **doctor** ○ there is an immediate family (bloodline) history, and ○ the tests and consultations are carried out at a **hospital**. Please contact **us** for pre-authorisation - if **you** do not get pre-authorisation for **treatment** that the policy covers, **we** will only pay costs that are **reasonable and customary**.

Further benefits (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Congenital and hereditary conditions	**We** pay up to USD 75,000, GBP 48,000 or HKD 585,000 maximum benefit for the whole of **your** lifetime	**We** pay up to USD 100,000, GBP 65,000 or HKD 780,000 maximum benefit for the whole of **your** lifetime	**We** pay up to USD 150,000, GBP 97,000 or HKD 1.17 million maximum benefit for the whole of **your** lifetime	**We** pay up to USD 200,000, GBP 129,000 or HKD 1.56 million maximum benefit for the whole of **your** lifetime	**We** pay for **treatment** of congenital and hereditary conditions: ○ by congenital conditions **we** mean any abnormalities, deformities, diseases, illnesses or injuries present at birth ○ by hereditary conditions **we** mean any abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of **your** family If **you** are unsure whether **your** condition may be classed as congenital or hereditary, please contact **us** for further information. The amount shown here is the total amount **we** shall pay for these expenses during the whole of **your** lifetime of Bupa, whether continuous or not.
HIV / AIDS drug therapy including ART	**We** pay up to USD 25,000, GBP 16,000 or HKD 156,000 each **membership year**	**We** pay up to USD 30,000, GBP 19,300 or HKD 195,000 each **membership year**	**We** pay up to USD 35,000, GBP 22,500 or HKD 273,000 each **membership year**	**We** pay up to USD 40,000, GBP 25,800 or HKD 312,000 each **membership year**	**We** pay for HIV/AIDS drug therapy.
Home nursing after **in-patient treatment**	**We** pay up to USD 200, GBP 130 or HKD 1,500 each day up to a maximum of 10 days every **membership year**	**We** pay up to USD 200, GBP 130 or HKD 1,500 each day up to a maximum of 20 days every **membership year**	**We** pay up to USD 200, GBP 130 or HKD 1,500 each day up to a maximum of 30 days every **membership year**	**We** pay up to USD 200, GBP 130 or HKD 1,500 each day up to a maximum of 30 days every **membership year**	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 - if **you** do not get pre-authorisation for **treatment** that the policy covers, **we** will only pay costs that are **reasonable and customary**.
Hospice and palliative care	**We** pay up to USD 37,200, GBP 24,000 or HKD 290,000 maximum benefit for the whole of **your** lifetime	**We** pay up to USD 37,200, GBP 24,000 or HKD 290,000 maximum benefit for the whole of **your** lifetime	**We** pay up to USD 37,200, GBP 24,000 or HKD 290,000 maximum benefit for the whole of **your** lifetime	**We** pay up to USD 37,200, GBP 24,000 or HKD 290,000 maximum benefit for the whole of **your** lifetime	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 The amount shown here is the total amount **we** shall pay for these expenses during the whole of **your** lifetime of Bupa, whether continuous or not.
In-patient cash benefit	**We** pay up to USD 300, GBP 200 or HKD 2,300 each night up to 20 nights every **membership year**	**We** pay up to USD 400, GBP 250 or HKD 3,000 each night up to 20 nights every **membership year**	**We** pay up to USD 500, GBP 320 or HKD 4,000 each night up to 20 nights every **membership year**	**We** pay up to USD 500, GBP 320 or HKD 4,000 each night up to 20 nights every **membership year**	This benefit is paid instead of any other benefit for each night **you** receive eligible **in-patient treatment** without charge. To claim this benefit, please ask the **hospital** to sign and stamp **your** claim form. Then send the completed form to **us** with a covering letter stating that **you** were treated with no charge. Please note that **you** need to ensure that the medical section of **your** claim form is completed by **your consultant**.

Further benefits (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Kidney dialysis	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for kidney dialysis - provided as in-patient, day-case or as an out-patient.
Prosthetic devices	**We** pay a maximum benefit of USD 2,000, GBP 1,300 or HKD 15,500 for each device	**We** pay a maximum benefit of USD 3,000, GBP 2,000 or HKD 23,300 for each device	**We** pay a maximum benefit of USD 6,000, GBP 3,900 or HKD 46,500 for each device	Paid in full	**We** pay for the initial prosthetic device needed as part of **your treatment**. By this **we** mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of **your** surgical procedure. **We** do not pay for any replacement prosthetic devices for adults including any replacement devices required in relation to a **pre-existing condition**. **We** will pay for the initial and up to two replacements for each device for children aged 15 and under.
Rehabilitation	**We** pay in full for up to: 30 days of **treatment** (which may be **in-patient treatment**, **day-case treatment** or **out-patient treatment**) each **membership year**	**We** pay in full for up to: 45 days of **treatment** (which may be **in-patient treatment**, **day-case treatment** or **out-patient treatment**) each **membership year**	**We** pay in full for up to: 60 days of **treatment** (which may be **in-patient treatment**, **day-case treatment** or **out-patient treatment**) each **membership year**	**We** pay in full for up to: 90 days of **treatment** (which may be **in-patient treatment**, **day-case treatment** or **out-patient treatment**) each **membership year**	**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. Please contact **us** for pre-authorisation - if **you** do not get pre-authorisation for **treatment** that the policy covers, **we** will only pay costs that are **reasonable and customary**. For **in-patient treatment** one day is each overnight stay and for **day-case treatment** 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 **rehabilitation** where it: ○ starts within 6 weeks of **in-patient treatment** which is covered by **your health plan** (such as trauma or stroke), and ○ arises as a result of the condition which required the **in-patient treatment** or is needed as a result of such **treatment** given for that condition. 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**.
Rehabilitation in a health resort	Not covered	Not covered	Not covered	**We** pay in full for up to 30 days each **membership year** following serious illness	**We** pay **rehabilitation** costs for medically prescribed stays at recognised health resorts following serious illness. Please contact **us** for pre-authorisation - if **you** do not get pre-authorisation for **treatment** that the policy covers, **we** will only pay costs that are **reasonable and customary**. To claim this benefit, **you** must meet all the criteria for the **Rehabilitation** benefit above.
Transplant services	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for transplant services that **you** need as a result of an eligible condition. **We** pay medical expenses if **you** need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant. **We** also pay for bone marrow transplants (either using **your** own bone marrow or that of a compatible donor) and peripheral blood stem cell transplants, with or without high dose chemotherapy. **We** do not pay for costs associated with the donor or the donor organ. Any drugs prescribed for use as an out-patient, including anti-rejection drugs are paid from **your** prescribed drugs and dressings benefit. Please see donor organs in the 'General Exclusions' section.

Further benefits (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Bupa LifeWorks, **your** Global Employee Assistance Programme	Included	Included	Included	Included	**We** pay in full for up to 5 counselling sessions, each issue, every **membership year** No limit applies to the number of issues each year. Bupa LifeWorks, **your** global Employee Assistance Programme, **provides 24/7 confidential support from a specialist, plus a wealth of expert tips and toolkits to support your wellbeing, at work and at home**. Note: The overall annual maximum benefit limit does not apply. Important. support and advice provided through this service does not confirm that any related **treatment** or additional support which may be discussed would be covered under **your health plan**. For full details of how to use this service and how it works, please see the Bupa LifeWorks section of this **membership guide**.
Healthline services	Included	Included	Included	Included	This is a telephone advice line which offers help 24 hours a day, 365 days a year. Please call +44 (0) 1273 718 362 at any time when **you** need to. The following are some of the services that may be offered by telephone: ○ general medical information from a health professional ○ medical referrals to a **specialist** or **hospital** ○ medical service referral (ie locating a **specialist**) and assistance arranging appointments ○ inoculation and visa requirements information ○ **emergency** message transmission ○ interpreter and embassy referral Note: **treatment** arranged through this service may not be covered under **your health plan**. Please check **your** cover before proceeding.

Transportation / Travel

Evacuation covers **you** for reasonable transport costs to the nearest appropriate place of **treatment**, when the **treatment you** need is not available nearby. Repatriation gives **you** the added option of returning to **your specified country of residence** or **specified country of nationality**, to be treated in familiar surroundings, when the **treatment you** need is not available locally.

For all medical transfers, either evacuation or repatriation:

- **you** must contact **us** for pre-authorisation before **you** travel - if **you** do not get pre-authorisation for travel or **treatment** that the policy covers, **we** will only pay costs that are **reasonable and customary**
- the **treatment** must be recommended by **your specialist** or **doctor**
- the **treatment** is not available locally
- the **treatment** must be covered under **your health plan**
- **we** must agree the arrangements with **you**, and
- benefit is applicable for **hospital treatment**, either overnight or as a day-patient

Evacuation may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy.

We will only pay if all arrangements are agreed and approved in advance by **Bupa Global**. Please see the 'Pre-authorisation' section for more details. If **you** arrange transportation covered under the **health plan** yourself **we** shall only compensate **your** expenses to the equivalent cost if **we** had arranged **your** transportation.

Note:

- **We** do not pay for extra nights in **hospital** when **you** are no longer receiving **active treatment** which requires **you** to be hospitalised, for example when **you** are awaiting **your** return flight.
- **We** will not approve a transfer which in **our** reasonable opinion is inappropriate, based on established clinical and medical practice, and **we** are entitled to conduct a review of **your** case, when it is reasonable for **us** to do so. Evacuation or repatriation will not be authorised if it is against the advice of the **Bupa Global** medical team.
- **We** will not arrange evacuation or repatriation in cases where the local situation, including geography, makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. Such intervention depends upon and is subject to local and/or international resource availability and must remain within the scope of national and international law and regulations. Interventions may depend on the attainment of necessary authorisations issued by the various authorities concerned, which may be outside of the reasonable control or influence of **Bupa Global** or **our service partners**.
- **We** cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond **our** control.
- **Bupa Global** is not the provider of the transportation and other services set out in the transportation/travel section, but will arrange those services on **your** behalf. In some countries **we** may use **service partners** to arrange these services locally, but **Bupa Global** will always be here to support **you**.

Transportation / Travel (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Medical evacuation	Paid in full	Paid in full	Paid in full	Paid in full	Transport costs for a medical evacuation: ○ to the nearest place when the required **treatment** is not available locally (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 pre-authorised by **us**. Please see the 'Pre-authorisation' section for more details. 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.
Medical repatriation	Paid in full	Paid in full	Paid in full	Paid in full	Transport costs for a medical repatriation: ○ to **your specified country of nationality** as given on **your** application form, or **your specified country of residence**, when the required **treatment** is not available locally, and ○ the return journey to the place **you** were transferred from when this is pre-authorised by **Bupa Global**. Please see the 'Pre-authorisation' section for more details. 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**.

Transportation / Travel (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Non-medical evacuation in case of conflicts and natural disasters	Not covered	Not covered	Not covered	Paid in full	Costs for evacuation if **your** return ticket cannot be used due to: ○ war, civil commotion, civil war, terrorist incidents, martial law, revolution or other similar situations in the region where **you** are staying, if such a situation was declared and documented by the Ministry of Foreign Affairs, embassy, or similar institution of the country **you** are in and arose after **you** left for the region ○ destructive natural disasters, including but not limited to tsunamis, hurricanes, earthquakes, volcanic eruptions, where the solution overwhelms the local capacity, necessitating a request of a national or international level for external assistance, and only if **you** are travelling outside **your** specified country of residency and the situation arose after **you** left for the region. If **you** are detained by the authorities in a country due to war or impending war or **you** cannot be evacuated due to a natural disaster, **we** will provide coverage for up to 3 months for essential and documented extra expenses for accommodation and meals, plus the costs of necessary domestic transport due to enforced relocation in country or to meet the cost of higher security travel, if the situation requires so. Cover is subject to the condition that **you** have not previously neglected to follow an evacuation recommendation from the Ministry of Foreign Affairs, embassy, or similar institution of the country **you** are in. **We** cannot be held responsible for the extent to which transportation may be carried out, but will co-operate with the Ministry of Foreign Affairs, embassy, or similar institution of the country **you** are in, in such cases where assistance is necessary. Please contact **us** as soon as possible after the event.
Local air ambulance	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for **medically necessary** travel for **you** to be transported by local air ambulance such as a helicopter, when related to eligible **in-patient treatment** or **day-case treatment**, either: ○ from the location of an accident to **hospital**, or ○ for a transfer from one **hospital** to another when it is appropriate for this method of transfer to be used to transport **you** over short journeys of up to 100 miles/160 kilometres. 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. This benefit does not include mountain rescue. Note: **you** would be covered under the medical evacuation benefit if the **treatment you** need is not available locally.
Local road ambulance	Paid in full	Paid in full	Paid in full	Paid in full	**We** pay for a 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**

Transportation / Travel (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Travel cost for an accompanying person	Paid in full	Paid in full	Paid in full	Paid in full	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 KM) ○ there is no medical escort ○ in the case of **serious acute illness** The accompanying person may travel in a different class from **you**, depending on medical requirements. Reasonable travel costs for the return journey to the place **you** were transferred from when: ○ this is pre-authorised 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 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** such as advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy.
Travel cost for the transfer of children	Paid in full	Paid in full	Paid in full	Paid in full	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
Compassionate visit transport costs and compassionate visit living allowance	Not covered	Not covered	Visit and return: **We** pay up to 5 trips maximum benefit for the whole of **your** lifetime, up to USD 1,600, GBP 1,000 or HKD 12,500 each trip Visit living allowance: **We** pay up to USD 160, GBP 100 or HKD 1,250 each day for a maximum of 10 days every trip	Paid in full	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 pre-authorised by **Bupa Global**. For Elite **members we** pay: ○ a maximum of five trips for the whole of **your** lifetime, ○ only when pre-authorised by **Bupa Global**. **We** pay, costs towards living expenses for **your** relative: ○ following an eligible 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.

Transportation / Travel (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Compassionate **emergency** repatriation	Not covered	Not covered	Not covered	Paid in full	If **you** are outside of **your** country of residence and have to terminate **your** journey prematurely due to death, **serious acute illness** or injury resulting in hospitalisation of a relative **we** pay for reasonable additional travel expenses. Relative for this benefit means spouse/partner, parent, child, brother, sister, brother in-law, sister in-law, son in-law, daughter in-law, grandchild, parent in-law, step-parent, step-child, step-sibling or guardian. The costs **we** pay will be either: ○ the reasonable cost of the return journey by land or sea, or ○ the cost of a business class air ticket whichever is the lesser amount Only: ○ one transportation in connection with one course of an illness ○ if the relative in question is not a fellow insured traveller who has already been repatriated ○ if the compassionate **emergency** repatriation would cause **you** to arrive at least 12 hours earlier than was originally planned
Living allowance	Not covered	Not covered	**We** pay up to USD 40, GBP 25 or HKD 300 each day for up to 10 days every **membership year**	**We** pay up to USD 40, GBP 25 or HKD 300 each day for up to 10 days every **membership year**	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 such as advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy.
Repatriation of mortal remains	Paid in full	Paid in full	Paid in full	Paid in full	Reasonable costs for the transportation of **your** body or cremated mortal remains to **your specified country of nationality** 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.

Maternity and childbirth cover (after a waiting period of 10 months)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Maternity and childbirth cover (after a waiting period of 10 months)	Maternity and childbirth: **We** pay up to USD 13,000, GBP 8,400 or HKD 101,400 each **membership year** Childbirth at home or **birthing centre**: **We** pay up to USD 1,200, GBP 800 or HKD 9,300 each **membership year** Medically essential caesarean section: **We** pay up to USD 26,000, GBP 16,800 or HKD 202,800 each **membership year** Complications of maternity and childbirth: Paid in full	Maternity and childbirth: **We** pay up to USD 13,000, GBP 8,400 or HKD 101,400 each **membership year** Childbirth at home or **birthing centre**: **We** pay up to USD 1,200, GBP 800 or HKD 9,300 each **membership year** Medically essential caesarean section: **We** pay up to USD 26,000, GBP 16,800 or HKD 202,800 each **membership year** Complications of maternity and childbirth: Paid in full	Maternity and childbirth: **We** pay up to USD 13,000, GBP 8,400 or HKD 101,400 each **membership year** Childbirth at home or **birthing centre**: **We** pay up to USD 1,200, GBP 800 or HKD 9,300 each **membership year** Medically essential caesarean section: **We** pay up to USD 26,000, GBP 16,800 or HKD 202,800 each **membership year** Complications of maternity and childbirth: Paid in full	Maternity and childbirth: Paid in full Childbirth at home or **birthing centre**: Paid in full Medically essential caesarean section: Paid in full Complications of maternity and childbirth: Paid in full	**We** pay maternity and childbirth benefits only after **you** have been covered under the plan for 10 months. This 10-month waiting period does not apply if **you** have MHD (medical history disregarded) underwriting terms. **Your** insurance certificate will show if **you** have MHD underwriting terms. **Maternity and childbirth cover (after a waiting period of 10 months)** These benefits include for example: ○ antenatal care such as ultrasound scans ○ **hospital** charges, obstetricians' and midwives' fees for pregnancy and childbirth ○ postnatal care required by the mother immediately following normal childbirth, such as stitches. **Treatment** for ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside the womb (ectopic pregnancy). are not covered from this benefit but may be covered by **your** other benefits. (Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by **your** other benefits.) Note: routine care for **your** baby **We** pay for routine care (if eligible) for the baby, for up to seven days following birth, from the mother's maternity benefit or normal benefits. For adding **your** newborn please also see the 'Want to add more people to **your health plan**?' section. **Your** baby is also covered for up to seven days routine care following birth if **your** baby was born to a surrogate mother and **you**, as the intended parent, have been covered on the plan for 10 months when the baby is born. **Childbirth at home or birthing centre (after a waiting period of 10 months)** This benefit includes obstetricians' and midwives' fees for delivering **your** baby at home or a **birthing centre**. **Medically essential caesarean section (after a waiting period of 10 months)** This benefit includes **hospitals**, obstetricians and other medical fees for the cost of the delivery of **your** baby by Caesarean section when medically essential for example, non progression during labour leading to **emergency** Caesarean section (eg dystocia, foetal distress, haemorrhage) provided the mother has been a **member** of this plan for at least 10 months before delivery. Note: if **we** are unable to determine that **your** Caesarean section was medically essential, it will be paid from **your** maternity and childbirth benefit limit. **Complications of maternity and childbirth (after a waiting period of 10 months)** **Treatment** which is **medically necessary** as a direct result of pregnancy and childbirth complications. By complications **we** mean those conditions which only ever arise as a direct result of pregnancy or childbirth for example pre-eclampsia, threatened miscarriage, gestational diabetes, still birth. Please contact **us** for pre-authorisation - if **you** do not get pre-authorisation for **treatment** that the policy covers, **we** will only pay costs that are **reasonable and customary**. If **you** require an **emergency** admission as a direct result of pregnancy and childbirth complications, please contact **us** within 48 hours of **your** admission. Please see maternity and childbirth, and surrogate parenting in the 'General Exclusions' section.

U.S. cover option

For Select, Premier and Elite this is an option - if **your sponsor** has bought U.S. cover, **your** insurance certificate will show this.

For Ultimate, U.S. cover is included as standard.

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
U.S. cover	100% of eligible costs in **network**. **Reasonable and customary** costs out of **network**. **Treatment** must be pre-authorised.	100% of eligible costs in **network**. **Reasonable and customary** costs out of **network**. **Treatment** must be pre-authorised.	100% of eligible costs in **network**. **Reasonable and customary** costs out of **network**. **Treatment** must be pre-authorised.	100% of eligible costs in **network**. **Reasonable and customary** costs out of **network**. **Treatment** must be pre-authorised.	**Pre-authorisation and the U.S. provider network** If **you** have U.S. cover, then before any **in-patient treatment** or **day-case treatment** in the U.S., **you** must contact **our** dedicated team for pre-authorisation. Please contact them by calling 844 369 3797 (from inside the U.S.), or +1 844 369 3797 (from outside the U.S.). **In-patient treatment** or **day-case treatment** received in the U.S. without pre-authorisation may be ineligible. Any pre-authorised **treatment** costs are covered according to this 'Table of Benefits'. **Our** U.S. **service partner** uses a national **network** of **hospitals**, clinics and **medical practitioners**. This is the U.S. provider **network**. **Our** dedicated team can help **you** to find a **hospital** or clinic in the U.S. provider **network**, when **you** contact them for pre-authorisation. When eligible **treatment** takes place in the U.S. using the U.S. provider **network**, benefit is paid at 100%, once any **co-insurance** or deductible amount which may apply, and which **you** are responsible to pay, has been deducted from the claimed amount. When eligible **treatment** takes place in the U.S. but outside the U.S. provider **network**, benefit is paid at **reasonable and customary** costs. Please see the "**Our** approach to costs" section of this **membership guide**. **Emergency admissions** If **you** are admitted for **emergency treatment you** must contact **our** dedicated team within 48 hours of admission, or as soon as reasonably possible. If **your** admission for **emergency treatment** is to a non-**network hospital**, **our** dedicated team may arrange to transfer **you** to a **network hospital** as soon as it is medically appropriate to do so. If the transfer to a **network hospital** is carried out, benefit for all eligible **treatment** received at both facilities will be payable at 100%. If **you** choose to stay in a non-**network hospital** after the date **our** dedicated team decides a transfer is medically appropriate, benefit for all eligible **treatment** received both before and after that date will be payable at **reasonable and customary** costs.

Dental & Optical treatment

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Dental	Optional cover, if chosen. Options are: No cover or Dental choice 1 or Dental choice 2 or Dental choice 3	Optional cover, if chosen. Options are: No cover or Dental choice 1 or Dental choice 2 or Dental choice 3	Optional cover, if chosen. Options are: No cover or Dental choice 1 or Dental choice 2 or Dental choice 3	Included as standard	For Select, Premier and Elite there are three choices for dental cover - if **your sponsor** has chosen one of them, **your** insurance certificate will show this. For Ultimate, cover is included as standard.
Optical	Optional cover, if chosen. Options are: No cover or Optical choice 1 or Optical choice 2	Optional cover, if chosen. Options are: No cover or Optical choice 1 or Optical choice 2	Optional cover, if chosen. Options are: No cover or Optical choice 1 or Optical choice 2	Included as standard	For Select, Premier and Elite there are two choices for optical cover - if **your sponsor** has chosen one of them, **your** insurance certificate will show this. For Ultimate, cover is included as standard.

Dental cover options

For Select, Premier and Elite there are three choices for dental cover - if **your sponsor** has bought one of these choices, **your** insurance certificate will show this.

For Ultimate, dental cover is included as standard.

Benefits	Select, Premier and Elite Dental choice 1	Select, Premier and Elite Dental choice 2	Select, Premier and Elite Dental choice 3	Ultimate	Explanation of benefits
Dental benefit limit	USD 1,000, GBP 650 or HKD 7,800	USD 2,500, GBP 1,600 or HKD 19,500	USD 5,000, GBP 3,200 or HKD 39,000	USD 5,000, GBP 3,200 or HKD 39,000	
Preventative **treatment**	Paid in full	Paid in full	Paid in full	Paid in full	**We** will pay up to the benefit limit for: ○ check-ups / exams ○ X-rays / bitewing / single view / orthopantomogram (OPG) ○ scale and polish / tooth cleaning ○ gum shield / mouth guard.
Routine dental **treatment**	**We** pay 80%	**We** pay 80%	Paid in full	Paid in full	**We** will pay up to the benefit limit for: ○ fillings ○ root canal **treatment** ○ X-ray ○ tooth extraction ○ anaesthesia.
Major restorative **treatment**	**We** pay 80%	**We** pay 80%	**We** pay 80%	**We** pay 80%	**We** will pay up to the benefit limit for: ○ bridges and crowns ○ dental implants and dentures.
Orthodontic **treatment** for **members** aged 18 and under	**We** pay 50%	**We** pay 50%	**We** pay 50%	**We** pay 75%	**We** will pay up to the benefiit limit for orthodontic **treatment** for **members** aged 18 and under: ○ consultations and monthly check-ups ○ removal of deciduous / baby teeth / milk teeth / primary teeth ○ **treatment** planning ○ models/gum impressions ○ extractions and anaesthesia ○ X-rays including single / bitewing / periapical (root X-ray) / full-mouth X-rays / orthopantomogram (OPG) and cephalometric (CEPH) digital photography, and ○ metal braces / retainers.

Optical cover options

For Select, Premier and Elite there are two choices for optical cover - if **your sponsor** has bought one of these choices, **your** insurance certificate will show this.

For Ultimate, optical cover is included as standard.

Benefits	Select, Premier and Elite Optical choice 1	Select, Premier and Elite Optical choice 2	Ultimate	Explanation of benefits
Eye test x 1, glasses and contact lenses	**We** pay 75% up to USD 250, GBP 160 or HKD 1,950 maximum benefit each **membership year**	**We** pay in full up to USD 500, GBP 325 or HKD 3,900 maximum benefit each **membership year**	**We** pay in full up to USD 500, GBP 325 or HKD 3,900 maximum benefit each **membership year**	**We** pay: maximum of one eye test each **membership year**, which includes the cost of **your** consultation and sight / vision testing; Eligible costs for glasses and contact lenses which are prescribed to correct a sight/vision problem, such as short or long sight; eligible costs of glasses frames only if **you** have been prescribed glasses lenses. **Your** glasses lens prescription or invoice will be required in support of **your** claim for glasses frames
Refractive eye surgery	Not covered	**We** pay in full for one surgery for each eye for the whole of **your** lifetime	**We** pay in full for one surgery for each eye for the whole of **your** lifetime	For Ultimate and Optical choice 2 only, **we** also pay costs of refractive surgery for astigmatism and myopia / hyperopia, subject to **Bupa Global**'s medical policy criteria, when: ○ **you** have 3 dioptres or greater on the eye being treated, and ○ the **treatment** is provided by an accredited recognised practitioner, **hospital** or clinic. **We** only pay for one surgery for each eye during **your** lifetime. Please contact **us** for pre-authorisation - if **you** do not get pre-authorisation for **treatment** that the policy covers, **we** will only pay costs that are **reasonable and customary**.

General 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. No personal exclusions or restrictions shall apply where **we** have agreed with **your sponsor** that medical history has been disregarded.

Do you have cover for pre-existing conditions?

When **your sponsor** applied for **your health plan you** may have been 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**, 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**. If **you** are unsure about anything in this section, please contact **us** for confirmation before **you** go for **your treatment**.

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, if **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.

Exclusion	Notes	Rules
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**.
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 continuous days.
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.

Exclusion	Notes	Rules
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
Congenital and hereditary conditions	**We** may cover costs associated with congenital and hereditary conditions as detailed in the 'Table of Benefits'.	If **you** are aware of, or have suffered from signs or symptoms of, a congenital or hereditary condition prior to taking out **your Bupa Global** cover this will not be covered if it falls under the general exclusion for **pre-existing conditions**, unless **your sponsor** has agreed with **us** that medical history has been disregarded.
Convalescence, nursing home and admission for general care, or staying in **hospital** or other establishment		Convalescence, pain management, supervision, general nursing care, **therapist** or complementary **therapist** services, domestic/living assistance such as bathing and dressing, and **treatment** that could take place as a day-patient or out-patient, receiving services which would not normally require trained medical professionals.
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.
Deafness		**Treatment** for or arising from deafness or partial hearing loss caused by a congenital abnormality or ageing.
Dental **treatment** / gum disease	This exclusion does not apply if **you** have the Ultimate level of cover, or if **you** have a Dental cover option. The insurance certificate will show if **you** have this. Please see 'dental cover options' and 'accident-related dental **treatment**' in the Table of Benefits	This includes **surgical operations** for the **treatment** of bone disease when related to gum disease or damage. Examples: **we** do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth. Exception: **we** pay for a surgical operation carried out by a **consultant** to: ○ put a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident ○ treat irreversible bone disease involving the jaw(s) which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage ○ surgically remove a complicated, buried or impacted tooth root, for example in the case of an impacted wisdom tooth.
Desensitisation and neutralisation		**Treatment** to de-sensitise or neutralise any allergic condition or disorder.
Developmental problems		Developmental problems ○ learning difficulties, such as dyslexia. ○ developmental problems treated in an educational environment or to support educational development.

Exclusion	Notes	Rules
Donor organs		**Treatment** costs for, or as a result of the following: ○ transplants involving mechanical or animal organs ○ the removal of a donor organ from a donor ○ the removal of an organ from **you** for purposes of transplantation into another person ○ the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible diseases or illness ○ the purchase of a donor organ
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. ○ **We** do not pay for any test, **treatment**, equipment, medicine, device or procedure that is not considered to be in standard clinical use but is (or should, in Bupa's reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy. ○ **We** do not pay for any tests, **treatment**, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by **Bupa Global** in line with its criteria for standard clinical use. 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 though the **UK** Cancer Drugs Fund), Royal Colleges or equivalent national **specialist** bodies in the country of **treatment**; ○ the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or Bupa's in-house Clinical Effectiveness team) indicate that the **treatment** is safe and effective; ○ where the **treatment** has received full regulatory approval by the licensing authority (e.g. U.S. Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency) in the location where the **member** has requested **treatment**, and is duly licensed for the condition and patient population being requested (please note – full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or ○ tests, **treatments**, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which **treatment** is requested. Notes: ○ 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). This exclusion does not apply if **you** have Ultimate cover or Optical choice 2. Exception: **We** will pay for eligible **treatment** or surgery of a detached retina, glaucoma, cataracts or keratoconus. **We** will not pay for routine eye examinations, contact lenses or glasses unless **you** have Ultimate cover or Optical choice 1 or 2.
Footcare		**Treatment** for corns, calluses, or thickened or misshapen nails.

Exclusion	Notes	Rules
Genetic testing	This exclusion does not apply in the case of genetic cancer screening if **you** have the Ultimate level of cover	Genetic tests, when such tests are solely 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 **you** have displayed a blatant disregard for **your** personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and ○ in any event, from the illegal use of any such substance
Health hydros, nature cure clinics or any establishment that is not a **hospital**.	If **you** have the Ultimate level of cover, **we** may cover costs associated with **rehabilitation** at recognised health resorts as detailed in the 'Table of Benefits'.	**Treatment** or services received in health hydros, nature cure clinics or any 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**.

Exclusion	Notes	Rules
Infertility **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.
Maternity and childbirth	This exclusion is not applicable if the optional Maternity and childbirth module has been purchased. Please see Maternity and childbirth in the 'Table of Benefits'.	**Treatment** for maternity or for any condition arising from maternity and 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	**We** may cover costs associated with obesity surgery as detailed in the 'Table of Benefits'.	Obesity **treatment** for or as a result of obesity such as: slimming aids or drugs, or slimming classes.
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**.
Physical aids and devices		Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an appliance. Examples: **we** will not pay for hearing aids, crutches or walking sticks.
Pre-existing conditions	Please note: this exclusion does not apply if **your sponsor** has purchased cover with medical history disregarded. If **you** are unsure whether **you** have this cover, please contact the customer services helpline.	Any **treatment** for a **pre-existing condition**, related symptoms, or any condition that results from or is related to a **pre-existing condition**. Note: please contact **us** before **your renewal date** if **you** or **your dependants** have personal exclusion(s) and would like **us** to review a personal exclusion. **We** may remove **your** exclusion if, in **our** opinion, no further **treatment** will be either directly or indirectly required for the condition, or for any related condition. There are some personal exclusions that, due to their nature, **we** will not review. To carry out a review, **we** may ask for an up to date medical report from **your** family **doctor** or **consultant**. Any costs incurred in obtaining these details are not covered under **your** plan and are **your** responsibility.

Exclusion	Notes	Rules
Reconstructive or remedial surgery		**Treatment** required to restore **your** appearance after an illness, injury or previous surgery, unless: ○ the **treatment** is a **surgical operation** to restore **your** appearance after an accident, or as the result of surgery for cancer, if either of these takes place during **your** current continuous membership of the plan ○ the **treatment** is carried out as part of the original **treatment** for the accident or cancer ○ **you** have obtained **our** written consent before the **treatment** takes place
Sleep disorders		**Treatment**, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.
Speech disorders		**Treatment** for speech disorders, including stammering or speech developmental delays, unless all of the following apply: ○ the **treatment** is short term therapy which is **medically necessary** as part of **active treatment** for an acute condition such as a stroke, ○ the speech therapy takes place during and/or immediately following the **treatment** for the acute condition, and ○ the speech therapy is recommended by the **consultant** in charge of **your treatment**, and is provided by a **therapist** in which case **we** may pay at **our** discretion.
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	Please also see maternity and childbirth cover in the 'Table of Benefits'.	**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.
Travel costs for **treatment**		Any travel costs related to receiving **treatment**, unless otherwise covered by: ○ local air ambulance benefit ○ local road ambulance benefit ○ medical evacuation ○ medical repatriation ○ non-medical evacuation ○ travel cost for an accompanying person ○ travel cost for the transfer of children ○ compassionate visit transport costs and compassionate visit living allowance, or ○ compassionate **emergency** repatriation Examples: ○ **we** do not pay for taxis or other travel expenses for **you** to visit a **medical practitioner** ○ **we** do not pay for travel time or the cost of any transport expenses charged by a **medical practitioner** to visit **you**

Treatment for or related to gender dysphoria		**We** do not pay for:
		
		○ any surgical **treatment** (including cosmetic **treatment**) for or related to gender dysphoria unless:
		  ○ **you** have lived continuously for at least 12 months in the gender role that is congruent with **your** gender identity; and
		  ○ **we** have received referral letters from two independent **psychologists** and/or psychiatrists detailing **your** personal and **treatment** history, progress and eligibility and confirming that such **treatment** is **medically necessary** for treating gender dysphoria; and, in any event
		○ any **treatment** (surgical or non-surgical) for or related to gender dysphoria where such **treatment** is unlawful and/or gender dysphoria is not a clinically recognised condition in the country of **treatment**.

Exclusion	Notes	Rules
U.S. **treatment**	Select, Premier or Elite with Worldwide excluding U.S. cover includes U.S. cover only for unforeseen **treatment** within 28 days of **your** arrival in the U.S.	1. If U.S. cover has not been purchased and **you** are on Select, Premier or Elite with Worldwide excluding U.S. cover, then any **treatment** or services received in the U.S. are ineligible: ○ where this takes place after the 28th day of **your** visit to the U.S.; or ○ where these relate to any condition where symptoms of the condition were apparent to **you** before **your** visit to the U.S.; or ○ when **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 ○ where these relate to the delivery of a baby, other than in the case of unforeseen premature delivery; or ○ where these relate to a newborn baby born in the U.S. other than in the case of an unforeseen premature delivery. (In the case of unforeseen 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: in order to claim for unforeseen **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 'Adding **Dependants'** section of this **membership guide**. 2 . If U.S. cover is included in **your** cover (purchased on Select, Premier or Elite), then any **treatment** or services received in the U.S. are ineligible: ○ when arrangements were not pre-authorised by **our** agents in the U.S. where required (see 'Pre-authorisation – **Treatment** in the U.S.' section of this **membership guide**); or ○ when **we** know or have reasonable grounds to conclude, that **you** purchased cover for and travelled to the U.S. for the purpose of receiving **treatment** or services for a condition, including pregnancy, when the symptoms of the condition were apparent to **you** before buying the cover (on Select, Premier or Elite). This applies whether or not **your treatment** or services were the main or sole purpose of **your** visit and even if the **treatment** or services were pre-authorised. **Our Service Partner** **Our Service Partner** in the U.S. operates a national **network** of **hospitals**, clinics and **medical practitioners**. This is the U.S. provider **network**. **You** must contact **our** dedicated team before **you** have **treatment**, and they can help to find a suitable **network** provider for **you**. If **you** choose not to have **your in-patient treatment** or **day-case treatment**, cancer **treatment**, MRI, CT and PET scans in the U.S. pre-authorised, **we** will only pay 50% towards the cost of covered **treatment**. For eligible **treatment** that takes place in the U.S. using the U.S. provider **network**, benefit is paid at 100% once any **co-insurance** or deductible amount which may apply, and which **you** are responsible to pay, has been deducted from the claimed amount. When eligible **treatment** takes place in the U.S. but outside the provider **network**, benefit is paid at **reasonable and customary** costs. Please see the "**Our** approach to costs" section of this **membership guide**.

Pre-authorisation

We want to make sure everything runs as smoothly as possible when **you** need **treatment** and help take care of the practicalities so **you** can focus on getting better.

If **you** contact **us** before going for **treatment**, **we** can explain **your** benefits and confirm that **your treatment** is covered by **your health plan**. If needed **we** can also help with suggesting **hospitals**, clinics and **doctors** and offer any help or advice **you** may need.

In cases where **you** need **hospital treatment** (**in-patient treatment** or **day-case treatment**), contacting **us** also gives **us** an opportunity to contact **your hospital** or clinic and make sure they have everything they need to go ahead with **your treatment**. If possible **we** will arrange to pay them directly too.

We would like to make **you** aware that there are certain benefits which **you** must receive pre-authorisation for. These are detailed in **your** 'Table of Benefits'. Benefit may not be paid unless pre-authorisation has been provided.

The pre-authorisation process

You can pre-authorise **your treatment** by phone or email. Once **we** have the necessary details, **we** send a pre-authorisation statement to **your hospital** or clinic.

When **you** contact **us**, please have **your** membership number ready. **We** will ask some or all of the following questions:

- what condition are **you** suffering from?
- when did **your** symptoms first begin?
- when did **you** first see **your** family **doctor** about them?
- what **treatment** has been recommended?
- on what date will **you** receive the **treatment**?
- what is the name of **your consultant**?
- where will **your** proposed **treatment** take place?
- how long will **you** need to stay in **hospital**?

We will send **you** a pre-authorisation statement at **your** request.

From time to time **we** may ask **you** for more detailed medical information, for example, to rule out any relation to a **pre-existing condition**. **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.

If **we** pre-authorise **your treatment**, this means that **we** will pay up to the limits of **your** plan provided that all the following requirements are met:

- the **treatment** is eligible **treatment** that is covered by **your health plan**
- **you** have an active membership at the time that **treatment** takes place
- **your** premiums are paid up to date
- the **treatment** carried out matches the **treatment** authorised
- **you** have provided a full disclosure of the condition and **treatment** required
- **you** have enough benefit entitlement to cover the cost of the **treatment**
- **your** condition is not a **pre-existing condition** that has been excluded from **your** cover, as detailed in **your** insurance certificate
- the **treatment** is **medically necessary**
- and the **treatment** takes place within 31 days after pre-authorisation is given.

CALL: +852 2531 8503
FAX: +852 2529 2725

Or contact **us** via **our** secure MembersWorld website at membersworld.bupaglobal.com

Length of stay (in-patient treatment)

Your pre-authorisation will specify an approved length of stay for **in-patient treatment**. This is the number of nights in **hospital** that **we** will cover **you** for. If **your treatment** will take longer than this approved length of stay, then **you** or **your consultant** must contact **us** for an extension to the pre-authorisation.

Treatment we can pre-authorise

We can pre-authorise **in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans.

Treatment in the U.S.

All **in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, and CT and PET scans in the U.S. must be pre-authorised. If **you** are going to receive any of these **treatments**, ask **your** medical provider to contact the U.S. Service Center for pre-authorisation. All the information they need is on **your Blue Shield Global** membership card.

We have made special arrangements if **you** need to have **treatment**, be hospitalized, or visit a **doctor** in the U.S. This includes access to select **networks** of quality medical providers and direct settlement of all covered expenses when **you** receive **treatment** in an in-**network hospital**. To find providers or **hospitals** that are in **network**, **you** can contact the U.S. service center or use the website listed on **your Blue Shield Global** membership card. In addition, **you** will need to present **your Blue Shield Global** membership card to providers and **hospitals** when **you** access care.

Treatment which has not been pre-authorised

If **you** choose not to get **your in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans in the U.S. pre-authorised, **we** will only pay 50% towards the cost of covered **treatment**.

Of course **we** understand that there are times when **you** cannot get **your treatment** pre-authorised, such as in an **emergency**. If **you** are taken to **hospital** in an **emergency**, it is important that **you** arrange for the **hospital** to contact **us** within 48 hours of **your** admission, or as soon as reasonably possible in the circumstances. **We** can then make sure **you** are getting the right care, and in the right place. If **you** have been taken to a **hospital** that is out-of-**network** and, if it is the best thing for **you**, **we** may arrange for **you** to be moved to an in-**network hospital** to continue **your treatment**, once **you** are stable. If **you** decline to transfer to a provider in **network** (should this be offered to be arranged, where medically appropriate) only the **reasonable and customary** costs of any covered **treatment** or services received following the date of the transfer being offered will be paid (after any applicable **co-insurance** or deductible has been deducted).

If **we** have been notified within 48 hours of an **emergency** admission to an in-**network hospital**, **we** will not ask **you** to share the cost of **your treatment**.

Out of network treatment

Even if **your treatment** in the U.S. has been pre-authorised, if **you** choose to use a **hospital**, clinic or **medical practitioner** Out of **network**, **we** will only pay **reasonable and customary** costs towards the cost of covered **treatment**. Please see the '**Our** approach to costs' section of this **membership guide**.

There may be times when it is not possible for **you** to be treated at an in-**network hospital**. These include:

- where there is no in-**network hospital** within 30 miles of **your** address, and
- when the **treatment you** need is not available in at in-**network hospital**

In these cases, **we** will not ask **you** to share the cost of **your treatment**.

Important rules:

Please note that pre-authorisation is only valid if all the details of the authorised **treatment**, including dates and locations, match those of the **treatment** received. If there is a change in the **treatment** required, if **you** need to have further **treatment**, or if any other details change, then **you** or **your consultant** must contact **us** to pre-authorise this separately. **We** make **our** decision to approve **your treatment** based on the information given to **us**. **We** reserve the right to withdraw **our** decision if additional information is withheld or not given to **us** at the time the decision is being made.

We reserve the right to withdraw or amend **our** decision if information is subsequently received that may be contradictory to the information initially given to **us** at the time the decision is being made. Failure to comply with any request for additional information may be deemed to be indicative of fraudulent activities. Should such a failure occur, information may be disclosed to third parties (including other insurers) with the intention of preventing and detecting fraud.

Making a claim

We want it to be simple for **you** to make a claim. **We** try to pay providers directly but sometimes this isn't possible.

Claim forms

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.

What we need for your claim

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.

More information

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.

Important

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**.

Confirming a claim

If **you** are aged 18 or over, **we'll** explain to **you** how **we** have dealt with **your** claim. For **dependants** aged 17 and under, **we** will write to the **principal member**.

How we pay your claim

Where possible, **we** follow the instructions in the 'Payment details' section of the claim form.

Who we will pay

We only make payments to the:

- **member** who received the **treatment**
- provider of the **treatment**
- **principal member**
- executor or administrator of the **member's** estate.

We pay a **dependant** only if:

- they received the **treatment**
- they are aged 18 or over, and
- **we** have their bank details.

We do not make payments to anyone else.

Payment method

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.

Payment currency and conversions

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.

How we convert one currency to another

The exchange rate **we** use will be Reuters closing spot rate set at 16.00 **UK** time on the **UK** working day before the invoice date. If there is no invoice date, **we** will use **your treatment** date.

Other claim information

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**.

Discretionary payments

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.

Claiming for treatment when others are responsible

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.

Claiming with joint or double insurance

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.

What do we do to detect and prevent fraud?

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 other fraud searches.

Fraudulent claims

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.

Bupa LifeWorks

Bupa LifeWorks provides 24/7 confidential support and short-term counselling for **your** mental, financial, physical and emotional wellbeing. **You** also have access to a range of services, including expert tips and toolkits, as well as a wealth of online articles, podcasts, videos, and more.

Bupa Global has partnered with LifeWorks to provide **you** with access to Bupa LifeWorks provided by LifeWorks. LifeWorks is an independent provider of employee wellbeing services.

These services will be provided by LifeWorks directly to **you**.

- The service is confidential*
- Available 24 hours a day, 7 days a week, 365 days a year
- Access available worldwide online, via phone or app* and provides information, resources and counselling on any work, life, personal or family issue
- Services can be provided in a number of languages
- There is no cost to employees and their families to use this service.

Bupa LifeWorks provides counselling, information and resources on the following topics:

- Health and wellbeing:
  - Stress, depression and anxiety, substance abuse, or concern about someone else's, addictions, including gambling, domestic abuse, grief and loss, critical incidents, trauma.
- Financial and legal:
  - Budgeting, investments, retirement planning, managing loans and mortgages, managing debt, tax issues, financial concerns.
- Work-related issues:
  - Workplace stress, workplace conflict, job burnout, coping with change, career development, general workrelated issues, bullying and harassment.
- Relationships and family matters:
  - Relationship issues, separation and divorce, childcare and parenting issues, adoption, eldercare and care giving issues, education concerns and student life, relatives with disabilities.

How to contact Bupa LifeWorks

Bupa LifeWorks is accessible wherever and whenever **you** need it. Access online by visiting login.lifeworks.com or by mobile app. It's simple to install, easy to use and available in the Apple App Store or Google Play. Search "LifeWorks" and look out for the LifeWorks logo. 'Log in' for the first time using the company code 'Bupa', then enter **your Bupa Global** MembersWorld email address and password to sign in.

Bupa LifeWorks general rules

The following rules apply to the Bupa LifeWorks:

- Support and advice provided through this service does not confirm that any related **treatment** or extra support which may be discussed would be covered under **your health plan**. To discuss the cover under **your health plan**, please contact **Bupa Global** using the number on the back of **your** card.
- Access to Bupa LifeWorks, is facilitated by **Bupa Global** as an extra feature to **your health plan** under **your** table of benefits. **Your** access to Bupa LifeWorks, is facilitated by **Bupa Global** and **your** employer as an extra benefit to the insurance contract.
- Confidential and/or identifiable information which **you** may discuss with LifeWorks will not be shared with **Bupa Global** or **your** employer (LifeWorks will only share aggregated or de-identified information for reporting purposes). However, **Bupa Global** may ask **your** permission to review **your** personal data if **you** make a complaint to **Bupa Global** about LifeWorks. LifeWorks is a U.S. company, and will primarily be handling **your** personal data in the UAE and U.S.
- For further information on how LifeWorks processes **your** personal data please see LifeWorks privacy policy https://lifeworks.com/en/privacy-policy
- For further information on how **Bupa Global** will process **your** personal data in the event **you** have made a complaint to **Bupa Global** about the LifeWorks service please see **Bupa Global**'s privacy policy www.bupaglobal.com/en/legal/privacy-notice

Calls placed from mobile phones or internet-based lines (VOIP) are carrier dependent and not guaranteed. Please contact **us** via email, text or on the website if **you** experience issues connecting.

* The transmission of information via the Internet is not completely secure. Any transmission is at **your** own risk.

Your membership

This section contains the rules about **your** membership, including when it will start and end, renewing **your health plan**, how **you**, the **principal member** can change **your** cover and general information.

Paying premiums and other charges

Your sponsor has to pay any and all premiums due under the **agreement**, together with any other charges (such as insurance premium tax) that may be payable. **You** will be directly responsible for payment of any **co-insurance** amount.

Starting and renewing your membership

When your cover starts

Your membership starts on the 'effective date' shown on the first insurance certificate that **we** sent **you**, the **principal member** for **your** current continuous period of Business Health Plan membership.

Renewing your membership

The renewal of **your** membership is subject to **your sponsor** renewing **your** membership under the **agreement**.

Ending your membership

Your sponsor can end **your**, the **principal member's** membership, or that of any of **your dependants** (if applicable) by writing to **us**. **We** cannot backdate the cancellation of **your** membership.

Your membership will automatically end:

- if the **agreement** between Bupa (Asia) Limited and **your sponsor** is terminated
- if **your sponsor** does not renew **your** membership
- if **your sponsor** does not pay premiums or any other payment due under the **agreement** for **you** or for any other person
- if the membership of the **principal member** ends
- upon the death of the **principal member**.

If you move to a new country or change your specified country of nationality

You, the **principal member** must tell **your sponsor** straight away if **your specified country of residence** or **your specified country of nationality** changes. **We** may need to end **your** membership if the change results in a breach of regulations governing the provision of healthcare cover to local nationals, residents or citizens. The details of regulations vary from country to country and may change at any time.

In some countries **we** have local partners who are licensed to provide insurance cover but which are administered by **Bupa Global**. This means that customers experience the same quality **Bupa Global** service.

If **you** change **your specified country of residence** to a country where **we** have a local partner, in most cases **you** will be able to transfer to **our** partner's insurance policy without further medical underwriting. **You** may also be entitled to retain **your** continuity of **Bupa Global** membership; which means that for those benefits which aren't covered until **you** have been a **member** for a certain period, the time **you** were a **member** with **us** will count towards that. Please note that if **you** request a transfer to a local partner, **we** will have to share **your** personal information and medical history with the local partner.

Making changes to cover

The membership terms and conditions can change if:

- the **sponsor** and **Bupa Global** agree, or
- laws or regulators say they must change.

We will send the **principal member** a new insurance certificate if:

- they add a new **dependant** to the policy (if applicable)
- **we** need to record any other changes the **sponsor** asks for or that **we** make.

The new certificate will replace the previous one. It will take effect from the issue date (**you** can see this on the new certificate).

General information

Other parties

No other person is allowed to make or confirm any changes to **your** membership on **our** behalf, or decide not to enforce any of **our** rights.

No change to **your** membership will be valid unless it is confirmed in writing. Any confirmation of **your** cover will only be valid if it is confirmed in writing by **us**.

If **you**, the **principal member** change **your** correspondence address, please contact **us** as soon as reasonably possible, as **we** will send any correspondence to the address **you** last gave **us**.

Correspondence

Letters between **us** must be sent by post and with the postage paid. **We** do not return original documents, with the exception of official documents such as birth or death certificates. However, if **you** ask **us** at the time **you** send any original documents to **us**, such as invoices, **we** can provide certified copies.

No Third Parties Rights

Any person or entity who is not the policyholder (being the main applicant on the application for this membership) under this membership shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Chapter 623, Laws of Hong Kong) to enforce any terms of this policy.

Applicable law

Your membership is governed by the laws of Hong Kong. Any dispute that cannot otherwise be resolved will be dealt with by courts in Hong Kong.

If any dispute arises as to interpretation of this document then the English version of this document shall be deemed to be conclusive and taking precedence over any other language version of this document.

This can be obtained at all times by contacting the customer services helpline.

Provision of accurate and complete information

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.

Liability

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**.

You the **principal member**, 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.

We (and **our Bupa group of 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 **you** 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. **Your** statutory rights are not affected.

Sanction clause

We will not provide cover and **we** shall not be liable to pay any claim or provide any benefit under this Policy to the extent that such cover, payment of a claim(s) or benefits would:

- cause **us** to breach any United Nations resolutions or the trade or economic sanctions, laws or regulations of any jurisdiction to which **we** are subject (which may include without limitation those of the European Union, **United Kingdom** and/or United States of America).
- expose **us** to the risk of being sanctioned by any relevant authority or competent body; and/or
- expose **us** to the risk of being involved in conduct (either directly or indirectly) which any relevant authority or competent body would consider to be prohibited.

Where any resolutions, sanctions, laws or regulations referred to in this clause are, or become, applicable to this Policy, **we** reserve all of **our** rights to take all and any such actions as may be deemed necessary in **our** absolute discretion, to ensure that **we** continue to be compliant. **You** acknowledge that this may restrict or delay **our** obligations under this Policy and **we** may not be able to pay any claim(s) in the event of a sanctions-related concern.

Making a complaint

How can I make a complaint?

- Call **us**: +852 2531 8503
- MembersWorld
- write to: Bupa (Asia) Limited, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong

You can also ask for a copy of **our** complaints process.

If **we** can't settle **your** complaint or **you** don't agree with **our** final decision, please:

- call the **Bupa Global** customer helpline on:
  - +852 2531 8503
- write to the Complaints Manager at:
  - Bupa (Asia) Limited, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong
  - or via MembersWorld

Easier to read information

We want to make sure that **members** with special needs are not excluded in any way. **We** also offer a choice of Braille, large print or audio for **our** letters and literature. Please let **us** know which **you** would prefer.

Confidentiality and Data Processing

The confidentiality of personal health information is of paramount concern to the companies in the **Bupa group**. To this end, Bupa fully complies with applicable data protection legislation and medical confidentiality guidelines. Bupa sometimes uses third parties to process data on **our** behalf. Such processing is subject to contractual restrictions with regard to confidentiality and security obligations in addition to the minimum requirements imposed by the Personal Data (Privacy) Ordinance of Hong Kong.

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) relating to **you**, or the **Member**, when **you** apply for insurance or financial products and services from the Company, or when **you** apply to make changes to **your** policy, or when **you** renew a policy.
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.

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, 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 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** may 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 reasonable steps to securely store **your** personal information. 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** website: www.bupa.com.hk 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** Customer Care helpdesk at 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.

Issued by Bupa (Asia) Limited

Glossary

This explains what **we** mean by various words and phrases in **your** membership pack. Words written in bold are particularly important as they have specific meanings.

Defined term	Description
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**.
Agreement:	The **agreement** between Bupa (Asia) Limited and the **sponsor** under which **we** have accepted **you** into membership of the plan.
Artificial life maintenance:	Any medical procedure, technique, medication or intervention delivered to a patient in order to prolong life.
Benefits provider:	The **recognised medical practitioner**, **hospital** or clinic, or any other service provider, which provides **you** with any **covered benefits**.
Birthing centre:	A medical facility often associated with a **hospital** that is designed to provide a homelike setting during childbirth.
Blue Shield Global	**Blue Shield Global** is a brand owned by **BCBSA**. **BCBSA** is an association of 36 independent, community-based and locally-operated **member** companies.

Defined term	Description
Bupa Global:	Bupa Insurance Services Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited, acting as administrator.
Bupa Group	**Bupa Global**, Bupa Insurance Services Limited and all other companies in the **Bupa Group**, and those companies which provide any administration of this policy on behalf of **Bupa Global**.
Co-insurance:	The percentage **you** have to pay towards those **covered benefits** to which **co-insurance** applies, as indicated in **your** insurance certificate and **membership guide**.
Complementary medicine practitioner:	An acupuncturist, chiropractor, homeopath or osteopath who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which the **treatment** is received.
Consultant:	A surgeon, anaesthetist or **specialist** who: ○ is legally qualified to practise medicine or surgery following attendance at a recognised medical school, and ○ is recognised by the relevant authorities in the country in which the **treatment** takes place 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.
Covered benefits:	The **treatment** and benefits shown as covered in this **membership guide** for **your** level of cover.
Day-case treatment:	**Treatment** which for medical reasons requires **you** to stay in a bed in **hospital** during the day only. **We** do not require **you** to occupy a bed for day-case **mental health treatment**.

Defined term	Description
Dental practitioner:	A person who: ○ is legally qualified to practice dentistry, and ○ is permitted to practice dentistry by the relevant authorities in the country where the dental **treatment** takes place
Dependants:	The **principal member's** partner, spouse or dependent children of whom **you** are the biological parent or legal guardian of, named on **your** insurance certificate as being **members** of the plan and who are eligible to be **members**, including newborn children.
Diagnostic tests:	Investigations, such as X-rays or blood tests, to find the cause of **your** symptoms.
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.
Health plan:	This insurance plan at the level of cover confirmed on **your** insurance certificate.

Defined term	Description
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 **consultants** can provide
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**	○ **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**.
In-patient treatment:	**Treatment** which for medical reasons normally means that **you** have to stay in a **hospital** bed overnight or longer.

Defined term	Description
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 medicine practitioner** 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) 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 **member** or the treating **medical practitioner**
Member:	This means each individual covered under the **health plan**.
Membership guide:	The booklet that sets out which **treatments** and benefits are included under and any exclusions that apply to this Business **Health Plan**.
Membership year:	The 12 month period for which this membership is effective, as first shown on **your** insurance certificate and, if this **health plan** is renewed, each 12 month period which follows the **renewal date**.
Mental health treatment:	**Treatment** of mental conditions, including eating disorders.

Defined term	Description
Network:	A **hospital**, or similar facility, or **medical practitioner** which has an **agreement** in effect with **Bupa Global** or **service partner** to provide **you** with eligible **treatment**.
Out-patient treatment:	**Treatment** given at a **hospital**, consulting room, **doctors'** office or out-patient clinic where **you** do not go in for **in-patient treatment** or **day-case treatment**.
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.
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.
Principal member:	The person who has taken out the membership, and is the first person named on the insurance certificate. Please refer to '**you**/**your**'.

Defined term	Description
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** takes place.
Reasonable and customary	The 'usual', or 'accepted standard' amount payable for a specific healthcare **treatment**, procedure or service in a particular geographical region, and provided by benefit providers of comparable quality and experience. 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.
Recognised medical practitioner, **hospital or healthcare facility**:	Any provider who is not an **ineligible medical practitioner**, **hospital or healthcare facility**.
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 date:	Each anniversary of the date **you**, the **principal member** joined the plan. (If however **you** are a **member** of a **Bupa Global** group plan with a common **renewal date** for all **members**, **your renewal date** will be the common **renewal date** for the group. **We** tell **you** the group **renewal date** when **you** join.)

Defined term	Description
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 approval of cover and location of local medical facilities.
Sound natural tooth / **Sound natural teeth**:	A natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally in chewing and speech.
Specialist:	A surgeon, anaesthetist or **specialist** 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 form or as advised to **us** in writing, which ever 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, which ever 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 membership.
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.

Defined term	Description
Sponsor:	The company, firm or individual with whom **we** have entered into an **agreement** to provide **you** with cover under the **health plan**.
Surgical operation:	A medical procedure that involves the use of instruments or equipment.
Therapists:	A physiotherapist, occupational therapist, orthoptist, dietitian or **speech therapist** who is legally qualified and is permitted to practice 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 a condition, disease, illness or injury.
UK:	Great Britain and Northern Ireland.
We/**us**/**our**:	Bupa (Asia) Limited, acting as insurer, or **Bupa Global**, acting as administrator (as the case may be).
You/**your**:	This means **you**, the **principal member** and **your dependants** unless **we** have expressly stated otherwise that the provisions only refer to the **principal member**.

General services:
+852 2531 8503

For pre-authorisation:
+852 2531 8570

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

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

bupaglobal.com

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