



WORLDWIDE HEALTH OPTIONS

From 1 October 2014





YOUR MEMBERSHIP PACK

This document is made up of three booklets; please keep it in a safe place. We may send you amended versions when your plan renews if we make any changes. You can download updated versions at any time from the MembersWorld website or contact us to request a new copy.

CONTENTS

1. QUICK REFERENCE GUIDE

This booklet contains a summary of all your important contact information; the sort of information you are likely to use on a regular basis.

2. HOW TO USE YOUR PLAN

This booklet explains how to use your plan, including; how to make a claim and other important membership information.

3. TABLE OF BENEFITS

This booklet talks about your cover in detail, including; what is covered, what is not covered and details of USA cover (if applicable).

General services:
+44 (0) 1273 323 563
Medical related enquiries:
+44 (0) 1273 333 911
Your calls may be recorded or
monitored.

Bupa International
Victory House
Trafalgar Place
Brighton
BN1 4FY
United Kingdom

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

bupa-intl.com

The world of Bupa

- Care homes
- Cash plans
- Dental insurance
- Health analytics
- Health assessments
- Health at work services
- Health centres
- Health coaching
- Health information
- Health insurance
- Home healthcare
- Hospitals
- International health insurance
- Personal medical alarms
- Retirement villages
- Travel insurance

WHAT YOU NEED, THE WAY YOU NEED IT

1. Quick Reference Guide

This booklet summarises all of your important
contact information.

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WELCOME TO YOUR BUPA INTERNATIONAL PLAN

IMPORTANT MEMBERSHIP DOCUMENTS

The 'How to use your plan' and 'Table of benefits' booklets must be read alongside your membership certificate and your application for cover, as together they set out the terms and conditions of your membership and form your plan documentation.

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YOUR WEBSITE MEMBERSWORLD

To make your life easier and save you time and hassle, MembersWorld is an exclusive and secure members website. You can log on to MembersWorld from anywhere in the world to manage your cover and access a comprehensive library of information and expert advice.

Some of the benefits waiting for you online:

- you can check cover and pre-authorise in-patient and day-case treatment
- no need to carry documents around with you - access your documents 24 hours a day anywhere in the world
- know exactly when new documents are ready by signing up to receive SMS text alerts
- purchased your policy via a

broker? You can now allow them access to view your policy information (except claim related documents)

- specify a preferred address for claim reimbursements - useful if you have multiple addresses or are travelling
- if you want a second medical opinion, simply complete the online form and one of our third party medical consultants will be in contact with you
- Webchat - instant access, 24 hours a day, to our experienced advisers, who will be able to chat with you in real time, wherever you are and whatever your needs

There are many more benefits online; log in to see for yourself.

START

Get set up in just six easy steps

ONE

Select 'register now'

TWO

Enter your membership number and personal details

THREE

Choose your login name (please note: login and password are case sensitive)

FOUR

Choose your password

FIVE

Choose a security question

SIX

Click on 'submit your details'

FINISH

That's it...
You're registered!

CONTACT US

OPEN 24 HOURS A DAY, 365 DAYS A YEAR

GENERAL ENQUIRIES

Your Bupa International customer services helpline

- you can check cover and pre-authorise in-patient and day-case treatment
- membership and payment queries
- claims information

email: info@bupa-intl.com *

web: bupa-intl.com

tel: +44 (0) 1273 323 563

fax: +44 (0) 1273 820 517

CORRESPONDENCE

Any correspondence, including your claims, should be sent to the following address:

**Bupa International
Victory House
Trafalgar Place
Brighton, BN1 4FY
United Kingdom**

* Please note that we cannot guarantee the security of email as a method of communication. Some companies, employers and/or countries do monitor email traffic, so please bear this in mind when sending us confidential information.

HEALTHLINE

+44 (0) 1273 333 911

SOME OF THE SERVICES THAT MAY BE OFFERED BY OUR TELEPHONE ADVICE LINE

- Check cover and pre-authorise treatment
- General medical information and advice from a health professional
- Find local medical facilities
- Medical referrals to a physician or hospital
- Medical service referral (ie locating a physician) and assistance arranging appointments
- Inoculation and visa requirements information
- Emergency message transmission
- Interpreter and embassy referral

PRE-AUTHORISATION FAX:

+44 (0) 1273 866 301

HOW IT WORKS FOR YOU

PLEASE REMEMBER TO PRE-AUTHORISE YOUR TREATMENT

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 plan, you have an active membership at the time that treatment takes place, your subscriptions 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, the treatment is medically necessary, and the treatment takes place within 31 days after pre-authorisation is given. Please check the 'How to use your plan' book for more details.

CALL: +44 (0) 1273 333 911

FAX: +44 (0) 1273 866 301

Or via our secure MembersWorld website.

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.

This is a summary. Please ensure you read the full details in the 'How to use your plan' and 'Table of benefits' booklets, and your Membership Certificate, included in your membership pack.

HOW TO CLAIM



This is a summary. Please ensure you read the full details in the 'How to use your plan' and 'Table of benefits' booklets, and your Membership Certificate, included in your membership pack.



MAKING A COMPLAINT

We're always pleased to hear about aspects of your membership that you have particularly appreciated, or that you have had problems with. If something does go wrong, here is a simple procedure to ensure your concerns are dealt with as quickly and effectively as possible.

If you have any comments or complaints, you can call the Bupa International customer helpline on +44 (0) 1273 323 563, 24 hours a day, 365 days a year. Alternatively you can email via [bupa-intl.com/membersworld](mailto:info@bupa-intl.com), or write to us at:

**Bupa International
Victory House
Trafalgar Place
Brighton, BN1 4FY
United Kingdom**

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WORLDWIDE HEALTH OPTIONS

3. Table of benefits

This booklet explains your benefits, limits and exclusions with detailed rules on how to use them.

From 1 October 2014

bupa-intl.com

WELCOME

Please keep **your** booklet in a safe place. If **you** need another copy, **you** can call +44 (0) 1273 323 563 or view and print it online at: bupa-intl.com/membersworld

Bold words

Words in bold have particular meanings in this booklet. Please check their definition in the Glossary before **you** read on. **You** will find the Glossary in the 'How to use **your** plan' booklet included in **your** membership pack.

IMPORTANT MEMBERSHIP DOCUMENTS

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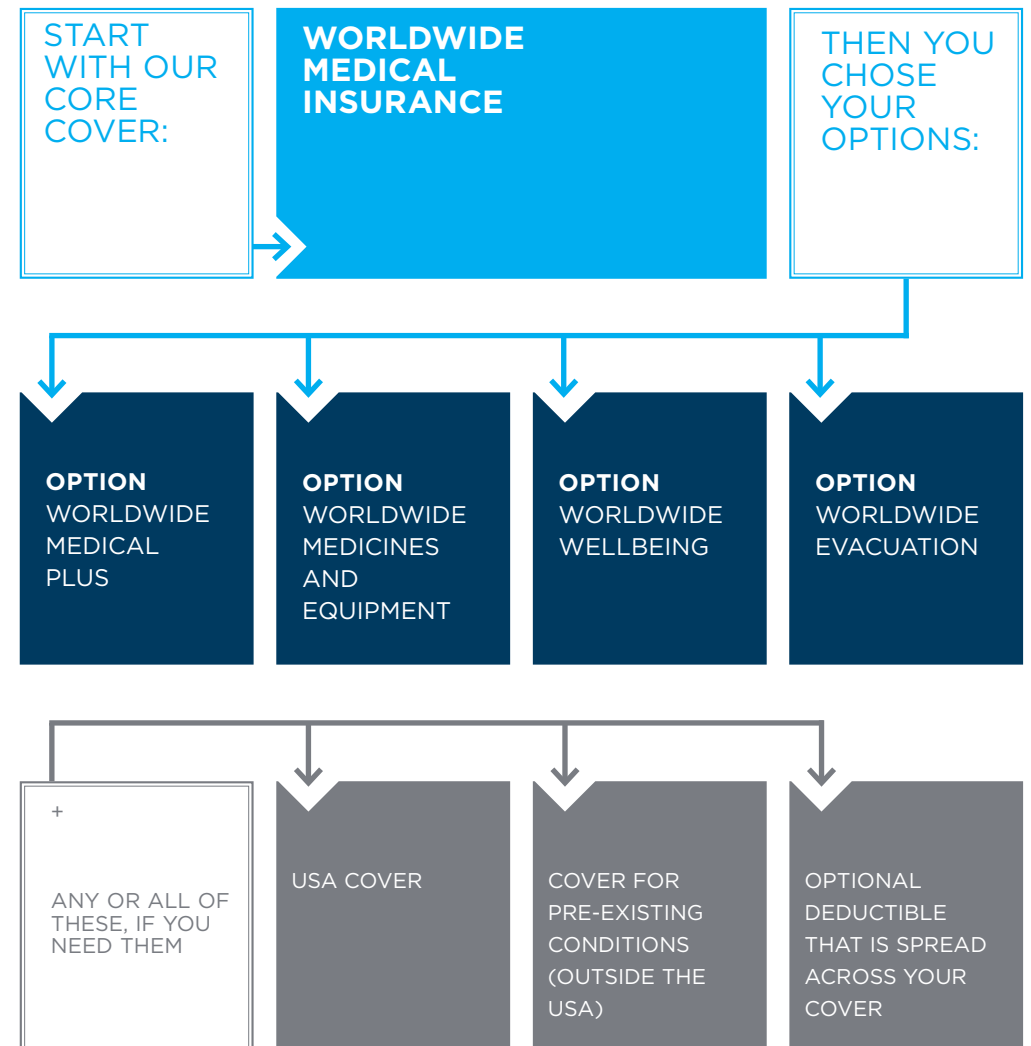
CONTENTS

- 2 A guide to your important documents
- 3 Welcome
- 5 A quick reminder of how you created your individual plan
- 6 Summary of benefits and exclusions
- 8 Table of benefits, including:
 - o Core Cover: Worldwide Medical Insurance
 - o Option: Worldwide Medical Plus
 - o Option: Worldwide Medicines and Equipment
 - o Option: Worldwide Wellbeing
 - o Option: Worldwide Evacuation

- 40 What is not covered?

A QUICK REMINDER OF HOW YOU CREATED YOUR INDIVIDUAL PLAN

You bought Worldwide Medical Insurance and added the option(s) **you** wanted, plus USA cover and/or cover for **pre-existing conditions**. By selecting **your** preferred options **you** have created a flexible healthcare plan that is tailored to suit **your** individual needs.



SUMMARY OF BENEFITS AND EXCLUSIONS

SUMMARY OF BENEFITS

CORE COVER		OPTIONS
<p>Core cover: Worldwide Medical Insurance</p> <ul style="list-style-type: none"> ○ Staying in hospital overnight or as a day-case ○ Parent accommodation ○ Nursing care ○ Operating room, medicines and surgical dressings ○ Intensive care, intensive therapy, coronary care and high dependency unit ○ Surgery, including surgeons', anaesthetists' and assistants' fees ○ Specialists' consultation fees ○ Pathology, X-rays and diagnostic tests ○ Physiotherapy, chiropractor and osteopathy, therapists, complementary therapists, dietician and speech therapist ○ Rehabilitation ○ Advanced imaging ○ Psychiatric treatment overnight in hospital, including room, board and treatment costs ○ Psychiatric treatment as a day-case, including room, board and treatment costs ○ Prosthetic implants and appliances ○ Prosthetic devices ○ Childbirth and treatment in hospital ○ Childbirth at home or birthing centre ○ Medically essential Caesarean section ○ Newborn care ○ Cancer treatment ○ Transplant services ○ Hospice and palliative care ○ Local road ambulance ○ Local air ambulance ○ Home nursing ○ Hospitalisation cash benefit ○ Emergency dental treatment ○ Treatment of congenital and hereditary conditions 		<p>Option: Worldwide Medical Plus</p> <ul style="list-style-type: none"> ○ Specialists' consultation and doctors' fees ○ Physiotherapy, osteopathy and chiropractor treatment ○ Consultations and treatment with therapists and complementary therapists ○ Psychiatrists' and psychologists' fees ○ Speech therapy ○ Pathology, X-rays and diagnostic tests ○ Young child care ○ Maternity ○ Accident-related dental treatment ○ Transplant services <p>Option: Worldwide Medicines and Equipment</p> <ul style="list-style-type: none"> ○ Prescribed medicines and dressings ○ Durable medical equipment ○ Long-term prescription medicines <p>Option: Worldwide Wellbeing</p> <p>Screening and prevention:</p> <ul style="list-style-type: none"> ○ Full health screen ○ Mammogram ○ Papanicolaou (PAP) test ○ Prostate cancer screen ○ Colon cancer screen ○ Bone densitometry ○ Four dietetic consultations ○ Vaccinations <p>Dental:</p> <ul style="list-style-type: none"> ○ Preventive ○ Routine and major restorative ○ Orthodontic <p>Optical:</p> <ul style="list-style-type: none"> ○ Eye test (including consultation) ○ Spectacle lenses ○ Contact lenses ○ Spectacle frames <p>Option: Worldwide Evacuation</p> <ul style="list-style-type: none"> ○ Medical evacuation ○ Medical repatriation ○ Travel cost for an accompanying person ○ Travel cost for the transfer of minor children ○ Living allowance ○ Repatriation of mortal remains ○ Compassionate visit and return ○ Compassionate visit living allowance

SUMMARY OF EXCLUSIONS

<p>We do not pay for:</p> <ul style="list-style-type: none"> ○ Artificial life maintenance ○ Birth control ○ Conflict and disaster ○ Convalescence and admission for general care ○ Cosmetic treatment ○ Developmental problems ○ Donor organs 	<ul style="list-style-type: none"> ○ Experimental treatment ○ Eyesight ○ Foetal surgery ○ Footcare ○ Harmful or hazardous use of alcohol, drugs and/or medicines ○ Health hydros, nature cure clinics, etc ○ Infertility treatment 		<ul style="list-style-type: none"> ○ Obesity ○ Persistent vegetative state (PVS) and neurological damage ○ Personal exclusions ○ Personality disorders ○ Pre-existing conditions ○ Preventive treatment ○ Reconstructive or remedial surgery 	<ul style="list-style-type: none"> ○ Self-inflicted injuries ○ Sexual problems and gender issues ○ Sleep disorders ○ Stem cells ○ Temporomandibular joint (TMJ) disorders ○ Travel costs for treatment ○ Unrecognised medical practitioner, provider or facility ○ USA treatment
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TABLE OF BENEFITS

CORE COVER: WORLDWIDE MEDICAL INSURANCE

OVERALL ANNUAL MAXIMUM - GBP 1,500,000 / USD 2,550,000 / EUR 1,875,000*

For treatment received whilst staying in hospital, either overnight or as a day-case

Worldwide Medical Insurance gives **you** the reassurance of covering essential **hospital treatment you** may need, whether in an **emergency** or a planned visit. All surgery, cancer **treatment** and advanced imaging, whether received whilst staying in **hospital** or as a visiting patient, are also included. **You** may have chosen this cover on its own, or together with any combination of **our** options.

BENEFITS	LEVEL OF COVER	EXPLANATION OF BENEFITS
Staying in hospital overnight or as a day-case	Paid in full	<p>We pay hospital room and board costs when:</p> <ul style="list-style-type: none"> ○ there is a medical need to stay in hospital ○ your treatment is given or managed by a specialist ○ you are staying in hospital ○ the length of your stay is medically appropriate ○ you occupy a standard single room with private bathroom. (This means we will not pay the extra costs of a deluxe, executive or VIP suite, etc) ○ if treatment fees are charged in line with the room type, we will pay for treatment at the cost which would have been charged if you had stayed in a standard single room with private bathroom <p>If you need to stay in hospital for longer than we have given prior approval, or if your treatment plan changes, your specialist must send us a medical report as soon as possible telling us:</p> <ul style="list-style-type: none"> ○ your diagnosis ○ treatment you have already had ○ treatment that you need to have ○ how long you need to stay in hospital <p>We will also pay up to GBP 10/USD 17/EUR 13 each day for personal expenses such as newspapers, television rental and guest meals when you have had to stay overnight in hospital.</p> <p>We do not pay hospital room and board charges if you are staying in hospital for any of the following reasons:</p> <ul style="list-style-type: none"> ○ convalescence ○ general supervision ○ pain management ○ general nursing care without specialist treatment, except when in a hospice and receiving palliative care ○ services from a therapist or complementary therapist, physiotherapist, osteopath, chiropractor, dietician or speech therapist ○ domestic services such as help in walking, bathing or preparing meals, or ○ receiving treatment that could have taken place as an out-patient
Parent accommodation	Paid in full	<p>We pay room and board costs for a parent staying in hospital with their child when:</p> <ul style="list-style-type: none"> ○ the costs are for one parent only ○ you are staying in the same hospital as the child ○ you are staying with a child up to 18 years old, and ○ the child is a member and receiving treatment that is covered
Nursing care	Paid in full	<p>We pay for reasonable costs of a qualified nurse for your treatment if the hospital does not provide nursing staff.</p> <p>We do not pay for nurses hired in addition to the hospital's own staff.</p>

* It is possible that not all currencies will be available to **you**. Please see **your** membership certificate for the currency applicable to **your** contract.

CORE COVER: WORLDWIDE MEDICAL INSURANCE

BENEFITS	LEVEL OF COVER	EXPLANATION OF BENEFITS
Operating room, medicines and surgical dressings	Paid in full	<p>We pay for the costs of the:</p> <ul style="list-style-type: none"> ○ operating room ○ recovery room ○ medicines and dressings used in the operating or recovery room ○ medicines and dressings for use during your hospital stay <p>We do not pay medicines and dressings prescribed for use at home unless you have bought the Worldwide Medicines and Equipment option.</p>
Intensive care , intensive therapy, coronary care and high dependency unit	Paid in full	<p>We pay room and board costs if you are treated in an intensive care/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when it is the most appropriate place for you to receive treatment and:</p> <ul style="list-style-type: none"> ○ it is an essential part of your treatment and is required routinely by patients undergoing the same type of treatment as you, or ○ it is medically necessary in the event of unexpected circumstances, for example if you have an allergic reaction during surgery
Surgery, including surgeons', anaesthetists' and assistants' fees	Paid in full	<p>We pay for surgery, including surgeons', anaesthetists' and assistants' fees, as well as treatment needed immediately before and after the surgery on the same day. This includes operations performed whether staying in hospital overnight, as a day-case or as an out-patient.</p> <p>We do not pay for out-patient treatment received prior to surgery or as a follow-up afterwards unless you have bought the Worldwide Medical Plus option.</p>
Specialists' consultation fees	Paid in full	<p>We pay for specialists' consultation fees during your stay in hospital when you have:</p> <ul style="list-style-type: none"> ○ medical treatment, for example if you have pneumonia ○ meetings with your specialist, for example to discuss your surgery ○ specialist attendance when medically necessary, for example in the unlikely event that you have a heart attack during surgery
Pathology, X-rays and diagnostic tests	Paid in full	<p>We pay for:</p> <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples ○ radiology, such as X-rays ○ diagnostic tests such as electrocardiograms (ECGs) <p>if recommended by your specialist to help diagnose or assess your condition when you are in hospital</p>
Physiotherapy, chiropractor and osteopathy, therapists, complementary therapists, dietician and speech therapist	Paid in full	<p>We pay for treatment provided by therapists (such as occupational therapists), complementary therapists (such as acupuncturists), physiotherapy, osteopathy, chiropractor and dietician or speech therapist if it is needed as part of your treatment in hospital, as long as this treatment is not the primary reason for your hospital stay.</p>

CORE COVER: WORLDWIDE MEDICAL INSURANCE

BENEFITS	LEVEL OF COVER		EXPLANATION OF BENEFITS
Rehabilitation	We pay in full for up to 30 days each condition (which may be in-patient treatment or day-case treatment) each membership year		<p>We pay for rehabilitation, including room, board and therapies or combinations of therapies such as physical, occupational and speech therapy after an event such as a stroke.</p> <p>We pay for rehabilitation; only when you have received our written agreement before the treatment starts, for up to 30 days treatment for each separate condition requiring rehabilitation. For treatment in hospital one day is each overnight stay and for day-case and out-patient treatment, one day is counted as any day on which you have one or more appointments for rehabilitation treatment.</p> <p>We only pay for rehabilitation where it:</p> <ul style="list-style-type: none"> ○ starts within 30 days after the end of your treatment in hospital for a condition which is covered by your membership (such as trauma or stroke), and ○ arises as a result of the condition which required the hospitalisation or is needed as a result of such treatment given for that condition <p>Note: in order to give written agreement, we must receive full clinical details from your consultant; including your diagnosis, treatment given and planned, and proposed discharge date if you stayed in hospital to receive rehabilitation.</p> <p>Note: we may pay for treatment for more than 30 days when it is needed following:</p> <ul style="list-style-type: none"> ○ orthopaedic or ○ spinal or ○ neurological events <p>If this is the case, please contact us for prior approval. It may be necessary for us to seek a second opinion as part of our approval process.</p>
Advanced imaging	Paid in full		<p>We pay for advanced imaging such as:</p> <ul style="list-style-type: none"> ○ magnetic resonance imaging (MRI) ○ computed tomography (CT) ○ positron emission tomography (PET) <p>if recommended by your specialist to help diagnose or assess your condition, whether you need this during a hospital stay overnight, as a day-case or as an out-patient.</p>
Psychiatric treatment overnight in hospital , including room, board and treatment costs	90 days' lifetime limit		<p>We pay for psychiatric treatment overnight in hospital or as a day-case, to include room, board and treatment costs.</p> <p>We pay for a total of 90 days' psychiatric treatment, during your lifetime, for which you are medically required to stay overnight in hospital.</p>
Psychiatric treatment as a day-case , including room, board and treatment costs	Paid in full for 20 days each membership year		<p>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.</p> <p>Example: if Bupa has paid for 45 days' psychiatric treatment in hospital under another Bupa administered plan, this plan will only pay for another 45 days' treatment.</p> <p>We also pay for psychiatric treatment received as a day-case in hospital, for up to 20 days each membership year.</p>

CORE COVER: WORLDWIDE MEDICAL INSURANCE

BENEFITS	LEVEL OF COVER		EXPLANATION OF BENEFITS
Prosthetic implants and appliances	Paid in full		<p>We pay for prosthetic implants and appliances shown in the following lists.</p> <p>Prosthetic implants:</p> <ul style="list-style-type: none"> ○ to replace a joint or ligament ○ to replace a heart valve ○ to replace an aorta or an arterial blood vessel ○ to replace a sphincter muscle ○ to replace the lens or cornea of the eye ○ to control urinary incontinence or bladder control ○ to act as a heart pacemaker ○ to remove excess fluid from the brain ○ cochlear implant – provided the initial implant was provided to the member when under the age of five, we will pay ongoing maintenance and replacements ○ breast reconstruction following surgery for cancer when the reconstruction was carried out as part of the original treatment for the cancer and you have obtained our written consent before receiving the treatment ○ to restore vocal function following surgery for cancer <p>Appliances:</p> <ul style="list-style-type: none"> ○ a knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament ○ a spinal support which is an essential part of a surgical operation to the spine ○ an external fixator such as for an open fracture or following surgery to the head or neck
Prosthetic devices	Each device, up to GBP 2,000, USD 3,400 or EUR 2,500		<p>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.</p> <p>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 per device for children under the age of 16.</p>
Childbirth and treatment in hospital	Each membership year , up to GBP 8,000, USD 13,600 or EUR 10,000		<p>We pay for maternity treatment and childbirth after the mother has been a member of this plan for 24 months, including:</p> <ul style="list-style-type: none"> ○ hospital charges, obstetricians' and midwives' fees for normal childbirth ○ post-natal care required by the mother immediately following normal childbirth, such as stitches ○ up to seven days' routine care for the baby <p>We also pay for pregnancy and childbirth complications, by which we mean those conditions which only ever arise as a direct result of pregnancy or childbirth. These include:</p> <ul style="list-style-type: none"> ○ pre-eclampsia ○ miscarriage ○ threatened miscarriage ○ gestational diabetes ○ when the foetus has died and remains with the placenta in the womb ○ still birth ○ heavy bleeding in the hours and days immediately after childbirth (post partum haemorrhage) ○ afterbirth left in the womb after delivery of the baby (retained placental membranes) ○ complications following any of the above conditions <p>Treatment for</p> <ul style="list-style-type: none"> ○ abnormal cell growth in the womb (hydatiform mole) ○ foetus growing outside the womb (ectopic pregnancy) <p>are not covered from this benefit but may be covered by your other benefits.</p> <p>(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by your other benefits).</p>

CORE COVER: WORLDWIDE MEDICAL INSURANCE

BENEFITS	LEVEL OF COVER		EXPLANATION OF BENEFITS
Childbirth at home or birthing centre	Each membership year , up to GBP 650, USD 1,105 or EUR 810		<p>We pay for midwives' or other specialists' fees for childbirth at home or birthing centre after the mother has been a member for 24 months.</p>
Medically essential Caesarean section	Each membership year , up to GBP 13,000, USD 22,100 or EUR 16,250		<p>We pay for hospital, obstetricians' and other medical fees for the cost of the delivery of your baby by Caesarean section, after the mother has been a member of this plan for 24 months, when it is medically essential for a Caesarean section for example as a result of non progression during labour (eg dystocia, foetal distress, haemorrhage).</p> <p>Note: if we are unable to determine that your Caesarean section was medically essential, it will be paid from your maternity and childbirth benefit limit.</p> <p>We do not pay for treatment directly related to surrogacy. We will not pay maternity benefits:</p> <ul style="list-style-type: none"> ○ to you if you act as a surrogate, or ○ to anyone else acting as a surrogate for you <p>We do not pay for treatment received as an out-patient before or after the birth unless you have bought the Worldwide Medical Plus option.</p> <p>Please read the 'Adding members to your plan' section in the 'How to use your plan' booklet.</p>
Newborn care	Each membership year , up to GBP 75,000, USD 127,500 or EUR 93,750		<p>We pay newborn care benefits:</p> <ul style="list-style-type: none"> ○ for all treatment required for the newborn during the first 90 days' following birth, instead of any other benefit. (The first seven days of routine care for your baby will be paid from the mother's maternity benefit, whether your baby is entitled to newborn cover benefits or not) ○ only for children covered under this plan within 30 days after birth and who are added from their date of birth <p>We do not pay newborn care benefits for children joining on their own membership (where they are the main member), as these children can only join once they are 5 years old, or children born as a result of assisted reproduction technologies, ovulation induction treatment, born to a surrogate or who have been adopted, as these children can only join once they are 91 days old.</p> <p>Please read the 'Adding members to your plan' section in the 'How to use your plan' booklet.</p>
Cancer treatment	Paid in full		<p>We pay for treatment of cancer, once it has been diagnosed, including:</p> <ul style="list-style-type: none"> ○ fees that are related specifically to planning and carrying out treatment for cancer. This includes tests, scans, consultations and drugs (such as cytotoxic drugs or chemotherapy), and ○ when the acute phase of cancer treatment (by which we mean surgery, radiotherapy or chemotherapy) has been completed, we will continue to pay this benefit for all cancer treatment specifically related to the original diagnosis for up to a further five years <p>The five years will begin on the first out-patient consultation following completion of the acute phase of treatment. Cover during this period includes any follow-up tests, scans and consultations you may require. It also includes any drugs that may be required to keep the cancer in remission or to prevent relapse, for up to five years.</p> <p>If your treatment needs to continue for more than five years, please contact us for prior approval. It may be necessary for us to seek a second opinion as part of our approval process.</p>

CORE COVER: WORLDWIDE MEDICAL INSURANCE

BENEFITS	LEVEL OF COVER		EXPLANATION OF BENEFITS
Transplant services	Each condition, up to GBP 150,000, USD 255,000 or EUR 187,500		<p>We pay medical expenses for the following transplants if the organ has come from a relative or a certified and verified source of donation:</p> <ul style="list-style-type: none"> ○ cornea ○ small bowel ○ kidney ○ kidney/pancreas ○ liver ○ heart ○ lung, or ○ heart/lung transplant <p>We will also pay medical expenses for bone marrow transplants (either using your own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy when carried out for conditions other than cancer.</p> <p>We pay donor expenses, for each condition needing a transplant whether the donor is a member or not, including:</p> <ul style="list-style-type: none"> ○ the harvesting of the organ, whether from live or deceased donor ○ all tissue matching fees ○ hospital/operation costs of the donor, and ○ any donor complications, but to a maximum of 30 days post-operatively only <p>We do not pay for treatment received as an out-patient before or after the transplant for either you or your donor unless you have bought the Worldwide Medical Plus option.</p> <p>We do not pay for anti-rejection medicines unless you have bought the Worldwide Medicines and Equipment option three or more years before needing these medicines.</p> <p>We do not pay medical costs for you to have an organ harvested, when the intended recipient is not a member of a Bupa Global administered plan.</p> <p>Please read about transplant services under Worldwide Medical Plus.</p> <p>Please also read about donor organs in the 'What is not covered' section.</p>
Hospice and palliative care	Lifetime limit of GBP 20,000, USD 34,000 or EUR 25,000		<p>We pay for the following hospice and palliative care services if you have received a terminal diagnosis and can no longer have treatment which will lead to your recovery:</p> <ul style="list-style-type: none"> ○ hospital or hospice accommodation ○ nursing care ○ prescribed medicines ○ physical, psychological, social and spiritual care <p>The amount shown is the total amount we shall pay for these expenses during the whole of your membership of Bupa Global, even if you have a break in your cover.</p>
Local road ambulance	Paid in full		<p>We pay for a local road ambulance:</p> <ul style="list-style-type: none"> ○ from the location of an accident to a hospital ○ for a transfer from one hospital to another, or ○ from your home to the hospital <p>When a local road ambulance is:</p> <ul style="list-style-type: none"> ○ medically necessary, and ○ related to treatment that is covered that you need to receive in hospital

CORE COVER: WORLDWIDE MEDICAL INSURANCE

BENEFITS	LEVEL OF COVER	EXPLANATION OF BENEFITS
Local air ambulance	Each membership year , up to GBP 5,000, USD 8,500 or EUR 6,250	<p>We pay for a local air ambulance:</p> <ul style="list-style-type: none"> ○ from the location of an accident to a hospital, or ○ for a transfer from one hospital to another <p>When a local air ambulance is:</p> <ul style="list-style-type: none"> ○ medically necessary ○ used for short distances of up to 100 miles/160 kilometres, and ○ related to treatment that is covered that you need to receive in hospital <p>A local air ambulance may not always be available in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone.</p> <p>We do not pay for mountain rescue.</p> <p>We do not pay for evacuation or repatriation if the treatment you need is not available locally unless you have bought the Worldwide Evacuation option.</p>
Home nursing	Paid in full for 30 days each membership year	<p>We pay for home nursing if you have had treatment in hospital which is covered under this plan, when it:</p> <ul style="list-style-type: none"> ○ 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
Hospitalisation cash benefit	Each night for a maximum of up to 30 nights each membership year , up to GBP 100, USD 170 or EUR 125	<p>We pay hospital cash benefit if you:</p> <ul style="list-style-type: none"> ○ have received treatment in hospital which is covered under this plan ○ have not been charged for your room and board, and ○ have not been charged for your treatment
Emergency dental treatment	Paid in full	<p>We pay for emergency dental treatment when:</p> <ul style="list-style-type: none"> ○ the treatment is needed as part of your overall treatment following a serious accident causing you to stay in hospital, and ○ it is not the primary reason for you to be in hospital <p>This benefit is paid instead of any other dental benefits you may have, when you need treatment as a result of a serious accident requiring hospitalisation.</p>
Treatment of congenital and hereditary conditions	Each membership year , up to GBP 20,000, USD 34,000 or EUR 25,000	<p>We pay for treatment of congenital and hereditary conditions:</p> <ul style="list-style-type: none"> ○ by congenital conditions we mean any abnormalities, deformities, diseases, illnesses or injuries present at birth, whether diagnosed or not ○ 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 <p>If you have bought Worldwide Medical Plus, Worldwide Medicines and Equipment, Worldwide Wellbeing or Worldwide Evacuation the stated limits will apply for benefits included under those options. If you are unsure whether your condition may be classed as congenital or hereditary, please contact us for further information.</p>

OPTION: WORLDWIDE MEDICAL PLUS

OVERALL ANNUAL MAXIMUM - GBP 25,000 / USD 42,500 / EUR 31,250* (EXCLUDING TRANSPLANT BENEFITS)

For specialist treatment where you do not need to stay in hospital

Worldwide Medical Plus covers you for consultations with a **doctor** or **specialist** and medical **treatments** that do not require a **hospital** stay. These may include **osteopathy** or complementary therapies, for example. Some of these **treatments** or consultations may take place before or after a **hospital** stay, but many will be totally independent.

These benefits are only available if you have chosen this option and it is listed on your membership certificate.

BENEFITS	LEVEL OF COVER	EXPLANATION OF BENEFITS
Specialists' consultation and doctors' fees	Paid in full up to 35 visits each membership year	<p>We pay for consultations or meetings with your specialist or doctor to:</p> <ul style="list-style-type: none"> ○ receive treatment ○ arrange treatment ○ as a follow-up to treatment already received, or ○ diagnose your illness or interpret your symptoms <p>Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.</p>
Physiotherapy, osteopathy and chiropractor treatment	Paid in full up to 30 visits each membership year	<p>We pay for physiotherapy, osteopathy and chiropractor treatments, which are physical therapies aimed at restoring your normal physical functions.</p>
Consultations and treatment with therapists and complementary therapists	Paid in full up to 15 visits each membership year	<p>We pay for consultations and treatment with therapists and complementary therapists including:</p> <ul style="list-style-type: none"> ○ occupational or orthoptic therapy, acupuncture, homeopathy and Chinese medicine, when the practitioners are appropriately qualified and registered to practise in the country where treatment is received, and ○ the cost of both consultation and treatment, including any complementary medicines prescribed or administered as part of your treatment <p>Example: should any complementary medicines or treatments be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate visit.</p> <p>We do not pay any other complementary therapies such as ayurvedic treatment or aromatherapy which may be available.</p>
Psychiatrists' and psychologists' fees	Paid in full up to 30 visits each membership year	<p>We pay for psychiatrists' and psychologists' fees for:</p> <ul style="list-style-type: none"> ○ meeting with your specialist to assess your condition, or ○ treatment provided by a psychiatrist or psychologist
Speech therapy	Paid in full	<p>We pay for speech therapy only when it is:</p> <ul style="list-style-type: none"> ○ short term for a condition such as a stroke and ○ part of the treatment for that condition ○ taking place during or immediately following treatment for that condition, and ○ recommended by your specialist <p>We do not pay for treatment of speech or language disorders such as stammering or resulting from learning difficulties or developmental studies.</p>
Pathology, X-rays and diagnostic tests	Paid in full	<p>We pay for the following if recommended by your specialist or doctor to help diagnose or assess your condition:</p> <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples ○ radiology (such as X-rays) ○ diagnostic tests such as electrocardiograms (ECGs) or hearing tests

* It is possible that not all currencies will be available to you. Please see your membership certificate for the currency applicable to your contract.

OPTION: WORLDWIDE MEDICAL PLUS

BENEFITS	LEVEL OF COVER		EXPLANATION OF BENEFITS
Young child care	Each membership year , up to GBP 1,000, USD 1,700 or EUR 1,250		<p>We pay the following young child benefits for children up to the age of five covered under this plan:</p> <ul style="list-style-type: none"> ○ routine preventive care and check-ups, and ○ immunisations
Maternity	Each membership year , up to GBP 3,000, USD 5,100 or EUR 3,750		<p>We pay for maternity care and treatment after you, the mother, have been covered on this option for 24 months including:</p> <ul style="list-style-type: none"> ○ treatment before and after the birth, including up to seven days' routine care for your baby, and ○ home nurse following delivery <p>We also pay for pregnancy and childbirth complications, by which we mean those conditions which only ever arise as a direct result of pregnancy or childbirth.</p> <p>These include:</p> <ul style="list-style-type: none"> ○ pre-eclampsia ○ miscarriage ○ threatened miscarriage, gestational diabetes, when the foetus has died and remains with the placenta in the womb ○ still birth ○ heavy bleeding in the hours and days immediately after childbirth (post partum haemorrhage) ○ afterbirth left in the womb after delivery of the baby (retained placental membranes) ○ complications following any of the above conditions <p>Treatment for</p> <ul style="list-style-type: none"> ○ abnormal cell growth in the womb (hydatiform mole) ○ foetus growing outside the womb (ectopic pregnancy) <p>are not covered from this benefit but may be covered by your other benefits.</p> <p>(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by your other benefits).</p>
Accident-related dental treatment	Each membership year , 80% up to GBP 500, USD 850 or EUR 625		<p>We pay for accident-related dental treatment when:</p> <ul style="list-style-type: none"> ○ it is needed only following a trauma or injury ○ you do not need to be admitted to hospital ○ sound, natural tooth/teeth are affected, and ○ treatment takes place within six months of the date of the accident <p>A medical report from your dentist is required confirming:</p> <ul style="list-style-type: none"> ○ the date of the accident, and ○ that the tooth/teeth requiring treatment are sound, natural teeth <p>This benefit is paid instead of any other dental benefits you may have, when you need treatment following accidental damage to your tooth/teeth.</p> <p>We do not pay for the repair or provision of dental implants, crowns or dentures.</p>

OPTION: WORLDWIDE MEDICAL PLUS

BENEFITS	LEVEL OF COVER	EXPLANATION OF BENEFITS
Transplant services	Each condition, up to GBP 50,000, USD 85,000 or EUR 62,500	<p>We pay for all costs for treatment received by you or your donor for, or related to, a covered transplant which has not been provided during a stay in hospital, such as:</p> <ul style="list-style-type: none"> ○ specialists' and doctors' fees ○ pathology, X-rays and diagnostic tests ○ physiotherapy, osteopathy and chiropractor treatment, or ○ any donor complications, but to a maximum of 30 days post-operatively only <p>We do not pay for anti-rejection medicines unless you have bought the Worldwide Medicines and Equipment option three or more years before needing these medicines.</p> <p>Please read about transplant services under Worldwide Medical Insurance.</p>

OPTION: WORLDWIDE MEDICINES AND EQUIPMENT

For prescribed medicines and medical equipment

Often, **treatment** doesn't end when **you** leave the **hospital** or clinic or after **you** have seen a **specialist**. This option covers **you** for prescription medicines and the rental of medical appliances, such as oxygen supplies or wheelchairs. **Our** benefit for long-term prescriptions will also pay for any medicine required to manage chronic conditions such as asthma.

These benefits are only available if you have chosen this option and it is listed on your membership certificate.

BENEFITS	LEVEL OF COVER	EXPLANATION OF BENEFITS
Prescribed medicines and dressings	Each membership year , up to GBP 1,500, USD 2,550 or EUR 1,875	<p>We pay for medicines and dressings:</p> <ul style="list-style-type: none"> ○ prescribed by your medical practitioner ○ which you can only get with a prescription, and ○ that are only used if you have a disease, illness or injury <p>If you are staying in hospital, medicines and dressings will be covered under your Worldwide Medical Insurance benefits – read note 'Operating room, medicines and surgical dressings'.</p> <p>Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit 'Consultations and treatment with therapists and complementary therapists'.</p>
Durable medical equipment	Up to 45 days each condition, each membership year up to	<p>We pay for durable medical equipment that:</p> <ul style="list-style-type: none"> ○ 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
Long-term prescription medicines	Each membership year , 80% up to GBP 10,000, USD 17,000 or EUR 12,500 Lifetime limit of GBP 60,000, USD 102,000 or EUR 75,000	<p>We pay for long-term prescribed medicines:</p> <ul style="list-style-type: none"> ○ after you have been covered on this option for three years, and ○ which have been prescribed for a period of at least six months <p>A medical report from your specialist or doctor is required confirming:</p> <ul style="list-style-type: none"> ○ the condition you need the medicines for, and ○ that you need to take these medicines for at least six months

OPTION: WORLDWIDE WELLBEING

OVERALL ANNUAL MAXIMUM - GBP 5,000 / USD 8,500 / EUR 6,250*

For a range of health screenings, vaccinations, dental and optical treatment

Our Worldwide Wellbeing option is designed to help **you** protect and maintain **your** health. It covers medical screenings that can provide valuable early detection of conditions such as cancer. It covers dental and optical **treatments**, which can play an important role in keeping **you** healthy by identifying underlying problems such as mouth cancer or diabetes.

These benefits are only available if you have chosen this option and it is listed on your membership certificate.

BENEFITS	LEVEL OF COVER	EXPLANATION OF BENEFITS
Screening and prevention:		
Full health screen	Each membership year , up to GBP 500, USD 850 or EUR 625	<p>We pay for a full health screening:</p> <ul style="list-style-type: none"> ○ after you have been covered on this option for one membership year ○ then each alternate membership year <p>A full health screening generally includes various routine tests performed to assess your state of health and could include tests such as high cholesterol, high blood pressure, diabetes, anaemia and lung function, liver and kidney function and cardiac risk assessment. In addition, you may also have the specific screenings as part of a full health screening. The actual tests you have will depend on those supplied by the treatment provider where you have your screening.</p>
Mammogram		<p>We pay for mammogram, PAP (also known as a smear test), prostate cancer screening (which may include a prostate-specific antigen (PSA) test and/or physical examination), colon cancer screening and bone densitometry.</p>
Papanicolaou (PAP) test		<p>These tests and/or screenings:</p> <ul style="list-style-type: none"> ○ do not have a waiting period, and ○ may take place independently of full health screening
Prostate cancer screen		
Colon cancer screen		
Bone densitometry		
Four dietetic consultations		
Vaccinations		<p>We pay for vaccinations and immunisations such as:</p> <ul style="list-style-type: none"> ○ travel vaccinations ○ malaria tablets ○ pneumococcal vaccinations, or ○ vaccinations to aid the prevention of cancer, such as human papilloma virus (HPV), as and when these are complete medical trials and are approved for use in the country of treatment <p>We do not pay for child immunisations up to the age of five from this benefit. If you have bought the Worldwide Medical Plus option we will pay these immunisations from the young child care benefit.</p>

* It is possible that not all currencies will be available to **you**. Please see **your** membership certificate for the currency applicable to **your** contract.

OPTION: WORLDWIDE WELLBEING

BENEFITS	LEVEL OF COVER		EXPLANATION OF BENEFITS
Dental:			<p>We pay for treatment you receive from your dental practitioner. Certain dental/oral treatments will not be paid from this benefit, but from the Worldwide Medical Insurance and/or Worldwide Medical Plus benefits if you bought this option (please read notes under those benefits).</p> <p>These conditions are those which are more specialised and need to be performed by a maxillofacial or oral specialist in hospital, such as:</p> <ul style="list-style-type: none"> ○ put a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident ○ surgically remove a complicated, buried or impacted tooth, teeth or root ○ benign gum cysts/jaw cysts ○ chronic (large) mouth ulcers ○ facial deformity such as cleft palate or lip ○ facial injuries such as after an accident or cancer, or ○ salivary gland diseases <p>This benefit is paid instead of any other dental benefits you may have, when you need preventive, routine or orthodontic treatment.</p>
Preventive	Each membership year , 100% up to	GBP 3,500, USD 5,950 or EUR 4,375	<p>Dental – preventive, after you have been covered on this option for six months includes:</p> <ul style="list-style-type: none"> ○ two check-ups/exams each membership year ○ X-rays/bitewing/single view/Orthopantomogram (OPG) ○ scale and polish ○ gum shield/mouth guard, and ○ night guard
Routine and major restorative	Each membership year , 80% up to		<p>Dental – routine and major restorative, after you have been covered on this option for six months includes:</p> <ul style="list-style-type: none"> ○ all fillings—either amalgam (silver) or composite (white) ○ root canal treatment ○ crowns/bridge ○ dental implant, and ○ anaesthesia costs
Orthodontic	Each membership year , 50% up to		<p>Dental – orthodontic treatment up to the age of 19, after you have been covered on this option for two years includes:</p> <ul style="list-style-type: none"> ○ consultations and monthly check-ups ○ removal of deciduous/baby teeth/milk teeth/primary teeth ○ treatment planning ○ models/gum impressions ○ extractions ○ 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

OPTION: WORLDWIDE WELLBEING

BENEFITS	LEVEL OF COVER		EXPLANATION OF BENEFITS
Optical:			
Eye test (including consultation)	One each membership year , 100%		We pay for one eye test each membership year , which includes the cost of your consultation and sight/vision testing.
Spectacle lenses	80%		We pay for spectacle and contact lenses which are: <ul style="list-style-type: none"> ○ prescribed by your eye specialist, and ○ to correct a sight/vision problem such as short or long sight
Contact lenses	80%		
Spectacle frames	Once every two membership years , 80% up to GBP 150, USD 255 or EUR 185		<p>We pay for spectacle frames. This benefit is payable:</p> <ul style="list-style-type: none"> ○ once every two membership years ○ only if you have been prescribed spectacle lenses <p>Your spectacle lens prescription or invoice will be required in support of your claim for spectacle frames.</p>

OPTION: WORLDWIDE EVACUATION

For when you cannot get the treatment you need in a local hospital

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

For all medical transfers, either evacuation or repatriation:

- **you** must contact **our service partner** for authorisation before **you** travel, on +44 (0) 1273 333 911
- **our service partners** must agree the arrangements with **you**
- **your** Worldwide Evacuation benefit is applicable for **hospital treatment**, either overnight or as a day-case. Evacuation only (not repatriation) may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy
- the **treatment** must be recommended by **your** specialist or doctor
- the **treatment** is not available locally
- the **treatment** must be eligible under **your** plan
- **you** must have cover for the country **you** are going to be treated in, for example the USA
- **you** must have Worldwide Evacuation Cover in place before **you** need the **treatment**.

You must provide **us** with any information or proof that **we** may reasonably ask **you** for to support **your** request. **We** will only pay if all arrangements are agreed and approved in advance by **Bupa Global's service partners**.

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 would be against medical advice.

The costs of any **treatment you** receive either before or after an evacuation or repatriation will be paid from Worldwide Medical Insurance or any options **you** have bought as appropriate, provided this is covered under **your** plan.

We will not be able to arrange evacuation or repatriation in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone.

We 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.

We do not pay for extra nights in **hospital**, when **you** are no longer receiving **active treatment** which requires **you** to be and are awaiting **your** return flight.

BENEFITS	LEVEL OF COVER		EXPLANATION OF BENEFITS
Medical evacuation	Paid in full		<p>We pay the reasonable and customary transport costs for a medical evacuation:</p> <ul style="list-style-type: none"> ○ to the nearest place where the required treatment is available. (This could be to another part of the country that you are in or to another country), and ○ for the return journey to the place you were transferred from <p>when:</p> <ul style="list-style-type: none"> ○ this is authorised in advance by our service partners, and ○ the return journey is within 14 days of the end of the treatment <p>The costs we pay for the return journey will be either:</p> <ul style="list-style-type: none"> ○ the reasonable cost of the return journey by land or sea, or ○ the cost of an economy class air ticket <p>whichever is the lesser amount.</p> <p>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.</p>

OPTION: WORLDWIDE EVACUATION

BENEFITS	LEVEL OF COVER	EXPLANATION OF BENEFITS
Medical repatriation	Paid in full	<p>We pay the reasonable and customary transport costs for a medical repatriation:</p> <ul style="list-style-type: none"> ○ to your specified country of nationality as given on your application form, or your specified country of residence, and ○ the return journey to the place you were transferred from <p>when:</p> <ul style="list-style-type: none"> ○ this is authorised in advance by Bupa Global's service partners, and ○ the return journey is within 14 days of the end of the treatment <p>The costs we pay for the return journey will be either:</p> <ul style="list-style-type: none"> ○ the reasonable cost of the return journey by land or sea, or ○ the cost of an economy class air ticket <p>whichever is the lesser amount.</p> <p>We do not pay any other costs related to the repatriation such as taxis or hotel accommodation.</p> <p>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.</p> <p>In some cases you may request a medical repatriation when contacting Bupa Global's service partners for authorisation, but this may not be medically appropriate. In these cases, we will first evacuate you to the nearest 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.</p>
Travel cost for an accompanying person	Paid in full	<p>We pay reasonable travel costs for a relative or partner to accompany you:</p> <ul style="list-style-type: none"> ○ if there is a reasonable need for you to be accompanied, and ○ the return journey to the place you were transferred from <p>when:</p> <ul style="list-style-type: none"> ○ this is authorised in advance by Bupa Global's service partners, and ○ the return journey is within 14 days of the end of the treatment <p>The costs we pay for the return journey will be either:</p> <ul style="list-style-type: none"> ○ the reasonable cost of the return journey by land or sea, or ○ the cost of an economy class air ticket <p>whichever is the lesser amount.</p> <p>We do not pay for someone to travel with you when the evacuation is for you to receive out-patient treatment.</p> <p>By 'reasonable need' we mean that you need someone to accompany you for one of the following reasons:</p> <ul style="list-style-type: none"> ○ you need assistance to board or disembark from transport ○ you need to be transferred over a long distance (1000 miles or 1600 KM) ○ there is no medical escort ○ you are very seriously ill <p>The accompanying person may travel in a different class from the member receiving treatment depending on medical requirements.</p>

OPTION: WORLDWIDE EVACUATION

BENEFITS	LEVEL OF COVER	EXPLANATION OF BENEFITS
Travel cost for the transfer of minor children	Paid in full	<p>We pay reasonable travel costs for minor children to be transferred with you in the event of an evacuation or repatriation, provided they are under the age of 18 when:</p> <ul style="list-style-type: none"> ○ 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
Living allowance	For a maximum of 10 days each membership year , each day up to GBP 100, USD 170 or EUR 125	<p>We pay towards living expenses for the relative or partner who is authorised to travel with you:</p> <ul style="list-style-type: none"> ○ following an evacuation only, and ○ for up to 10 days, or your date of discharge whichever is the earlier, whilst away from their usual specified country of residence <p>We do not pay for someone to travel with you when evacuation is for out-patient treatment only.</p>
Repatriation of mortal remains	Maximum benefit of GBP 6,500, USD 11,050 or EUR 8,125	<p>We pay for reasonable costs for the transportation only of your body or cremated mortal remains to your home country or to your specified country of residence:</p> <ul style="list-style-type: none"> ○ in the event of your death while you are away from home, and ○ subject to airline requirements and restrictions <p>We do not pay for burial or cremation, the cost of burial caskets, etc, or the transport costs for someone to collect or accompany your mortal remains.</p>
Compassionate visit and return	For a maximum of five trips per lifetime. Each visit up to GBP 800, USD 1,360 or EUR 1,000	<p>We pay for economy class travel costs for one 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 the economy class costs of your relative's return journey to their home country.</p>
Compassionate visit living allowance	For a maximum of 10 days each visit, each day up to GBP 100, USD 170 or EUR 125	<p>We pay:</p> <ul style="list-style-type: none"> ○ a maximum of five trips for the lifetime of your membership ○ only when authorised in advance by Bupa Global's service partners <p>We also pay towards living expenses for your relative:</p> <ul style="list-style-type: none"> ○ following an eligible compassionate visit only, and ○ for up to 10 days whilst away from their usual specified country of residence <p>We do not pay this benefit 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 minor children' or 'Living allowance' will be payable.</p>

WHAT IS NOT COVERED?

There are certain conditions and **treatments** that **we** do not cover. If **you** are unsure about anything in this section, please contact **us** for confirmation before **you** go for **your treatment**.

IMPORTANT - PLEASE READ

General exclusions

If **you** have not bought Worldwide Medical Plus, Worldwide Medicines and Equipment, Worldwide Wellbeing or Worldwide Evacuation **we** do not pay for any of the **treatments** or benefits included under those options.

The following exclusions apply to **our** core cover and each of the options. Where **we** have stated that **we** will pay for **treatment** in some circumstances, this is subject to **you** having bought the appropriate options.

EXCLUSION	NOTES	RULES
Artificial life maintenance		<p>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.</p> <p>Example: We will not pay for artificial life maintenance when you are unable to feed or breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days.</p>
Birth control		<ul style="list-style-type: none"> ○ 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
Conflict and disaster		<ul style="list-style-type: none"> ○ nuclear or chemical contamination ○ war, riot, revolution, acts of terrorism ○ epidemics put under the control of the local public health authorities, and ○ any similar event <p>If:</p> <ul style="list-style-type: none"> ○ you have put yourself in danger by entering a known area of conflict (as identified by an EU government, such as the British Foreign and Commonwealth Office) ○ you were an active participant, or ○ you have displayed a blatant disregard for your personal safety
Convalescence and admission for general care, or staying in hospital for		<ul style="list-style-type: none"> ○ convalescence, pain management, supervision ○ receiving only 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-case or out-patient

EXCLUSION	NOTES		RULES
Cosmetic treatment			<p>Treatment to improve your appearance such as:</p> <ul style="list-style-type: none"> ○ facelift or re-modelled nose ○ cosmetic dentistry such as the replacement of a sound, natural tooth with an implant, veneers, etc ○ orthodontic treatment over the age of 19 (we pay for orthodontic treatment under the age of 19 if you have bought the Worldwide Wellbeing option) ○ treatment related to or arising from the removal of non-diseased, or surplus or fat tissue, such as liposuction, whether or not it is needed for medical or psychological reasons ○ hair transplants for any reason ○ surgery to change the shape, enhance or reduce your breast(s) for any reason, except reconstruction following treatment for cancer <p>Examples: we do not pay for breast reduction for backache, or gynaecomastia (the enlargement of breasts in men).</p> <p>Note: If your doctor recommends cosmetic treatment to correct a functional problem, for example, excess eye tissue which is interrupting the visual field, your case will be assessed by our clinical teams on an individual basis. If approved, benefits will be paid in line with the rules and benefits of your plan.</p> <p>We may pay for 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) when:</p> <ul style="list-style-type: none"> ○ there is a significant family history of the disease, for example ovarian cancer, which is part of a genetic cancer syndrome, and/or ○ you have positive results from genetic testing (please note that we will not pay for the genetic testing) <p>Please contact us for prior approval before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our approval process. Benefit will not be paid unless prior approval has been received. The limit shown under Worldwide Medical Insurance will apply for prophylactic surgery for congenital and hereditary conditions other than cancer.</p>
Developmental problems			<ul style="list-style-type: none"> ○ learning difficulties, such as dyslexia ○ behavioural problems, such as attention deficit hyperactivity disorder (ADHD) ○ problems relating to physical development such as short height, or ○ developmental problems treated in an educational environment or to support educational development
Donor organs			<ul style="list-style-type: none"> ○ 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 and storage of stem cells, when this is carried out as a preventive measure against possible future disease
Experimental treatment			<ul style="list-style-type: none"> ○ We do not pay for any treatment or medicine which in our reasonable opinion is experimental based on acceptable evidence ○ We do not pay for any treatment or medicine which in our reasonable opinion is not effective based on acceptable evidence ○ We do not pay for medicines and equipment used for purposes other than those defined under their licence <p>Note: We will fund the costs of an experimental treatment or medicine if it is being undertaken as part of a registered clinical trial.</p> <p>Note: If you are unsure whether your treatment may be experimental, please contact us. We reserve the right to ask for full clinical details from your consultant before authorising any treatment, in which case you must receive our written agreement before the treatment takes place.</p>
Eyesight			<p>Treatment, equipment or surgery to correct eyesight, such as laser treatment, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Exceptions: If you have bought Worldwide Wellbeing cover, your optical benefits will be shown.</p>
Foetal surgery			<p>Treatment or surgery undertaken in the womb before birth.</p>

EXCLUSION	NOTES	RULES
Footcare		<p>Treatment for:</p> <ul style="list-style-type: none"> ○ corns ○ calluses, or ○ thickened or misshapen nails
Harmful or hazardous use of alcohol, drugs and/or medicines		<p>Treatment for or arising from the harmful, hazardous or addictive use of any substance including alcohol, drugs and/or medicines.</p>
Health hydros, nature cure clinics etc.		<p>Treatment or services received in a:</p> <ul style="list-style-type: none"> ○ health hydro ○ nature cure clinic ○ spa, or ○ any similar establishment that is not a hospital
Infertility treatment		<p>Treatment to assist reproduction such as:</p> <ul style="list-style-type: none"> ○ 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 <p>We pay for investigations into the cause of infertility when your specialist believes there are symptoms and/or evidence to suggest a medical cause. We will only pay when:</p> <ul style="list-style-type: none"> ○ both you and your partner have been members of this plan (or any Bupa administered plan which includes this cover) for two years before the investigations start, and ○ you were both unaware and had not been suffering any symptoms prior to joining
Obesity		<p>Treatment for or as a result of obesity such as:</p> <ul style="list-style-type: none"> ○ slimming aids or drugs ○ slimming classes, or ○ obesity surgery
Persistent vegetative state (PVS) and neurological damage		<p>We will not pay for treatment whilst staying in hospital for more than 90 continuous days for permanent neurological damage or if you are in a persistent vegetative state.</p>

EXCLUSION	NOTES	RULES
Personal exclusions		<p>Please check your membership certificate to see if you have any personal exclusions or restrictions on your plan. The exclusions in this section apply in addition to and alongside any such personal exclusions and restrictions.</p> <p>For all exclusions in this section, and for any personal exclusions or restrictions shown on your membership certificate, please note that:</p> <ul style="list-style-type: none"> ○ we do not pay for conditions which are directly related to excluded conditions or treatments ○ we do not pay for any additional or increased costs arising from excluded conditions or treatments ○ we do not pay for complications arising from excluded conditions or treatments. <p>Example:</p> <p>You have a personal exclusion for diabetes</p> <ul style="list-style-type: none"> ○ If your diabetes were to cause kidney problems, we would not pay for the treatment of such kidney problems. ○ If while receiving treatment for another condition, you need to stay extra nights in hospital because of your diabetes we would not pay for these extra nights. <p>Exceptions</p> <p>This section describes some circumstances where exceptions can be made to exclusions or restrictions. Where this is the case, benefit is payable up to the limits set out in your Table of Benefits.</p>
Personality disorders		<p>Any treatment for personality disorders, including but not limited to:</p> <ul style="list-style-type: none"> ○ affective personality disorder ○ schizoid personality (not schizophrenia), or ○ histrionic personality disorder
Pre-existing conditions		<p>Any treatment for a pre-existing condition, related symptoms, or any condition that results from or is related to a pre-existing condition, unless:</p> <ul style="list-style-type: none"> ○ we were given all the information, including details of any symptoms, that we asked for during your application for the current continuous period of membership before we sent you your first membership certificate which lists the person with the pre-existing condition ○ you have been sent your membership certificate which lists the person with the pre-existing condition and the option(s) to which that applies; and ○ we did not specifically exclude cover for the costs of treatment of the pre-existing condition on your membership certificate under the 'pre-existing conditions' section <p>Please contact us before your next renewal date if you have previously disclosed a pre-existing condition of yours to us but believe that there will be no further treatment for that pre-existing condition after your next renewal date. In order for us to review whether to remove the pre-existing condition, we must receive full current clinical details from your medical practitioner. There are some pre-existing conditions that, due to their nature, we will not review.</p>
Preventive treatment		<p>Health screening, including routine health checks and vaccinations, or any preventive treatment, except if you have bought the Worldwide Wellbeing option.</p> <p>We may pay for prophylactic surgery when:</p> <ul style="list-style-type: none"> ○ there is a significant family history of the disease, for example ovarian cancer, which is part of a genetic cancer syndrome, and/or ○ you have positive results from genetic testing (please note that we will not pay for the genetic testing) <p>The limit shown under Worldwide Medical Insurance will apply for prophylactic surgery for congenital and hereditary conditions other than cancer.</p> <p>Please contact us for prior approval before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our approval process. Benefit will not be paid unless prior approval has been received.</p>

EXCLUSION	NOTES	RULES
Reconstructive or remedial surgery		<p>Treatment to restore your appearance after an illness, injury or surgery.</p> <p>We may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during your current continuous membership.</p> <p>Please contact us for prior approval before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our approval process. Benefit will not be paid unless prior approval has been received.</p>
Self-inflicted injuries		<p>Treatment for or as a result of an injury you have knowingly caused to yourself, such as in an attempted suicide.</p>
Sexual problems/gender issues		<ul style="list-style-type: none"> ○ sexual problems, such as impotence, whatever the cause, or ○ sex changes or gender reassignments
Sleep disorders		<ul style="list-style-type: none"> ○ insomnia ○ snoring ○ sleep-related disorders including sleep apnoea, or ○ participation in sleep studies beyond the initial study <p>We may pay for treatment of sleep apnoea when your specialist believes this to be life-threatening. We will only pay for:</p> <ul style="list-style-type: none"> ○ an initial sleep study ○ surgery, if medically appropriate, and ○ equipment hire, such as a Continuous Positive Airway Pressure (CPAP) machine (only if you have bought the Worldwide Medicines and Equipment option) <p>Please contact us for prior approval before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our approval process. Benefit will not be paid unless prior approval has been received.</p>
Stem cells		<p>We do not pay for the harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.</p>
Temporomandibular joint (TMJ) disorders		<p>Temporomandibular joint (TMJ) disorders</p>
Travel costs for treatment		<p>Any travel costs related to receiving treatment.</p> <p>Examples:</p> <ul style="list-style-type: none"> ○ we do not pay for taxis or other travel expenses for you to visit a medical practitioner ○ we do not pay for travel time or the cost of any transport expenses charged by a medical practitioner to visit you <p>Exceptions:</p> <ul style="list-style-type: none"> ○ Road Ambulance cover ○ Air Ambulance cover ○ you have bought Worldwide Evacuation cover and your travel meets the qualifying conditions of that cover
Unrecognised medical practitioner, provider or facility		<ul style="list-style-type: none"> ○ Treatment provided by a medical practitioner, provider or facility who is not recognised by the relevant authorities in the country where the treatment takes place as having specialised knowledge, or expertise in, the treatment of the disease, illness or injury being treated. ○ Treatment provided by anyone with the same residence as you or who is a member of your immediate family. ○ Treatment provided by a medical practitioner, provider or facility to whom we have sent a written notice that we no longer recognise them for the purposes of our plans. Details of treatment providers we have sent written notice to are available on MembersWorld or by telephoning general enquiries. Please see the 'Quick reference guide' booklet for how to contact us.

EXCLUSION	NOTES	RULES
USA treatment		<p>If you have not bought cover for the USA, then we will not pay for treatment received in the USA.</p> <p>If you have bought cover for the USA, we will not pay for treatment received there when:</p> <ul style="list-style-type: none"> ○ prior approval for your treatment was not given by our service partner in the USA (please read 'Prior approval' section), and ○ we know or suspect that you purchased cover for and travelled to the USA for the purpose of receiving treatment for a condition, when you had already experienced symptoms of that condition. This applies whether or not your treatment was the main or sole purpose of your visit <p>Please note: If you have previously disclosed a pre-existing condition to us which is listed on your membership certificate and we have not specifically excluded cover for the costs of treatment of the pre-existing condition, this will not apply for any treatment you receive in the USA in respect of that pre-existing condition. If you receive treatment in the USA for a pre-existing condition which is shown on your membership certificate, you will not be covered for the costs of such treatment irrespective of whether the pre-existing condition was disclosed to us and is shown on your membership certificate.</p>