

COMPANY

Table of Benefits

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

From 1 January 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

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.

HOW TO USE YOUR PLAN

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

TABLE OF BENEFITS

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

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.

CONTENTS

5	What is covered?
7	Your plan - summary
10	Table of benefits
28	What is not covered?

WHAT IS COVERED?

Please read this important information about the kind of costs that **we** cover.

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 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

This 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.

Note: please see 'Wellness' and 'Full Health Screening' in the table of benefits and 'Preventive and wellness **treatment**' in the 'What is not covered?' section for information on preventive **treatment**.

Reasonable and customary charges

We will pay for reasonable and customary costs. This means that the costs charged by **your treatment** provider should not be more than they would normally charge and be representative of charges by other **treatment** providers in the same area*.

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 'What is not covered?' section so that **you** understand the exclusions on **your** plan.

Variations to your benefits

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

How to read the Table of benefits

There are four levels of cover: Essential, Classic, Gold and Gold Superior. **You** need to read the column in the Table of benefits that applies to **your** level of cover, as shown on **your** membership certificate.

* 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) may be published by a government or official medical body. In such cases, or where published insurance industry standards exist, **we** may refer to these when assessing and paying claims. Charges in excess of published guidelines or reasonable and customary costs may not be paid.

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 person, each **membership year**. Some benefits also have a limit applied to them separately; for example home nursing.

Gold Superior cover only: on the Gold Superior level, this 'overall annual maximum' also incorporates an annual maximum per condition.

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

If a benefit limit applies for the whole of **your** membership, once this benefit limit has been reached, no further benefits will be paid, regardless of the renewal of **your** plan.

Currencies

All the benefit limits in this table of benefits and notes are set out in three currencies: GBP, USD and EUR. The currency in which **your sponsor** pays **us** subscriptions 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** membership certificate.

For example, if **your sponsor** pays **us** subscriptions in GBP then the benefit limits given in GBP apply to **your** membership and USD and EUR 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 an **annual deductible**, **you** can either check on **your** membership certificate, through **our** MembersWorld website or contact the customer services helpline.

SUMMARY OF BENEFITS	ESSENTIAL	CLASSIC	GOLD	GOLD SUPERIOR
Out-patient treatment				
Out-patient surgical operations	✓	✓	✓	✓
Wellness		✓	✓	✓
Full Health Screening				✓
Consultants' fees for consultations		✓	✓	✓
Pathology, X-rays and diagnostic tests		✓	✓	✓
Costs for treatment by therapists and complementary medicine practitioners		✓	✓	✓
Consultants' fees and psychologists' fees for psychiatric treatment		✓	✓	✓
Vaccinations		✓	✓	✓
Costs for treatment by a family doctor			✓	✓
Prescribed drugs and dressings			✓	✓
Accident-related dental treatment			✓	✓
In-patient and day-case treatment				
Hospital accommodation	✓	✓	✓	✓
Surgical operations , including pre- and post-operative care	✓	✓	✓	✓
Nursing care, drugs and surgical dressings	✓	✓	✓	✓
Physicians' fees	✓	✓	✓	✓
Theatre charges	✓	✓	✓	✓
Intensive care	✓	✓	✓	✓
Pathology, X-rays, diagnostic tests and therapies	✓	✓	✓	✓
Prosthetic implants and appliances	✓	✓	✓	✓
Parent accommodation	✓	✓	✓	✓
Psychiatric treatment	✓	✓	✓	✓
Further benefits				
Advanced imaging	✓	✓	✓	✓
Cancer treatment	✓	✓	✓	✓
Healthline services	✓	✓	✓	✓
HIV/AIDS drug therapy including ART		✓	✓	✓
Home nursing after in-patient treatment	✓	✓	✓	✓
Hospice and palliative care	✓	✓	✓	✓
In-patient cash benefit	✓	✓	✓	✓
Local air ambulance	✓	✓	✓	✓
Local road ambulance	✓	✓	✓	✓
Maternity cover		✓	✓	✓
Newborn care	✓	✓	✓	✓
Prosthetic devices	✓	✓	✓	✓
Rehabilitation	✓	✓	✓	✓
Transplant services	✓	✓	✓	✓
Optional benefits (if purchased)				
USA cover	✓	✓	✓	✓
Dental		✓	✓	✓
Optical (Dental treatment and optical must be purchased together)				✓
Assistance cover (Evacuation and Repatriation)	✓	✓	✓	✓

SUMMARY OF EXCLUSIONS	ESSENTIAL	CLASSIC	GOLD	GOLD SUPERIOR
Allergies and allergic disorders	✓	✓	✓	✓
Artificial life maintenance	✓	✓	✓	✓
Birth control	✓	✓	✓	✓
Conflict and disaster	✓	✓	✓	✓
Congenital conditions	✓	✓	✓	✓
Convalescence and admission for general care	✓	✓	✓	✓
Cosmetic treatment	✓	✓	✓	✓
Deafness	✓	✓	✓	✓
Dental treatment /gum disease	✓	✓	✓	✓
Developmental problems	✓	✓	✓	✓
Donor organs	✓	✓	✓	✓
Drugs and dressings (out-patient)	✓	✓		
Experimental treatment	✓	✓	✓	✓
Eyesight	✓	✓	✓	✓
Family doctor treatment	✓	✓		
Footcare	✓	✓	✓	✓
Genetic testing	✓	✓	✓	✓
Harmful or hazardous use of alcohol, drugs and/or medicines	✓	✓	✓	✓
Health Hydros, nature cure clinics etc	✓	✓	✓	✓
Hereditary conditions	✓	✓	✓	✓
HIV/AIDS	✓	✓	✓	✓
Infertility treatment	✓	✓	✓	✓
Maternity	✓			
Obesity	✓	✓	✓	✓
Persistent vegetative state (PVS) and neurological damage	✓	✓	✓	✓
Personality disorders	✓	✓	✓	✓
Physical aids and devices	✓	✓	✓	✓
Pre-existing conditions	✓	✓	✓	✓
Preventive and wellness treatment	✓	✓	✓	✓
Reconstructive or remedial surgery	✓	✓	✓	✓
Self-inflicted injuries	✓	✓	✓	✓
Sexual problems/gender issues	✓	✓	✓	✓
Sleep disorders	✓	✓	✓	✓
Speech disorders	✓	✓	✓	✓
Stem cells	✓	✓	✓	✓
Surrogate parenting	✓	✓	✓	✓
Travel costs for treatment	✓	✓	✓	✓
Unrecognised medical practitioner , provider or facility	✓	✓	✓	✓
USA 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.

YOUR PLAN SUMMARY

TABLE OF BENEFITS

OUT-PATIENT TREATMENT

IMPORTANT

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	ESSENTIAL	CLASSIC	GOLD	GOLD SUPERIOR		EXPLANATION OF BENEFITS
OVERALL ANNUAL MAXIMUM*	GBP 600,000 USD 1,000,000 EUR 750,000	GBP 900,000 USD 1,500,000 EUR 1,000,000	GBP 1,200,000 USD 2,000,000 EUR 1,500,000	GBP 6,000,000 USD 10,200,000 EUR 7,500,000**		
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 consultant or a family doctor .
Wellness — mammogram, PAP test, prostate cancer screening or colon cancer screening (after one year's membership)	Not covered	We pay up to GBP 600, USD 1,000 or EUR 750 each membership year	We pay up to GBP 600, USD 1,000 or EUR 750 each membership year	We pay up to GBP 1,200, USD 2,000 or EUR 1,500 each membership year		We pay for these four preventive checks only, after you have been a member of the plan for one year.
Full Health Screening — cholesterol, blood pressure, diabetes, anaemia, lung function, liver and kidney function, cardiac risk assessment and hearing tests (after one year's membership)	Not covered	Not covered	Not covered			We pay for these health checks only, after you have been a member of the plan for one year.
Consultants' fees for consultations	Not covered	We pay up to GBP 6,400, USD 10,900 or EUR 8,000 each membership year	Paid in full	Paid in full		This normally means a meeting with a consultant to assess your condition. Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.
Pathology, X-rays and diagnostic tests						We pay for: <ul style="list-style-type: none"> o pathology, such as checking blood and urine samples for specific abnormalities, o radiology, such as X-rays, and o diagnostic tests, such as electrocardiograms (ECGs) when recommended by your consultant or family doctor to help determine or assess your condition.
Costs for treatment by therapists and complementary medicine practitioners	Not covered	We pay in full for up to 20 visits each membership year	We pay in full for up to 40 visits each membership year	We pay in full for up to 60 visits each membership year		The cost of both the consultation and treatment , including any complementary medicine prescribed or administered as part of your treatment . 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. Note: we do not pay any other complementary therapies such as ayurvedic treatment or aromatherapy which may be available. Note: for dieticians, 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.

* The currency applicable for your contract is as shown on your membership certificate.

** Up to a maximum of GBP 1,800,000, USD 3,000,000 or EUR 2,250,000 per condition

OUT-PATIENT TREATMENT (CONTINUED)

BENEFITS	ESSENTIAL	CLASSIC	GOLD	GOLD SUPERIOR	EXPLANATION OF BENEFITS
Consultants' fees and psychologists' fees for psychiatric treatment (after two years' membership)	Not covered	We pay in full for up to 15 visits each membership year	We pay in full for up to 30 visits each membership year	We pay in full for up to 30 visits each membership year	We will pay after you have been a member of the plan (or any Bupa administered plan which includes cover for psychiatric treatment) for the whole of the two years leading up to the psychiatric treatment .
Vaccinations	Not covered	We pay up to GBP 120, USD 200 or EUR 150 each membership year	We pay up to GBP 180, USD 300 or EUR 200 each membership year	We pay up to GBP 600, USD 1,000 or EUR 750 each membership year	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 .
Costs for treatment by a family doctor	Not covered	Not covered	We pay in full for up to 20 visits each membership year	Paid in full	We pay for family doctor treatment. Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.
Prescribed drugs and dressings	Not covered	Not covered	We pay up to GBP 1,200, USD 2,000 or EUR 1,500 each membership year	Paid in full	We pay for the cost of drugs and dressings prescribed for you by your medical practitioner for eligible treatment. We only pay for items which need a prescription. 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.
Accident-related dental treatment	Not covered	Not covered	We pay up to GBP 480, USD 815 or EUR 600 each membership year	We pay up to GBP 480, USD 815 or EUR 600 each membership year	We pay for accident-related dental treatment that you receive from a dental practitioner. By accident-related we mean the treatment of any sound natural tooth due to dental trauma caused by an accident or injury. This cover will only apply if the dental practitioner confirms that the teeth treated were sound natural teeth , which were damaged as the result of an accident, injury or dental trauma. This cover does not apply for the repair or provision of dental implants, crowns or dentures. Treatment must be provided and completed within six months of the date of the accident or injury.

IN-PATIENT AND DAY-CASE TREATMENT

IMPORTANT

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

- it must be medically essential for **you** to occupy a **hospital** bed to receive the **treatment**
- **your treatment** must be provided, or overseen, by a **consultant**
- **we** pay for accommodation in a room that is no more expensive than the **hospital's** standard single room with a private bathroom. This means that **we** will not pay the extra costs of a deluxe, executive or VIP suite etc.
- 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
- the **hospital** where **you** have **your treatment** must be recognised

Long in-patient stays: 10 nights or longer

In order for **us** to cover an in-patient stay lasting 10 nights or more, **you** must send **us** a medical report from **your consultant** before the eighth night, confirming:

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

BENEFITS	ESSENTIAL	CLASSIC	GOLD	GOLD SUPERIOR	EXPLANATION OF BENEFITS
Hospital accommodation	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay charges for your hospital accommodation, including all your own meals and refreshments. We do not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics.</p> <p>We pay for accommodation in a room that is no more expensive than the hospital's standard single room with a private bathroom. This means that we will not pay the extra costs of a deluxe, executive or VIP suite etc.</p> <p>We pay for the length of stay that is medically appropriate for the procedure that you are admitted for.</p> <p>Examples: unless medically essential, we do not pay for day-case accommodation for out-patient treatment (such as an MRI scan), and we do not pay for in-patient accommodation for day-case treatment (such as a biopsy).</p> <p>Please also read convalescence and admission for general care in the 'What is not covered?' section.</p>
Surgical operations, including pre- and post-operative care	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay surgeons' and anaesthetists' fees for a surgical operation, including all pre- and post-operative care.</p> <p>Note:</p> <ul style="list-style-type: none"> ○ we do not pay for drugs and surgical dressings you receive for out-patient treatment or use at home unless you have Company Gold or Gold Superior cover (see 'Prescribed drugs and dressings' in this section and 'Drugs and dressings' in the 'What is not covered?' section) ○ 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	<p>We pay for nursing services, drugs and surgical dressings you need as part of your treatment in hospital.</p> <p>Note:</p> <ul style="list-style-type: none"> ○ we do not pay for drugs and surgical dressings you receive for out-patient treatment or use at home (for Essential and Classic members only), and ○ we do not pay for nurses hired in addition to the hospital's own staff. In the rare case where a hospital does not provide nursing staff we will pay for the reasonable cost of hiring a qualified nurse for your treatment
Physicians' fees	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay physicians' fees for treatment you receive in hospital if this does not include a surgical operation, for example if you are in hospital for treatment of a medical condition such as pneumonia.</p> <p>If your treatment includes a surgical operation we will only pay physicians' fees if the attendance of a physician is medically necessary, for example, in the rare event of a heart attack following a surgical operation.</p>
Theatre charges	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay for use of an operating theatre.</p>

IN-PATIENT AND DAY-CASE TREATMENT (CONTINUED)

BENEFITS	ESSENTIAL	CLASSIC	GOLD	GOLD SUPERIOR	EXPLANATION OF BENEFITS
Intensive care	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay for intensive care in an intensive care unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when:</p> <ul style="list-style-type: none"> it is an essential part of your treatment and is required routinely by patients undergoing the same type of treatment as yours, or it is medically necessary in the event of unexpected circumstances, for example if you have an allergic reaction during surgery
Pathology, X-rays, diagnostic tests and therapies	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay for:</p> <ul style="list-style-type: none"> pathology, such as checking blood and urine samples radiology (such as X-rays), and diagnostic tests such as electrocardiograms (ECGs) <p>when recommended by your consultant to help determine or assess your condition when carried out in a hospital.</p> <p>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.</p>
Prosthetic implants and appliances	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay for a prosthetic implant needed as part of your treatment. By this, we mean an artificial body part or appliance which is designed to form a permanent part of your body and is surgically implanted for one or more of the following reasons:</p> <ul style="list-style-type: none"> to replace a joint or ligament to replace one or more heart valves to replace the aorta or an arterial blood vessel to replace a sphincter muscle to replace the lens or cornea of the eye to act as a heart pacemaker to remove excess fluid from the brain to control urinary incontinence (bladder control) to reconstruct a breast following surgery for cancer when the reconstruction is carried out as part of the original treatment for the cancer and you have obtained our written consent before receiving the treatment to restore vocal function following surgery for cancer <p>We also pay for the following appliances:</p> <ul style="list-style-type: none"> a knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament, or a spinal support which is an essential part of a surgical operation to the spine
Parent accommodation	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay for hospital accommodation for each night you need to stay with your child in the same hospital. This is limited to only one parent each night.</p> <p>Your child must be:</p> <ul style="list-style-type: none"> aged under 18, and a member of a Bupa Global administered plan receiving treatment for which he or she is covered under their plan

IN-PATIENT AND DAY-CASE TREATMENT (CONTINUED)

BENEFITS	ESSENTIAL	CLASSIC	GOLD	GOLD SUPERIOR		EXPLANATION OF BENEFITS
Psychiatric treatment (after two years' membership, lifetime maximum 90 days)	Paid in full	Paid in full	Paid in full	Paid in full		<p>We pay for psychiatric treatment you receive in hospital after you have been a member of the plan (or any Bupa administered plan which includes cover for psychiatric treatment) for two years before the psychiatric treatment.</p> <p>We pay for a total of 90 days' psychiatric treatment in hospital during your lifetime. 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, whether your membership is continuous or not.</p> <p>Example: If we have paid for 45 days' psychiatric treatment in hospital under another Bupa administered plan, we will only pay for another 45 days' psychiatric treatment in hospital under this plan.</p>

FURTHER BENEFITS

IMPORTANT

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

BENEFITS	ESSENTIAL	CLASSIC	GOLD	GOLD SUPERIOR		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 .
Cancer treatment	Paid in full	Paid in full	Paid in full	Paid in full		<p>Once cancer is diagnosed, we pay 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).</p> <p>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> <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 pre-authorisation before proceeding. It may be necessary for us to seek a second opinion as part of our pre-authorisation process.</p>
Healthline services	Included	Included	Included	Included		<p>This is a telephone advice line which offers help 24 hours a day, 365 days a year. Please call +44 (0) 1273 333 911 at any time when you need to.</p> <p>The following are some of the services that may be offered by telephone:</p> <ul style="list-style-type: none"> ○ general medical information from a health professional ○ medical referrals to a 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 <p>Note: treatment arranged through this service may not be covered under your plan. Please check your cover before proceeding.</p>
HIV/AIDS drug therapy including ART (after five years' membership)	Not covered	We pay up to GBP 12,000, USD 20,000 or EUR 15,000 each membership year	We pay up to GBP 12,000, USD 20,000 or EUR 15,000 each membership year	We pay up to GBP 12,000, USD 20,000 or EUR 15,000 each membership year		<p>We pay for HIV/AIDS drug therapy after you have been a member of the plan for the whole of the five years leading up to the treatment.</p> <p>Note: we pay for treatment that is not drug therapy or ART from your in-patient treatment or out-patient benefits if you have been a member of the plan for five years.</p> <p>Note (for Essential members only): We pay for in-patient treatment of HIV/AIDS if you have been a member of the plan for five years. This does not include any drug therapy or ART.</p>

FURTHER BENEFITS (CONTINUED)

BENEFITS	ESSENTIAL	CLASSIC	GOLD	GOLD SUPERIOR		EXPLANATION OF BENEFITS
Home nursing after in-patient treatment	We pay up to GBP 120, USD 200 or EUR 150 each day up to a maximum of 10 days each membership year	We pay up to GBP 120, USD 200 or EUR 150 each day up to a maximum of 20 days each membership year	We pay up to GBP 120, USD 200 or EUR 150 each day up to a maximum of 30 days each membership year	We pay up to GBP 120, USD 200 or EUR 150 each day up to a maximum of 30 days each membership year		<p>We pay for home nursing after eligible in-patient treatment. We pay if the home nursing:</p> <ul style="list-style-type: none"> ○ is needed to provide medical care, not personal assistance ○ is necessary, meaning that without it you would have to stay in hospital ○ starts immediately after you leave hospital ○ is provided by a qualified nurse in your home, and ○ is prescribed by your consultant
Hospice and palliative care	We pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of your membership	We pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of your membership	We pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of your membership	We pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of your membership		If you need in-patient, day-case or out-patient care or treatment following the diagnosis that your condition is terminal, when treatment can no longer be expected to cure your condition, we pay for your physical, psychological, social and spiritual care as well as hospital or hospice accommodation, nursing care and prescribed drugs. The amount shown here is the total amount we shall pay for these expenses during the whole of your membership of Bupa Global , whether continuous or not.
In-patient cash benefit	We pay GBP 90, USD 150 or EUR 110 each night up to 20 nights each membership year	We pay GBP 90, USD 150 or EUR 110 each night up to 20 nights each membership year	We pay GBP 90, USD 150 or EUR 110 each night up to 20 nights each membership year	We pay GBP 90, USD 150 or EUR 110 each night up to 20 nights each membership year		<p>This benefit is paid instead of any other benefit for each night you receive eligible in-patient treatment without charge.</p> <p>To claim this benefit, please ask the hospital to sign and stamp your claim form. Then send the completed form to us with a covering letter stating that you were treated with no charge. Please note that you need to ensure that the medical section of your claim form is completed by your consultant.</p>
Local air ambulance	We pay up to GBP 5,900, USD 10,000 or EUR 7,400 each membership year Please also see the section 'Assistance cover'.	We pay up to GBP 5,900, USD 10,000 or EUR 7,400 each membership year Please also see the section 'Assistance cover'.	We pay up to GBP 5,900, USD 10,000 or EUR 7,400 each membership year Please also see the section 'Assistance cover'.	We pay up to GBP 5,900, USD 10,000 or EUR 7,400 each membership year Please also see the section 'Assistance cover'.		<p>We pay for medically necessary travel for you to be transported by local air ambulance such as a helicopter, when related to eligible in-patient treatment or day-case treatment, either:</p> <ul style="list-style-type: none"> ○ from the location of an accident to hospital, or ○ for a transfer from one hospital to another <p>when it is appropriate for this method of transfer to be used to transport you over short journeys of up to 100 miles/160 kilometres. This benefit does not include mountain rescue.</p> <p>Note: this benefit does not include evacuation if the treatment you need is not available locally.</p>
Local road ambulance	Paid in full	Paid in full	Paid in full	Paid in full		We pay for medically necessary travel by local road ambulance when related to eligible in-patient treatment or day-case treatment .

FURTHER BENEFITS (CONTINUED)

BENEFITS	ESSENTIAL	CLASSIC	GOLD	GOLD SUPERIOR	EXPLANATION OF BENEFITS
Maternity cover (after 10 months' membership)	Not covered	<p>Maternity and childbirth:</p> <p>We pay up to GBP 4,800, USD 8,150 or EUR 6,000 each membership year</p> <p>Childbirth at home or birthing centre:</p> <p>We pay up to GBP 780, USD 1,300 or EUR 975 each membership year</p> <p>Medically essential Caesarean section:</p> <p>We pay up to GBP 12,600, USD 21,500 or EUR 15,750 each membership year</p>	<p>Maternity and childbirth:</p> <p>We pay up to GBP 7,200, USD 12,250 or EUR 9,000 each membership year</p> <p>Childbirth at home or birthing centre:</p> <p>We pay up to GBP 780, USD 1,300 or EUR 975 each membership year</p> <p>Medically essential Caesarean section:</p> <p>We pay up to GBP 15,000, USD 25,500 or EUR 18,750 each membership year</p>	<p>Maternity and childbirth:</p> <p>We pay up to GBP 9,600, USD 16,300 or EUR 12,000 each membership year</p> <p>Childbirth at home or birthing centre:</p> <p>We pay up to GBP 780, USD 1,300 or EUR 975 each membership year</p> <p>Medically essential Caesarean section:</p> <p>We pay up to GBP 16,800, USD 28,500 or EUR 21,000 each membership year</p>	<p>We pay maternity benefits only after you have been covered under the plan for 10 months.</p> <p>Maternity and childbirth (after 10 months' membership) These benefits include for example:</p> <ul style="list-style-type: none"> ante natal care such as ultrasound scans hospital charges, obstetricians' and midwives' fees for pregnancy and childbirth post natal care required by the mother immediately following normal childbirth, such as stitches pregnancy and childbirth complications, by which we mean those conditions which only ever arise as a direct result of pregnancy or childbirth <p>Pregnancy and childbirth complications include 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) and complications following any of the above conditions.</p> <p>Treatment for</p> <ul style="list-style-type: none"> abnormal cell growth in the womb (hydatidiform mole) foetus growing outside the womb (ectopic pregnancy) <p>are not covered from this benefit but may be covered by your other benefits.</p> <p>(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by your other benefits).</p> <p>Note: routine care for your baby We pay for routine care for the baby, for up to seven days following birth, from the mother's maternity benefit. Any non-routine care, if eligible, is paid from the baby's newborn care benefit, not from the mother's maternity benefit.</p> <p>Your baby is also covered for up to seven days routine care following birth if your baby was born to a surrogate mother and you, as the intended parent, have been covered on the plan for 10 months when the baby is born.</p> <p>Childbirth at home or birthing centre (after 10 months' membership) This benefit includes obstetricians' and midwives' fees for delivering your baby at home or a birthing centre.</p> <p>Medically Essential Caesarean Section (after 10 months' membership) This benefit includes hospital, obstetricians' and other medical fees for the cost of the delivery of your baby by Caesarean section when medically essential for example, non progression during labour leading to emergency Caesarean section (eg dystocia, foetal distress, haemorrhage) provided the mother has been a member of this plan for at least 10 months before delivery.</p> <p>Note: if we are unable to determine that your Caesarean section was medically essential, it will be paid from your maternity and childbirth benefit limit.</p> <p>Please also see the section 'Adding dependants' in your 'How to use your plan' booklet.</p> <p>Please see surrogate parenting, congenital and hereditary conditions in the 'What is not covered?' section.</p>
Newborn care	We pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all treatment received during the first 90 days following birth	We pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all treatment received during the first 90 days following birth	We pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all treatment received during the first 90 days following birth	We pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all treatment received during the first 90 days following birth	<p>This benefit is paid instead of any other benefit for all treatment required by a newborn child during the first 90 days following birth.</p> <p>Children must be covered under this plan before you can claim for this benefit.</p> <p>We do not pay newborn care benefits for 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 also read about adding dependants in your 'How to use your plan' booklet.</p>

FURTHER BENEFITS (CONTINUED)

BENEFITS	ESSENTIAL	CLASSIC	GOLD	GOLD SUPERIOR	EXPLANATION OF BENEFITS
Prosthetic devices	We pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device	We pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device	We pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device	We pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device	We pay for the initial prosthetic device needed as part of your treatment . By this we mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of your surgical procedure . We do not pay for any 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 years.
Rehabilitation	We pay in full for up to 30 days of treatment (which may be in-patient treatment or day-case treatment) each membership year	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 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 30 days of treatment (which may be in-patient treatment , day-case treatment or out-patient treatment) each membership year	<p>We pay for rehabilitation, only when you have received our written agreement before the treatment starts, for up to 30 days' treatment in each membership year. 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.</p> <p>We only pay for rehabilitation where it:</p> <ul style="list-style-type: none"> ○ starts within 30 days of in-patient treatment which is covered by your membership (such as trauma or stroke), and ○ arises as a result of the condition which required the in-patient treatment or is needed as a result of such treatment given for that condition <p>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 receive rehabilitation on an in-patient basis.</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, ○ spinal, or ○ neurological events <p>If this is the case, please contact us for pre-authorisation. It may be necessary for us to seek a second opinion as part of our approval process.</p> <p>Note (for Essential members only): We do not pay for any out-patient rehabilitation.</p>
Transplant services	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay for transplant services that you need as a result of an eligible condition. We pay medical expenses if you need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant. We also pay for bone marrow transplants (either using your own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy.</p> <p>We do not pay for costs associated with the donor or the donor organ.</p> <p>Note (for Essential members only): We do not pay for any out-patient treatment associated with a transplant, either before or after that transplant takes place, including consultations, diagnostic tests etc, or drugs prescribed for use as an out-patient, including anti-rejection drugs.</p> <p>Note (for Classic members only): We do not pay for any drugs prescribed for use as an out-patient, including anti-rejection drugs.</p> <p>Note (for Gold and Gold Superior members only): Any drugs prescribed for use as an out-patient, including anti-rejection drugs are paid from your prescribed drugs and dressings benefit.</p> <p>Please see donor organs in the 'What is not covered?' section.</p>

OPTIONAL BENEFITS, IF PURCHASED

BENEFITS	ESSENTIAL	CLASSIC	GOLD	GOLD SUPERIOR	EXPLANATION OF BENEFITS
USA cover	<p>100 percent of costs in network.</p> <p>80 percent of costs out of network.</p> <p>Treatment must be pre-authorized.</p>	<p>100 percent of costs in network.</p> <p>80 percent of costs out of network.</p> <p>Treatment must be pre-authorized.</p>	<p>100 percent of costs in network.</p> <p>80 percent of costs out of network.</p> <p>Treatment must be pre-authorized.</p>	<p>100 percent of costs in network.</p> <p>80 percent of costs out of network.</p> <p>Treatment must be pre-authorized.</p>	<p>Pre-authorization and the US provider network If you have USA cover, then before any in-patient treatment or day-case treatment in the US, you must contact our US Service Partner for pre-authorization.</p> <p>Please contact them by calling 800 554 9299 (from inside the US), or +1 800 554 9299 (from outside the US).</p> <p>In-patient treatment or day-case treatment received in the US without pre-authorization may be ineligible. Any pre-authorized treatment costs are covered according to this table of benefits.</p> <p>Our US Service Partner uses a national network of hospitals, clinics and medical practitioners. This is the US provider network. Our Service Partner can help you to find a hospital or clinic in the US provider network, when you contact them for pre-authorization. When eligible treatment takes place in the US using the US provider network, benefit is paid at 100 percent. When eligible treatment takes place in the US but outside the US provider network, benefit is paid at 80 percent.</p> <p>Emergency admissions If you are admitted for emergency treatment you must contact our US Service Partner within 48 hours of admission, or as soon as reasonably possible.</p> <p>If your admission for emergency treatment is to a non-network hospital, our Service Partner may arrange to transfer you to a network hospital as soon as it is medically appropriate to do so.</p> <p>If the transfer to a network hospital is carried out, benefit for all eligible treatment received at both facilities will be payable at 100 percent.</p> <p>If you choose to stay in a non-network hospital after the date our US Service Partner decides a transfer is medically appropriate, benefit for all eligible treatment received both before and after that date will be payable at 80 percent.</p> <p>Please also see USA treatment in the 'What is not covered?' section.</p>
Dental treatment	Not covered	We pay up to GBP 1,200, USD 2,000 or EUR 1,500 maximum benefit for each membership year	We pay up to GBP 1,200, USD 2,000 or EUR 1,500 maximum benefit for each membership year	We pay up to GBP 2,400, USD 4,100 or EUR 3,000 maximum benefit for each membership year	<p>We pay (Classic and Gold members):</p> <ul style="list-style-type: none"> 100 percent of preventive treatment (such as check-ups, X-rays, scale and polishing) 80 percent of routine treatment (such as fillings, extractions and root canal therapy) 50 percent of major restorative or orthodontic treatment (such as crowns, bridges or implants), or orthodontic treatment of overbite or under bite etc <p>We pay (Gold Superior members):</p> <ul style="list-style-type: none"> 100 percent of preventive treatment (such as check-ups, X-rays, scale and polishing) 100 percent of routine treatment (such as fillings, extractions and root canal therapy) 50 percent of major restorative or orthodontic treatment (such as crowns, bridges or implants), or orthodontic treatment of overbite or under bite etc <p>Note (for Gold Superior members only): This benefit is available only in conjunction with the optical benefit.</p>
Optical (Dental treatment and optical must be purchased together)	Not covered	Not covered	Not covered	We pay up to GBP 250, USD 425 or EUR 315 maximum benefit for each membership year	<p>We pay (Gold Superior members):</p> <ul style="list-style-type: none"> maximum of one eye test each membership year, which includes the cost of your consultation and sight/vision testing 75 percent of eligible costs for spectacle and contact lenses which are prescribed to correct a sight/vision problem, such as short or long sight 75 percent of eligible costs of spectacle frames only if you have been prescribed spectacle lenses, your spectacle lens prescription or invoice will be required in support of your claim for spectacle frames <p>Note (for Gold Superior members only): This benefit is available only in conjunction with the dental treatment benefit.</p>
Assistance cover (Evacuation and Repatriation)					<p>Your membership certificate will show if you have purchased this cover. Please see 'Assistance cover' section in the 'How to use your plan' booklet.</p> <p>The overall annual maximum benefit limit does not apply.</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

Personal exclusions

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.

General note for all exclusions

For all exclusions in this section, and for any personal exclusions or restrictions shown on **your** membership certificate, please note that:

- 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**

Example:

You have a personal exclusion for diabetes.

- If **your** diabetes were to cause kidney problems, **we** would not pay for **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.

Exceptions

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 the table of benefits.

EXCLUSION	NOTES	RULES
Allergies and allergic disorders		Treatment to de-sensitise or neutralise any allergic condition or disorder.
Artificial life maintenance		Including mechanical ventilation, where such treatment will not or is not expected to result in your recovery or restore you to your previous state of health. Example: We will not pay for artificial life maintenance when you are unable to feed or breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days.
Birth control		Any type of contraception, sterilisation, termination of pregnancy or family planning.
Conflict and disaster		Treatment for any disease, illness or injury resulting from nuclear or chemical contamination, war, riot, revolution, acts of terrorism or any similar event, if one or more of the following apply: <ul style="list-style-type: none"> ○ you have put yourself in danger by entering a known area of conflict where active fighting or insurrections are taking place ○ you were an active participant ○ you have displayed a blatant disregard for personal safety
Congenital conditions	Please see the table of benefits for details of your Newborn care limit.	Treatment received after the first 90 days following birth (or after the maximum benefit limit for Newborn care has been reached) for any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not, except cancer.

EXCLUSION	NOTES	RULES
Convalescence and admission for general care		<p>Hospital accommodation when it is used solely or primarily for any of the following purposes:</p> <ul style="list-style-type: none"> ○ convalescence, supervision, pain management or any other purpose other than for receiving eligible treatment, of a type which normally requires you to stay in hospital ○ receiving general nursing care or any other services which do not require you to be in hospital, and could be provided in a nursing home or other establishment that is not a hospital ○ receiving services from a therapist or complementary medicine practitioner ○ receiving services which would not normally require trained medical professionals such as help in walking, bathing or preparing meals
Cosmetic treatment		<p>Treatment undergone for cosmetic or psychological reasons to improve your appearance, such as a re-modelled nose, facelift or cosmetic dentistry. This includes:</p> <ul style="list-style-type: none"> ○ dental implants to replace a sound natural tooth ○ hair transplants for any reason ○ treatment related to or arising from the removal of non-diseased, or surplus or fat tissue, whether or not it is needed for medical or psychological reasons ○ any treatment for a procedure to change the shape or appearance of your breast(s) whether or not it is needed for medical or psychological reasons: unless for reconstruction carried out as part of the original treatment for the cancer, when you have obtained our written consent before receiving the treatment (see 'Reconstructive or remedial surgery' in this section) <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>
Deafness		<p>Treatment for or arising from deafness or partial hearing loss caused by a congenital abnormality or ageing.</p>
Dental treatment /gum disease	<p>Please see dental treatment in the table of benefits.</p> <p>Please see accident related dental in the table of benefits.</p>	<p>This includes surgical operations for the treatment of bone disease when related to gum disease or damage, or treatment for, or arising from disorders of the temporomandibular joint.</p> <p>Examples: we do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth, etc.</p> <p>Exception: we pay for a surgical operation carried out by a consultant to:</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 ○ 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
Developmental problems		<p>Treatment for, or related to developmental problems, including:</p> <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		<p>Treatment costs for, or as a result of the following:</p> <ul style="list-style-type: none"> ○ transplants involving mechanical or animal organs ○ the removal of a donor organ from a donor ○ the removal of an organ from you for purposes of transplantation into another person ○ the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible diseases or illness ○ the purchase of a donor organ

EXCLUSION	NOTES	RULES
Drugs and dressings (out-patient)	Exclusion applies to Essential and Classic cover only.	Any drugs or surgical dressings that are provided or prescribed for out-patient treatment , or for you to take home with you on leaving hospital , for any condition.
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	Please see optical in the table of benefits. Exclusion applies to Essential and Classic cover only.	Treatment , equipment or surgery to correct eyesight, such as laser treatment , refractive keratotomy (RK) and photorefractive keratotomy (PRK). Examples: we will not pay for routine eye examinations, contact lenses or spectacles. We will pay for eligible treatment or surgery of a detached retina, glaucoma, cataracts or keratoconus.
Family doctor treatment	Exclusion applies to Essential and Classic cover only.	Treatment or services carried out by a family doctor , including vaccinations..
Footcare		Treatment for corns, calluses, or thickened or misshapen nails.
Genetic testing		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 from the harmful, hazardous or addictive use of any substance including alcohol, drugs and/or medicines.
Health hydros, nature cure clinics etc.		Treatment or services received in health hydros, nature cure clinics or any establishment that is not a hospital .
Hereditary conditions		Treatment of abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of your family, except cancer.
HIV/AIDS	Please see HIV/AIDS drug therapy in the table of benefits.	Treatment for, or arising from, HIV or AIDS, including any condition that is related to HIV or AIDS, if your current period of membership is less than five years.

EXCLUSION	NOTES	RULES
Infertility treatment		<p>Treatment to assist reproduction, including but not limited to IVF treatment.</p> <p>Note: we pay for reasonable investigations into the causes of infertility if:</p> <ul style="list-style-type: none"> ○ neither you nor your partner had been aware of any problems before joining, and ○ you have both been members 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 <p>Once the cause is confirmed, we will not pay for any additional investigations in the future.</p>
Maternity	Exclusion applies to Essential cover only	<p>Treatment for maternity or for any condition arising from maternity except the following conditions and treatments:</p> <ul style="list-style-type: none"> ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside of the womb (ectopic pregnancy) ○ other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant
Obesity		<p>Treatment for, or required as a result of obesity.</p>
Persistent vegetative state (PVS) and neurological damage		<p>We will not pay for in-patient treatment for more than 90 continuous days for permanent neurological damage or if you are in a persistent vegetative state.</p>
Personality disorders		<p>Treatment of personality disorders, including but not limited to:</p> <ul style="list-style-type: none"> ○ affective personality disorder ○ schizoid personality (not schizophrenia) ○ histrionic personality disorder
Physical aids and devices		<p>Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an appliance.</p> <p>Examples: we will not pay for hearing aids, spectacles, contact lenses, crutches or walking sticks.</p>
Pre-existing conditions	<p>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.</p> <p>For pre-existing conditions for newborns, please see the exclusions for congenital and hereditary conditions in this section.</p>	<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 medical information that we asked for during your application for your current continuous period of membership ○ we did not specifically exclude cover for the pre-existing condition on your membership certificate, and ○ you did not know about the pre-existing condition before the 'effective from' date on the first membership certificate for your current continuous period of membership <p>Note: please contact us before your renewal date if you 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.</p> <p>To carry out a review, we must receive full current clinical details from your family doctor or consultant. Any costs incurred in obtaining these details are not covered under your plan and are your responsibility.</p>

EXCLUSION	NOTES	RULES
Preventive and wellness treatment	Please see wellness and full health screening in the table of benefits.	<p>Health screening, including routine health checks, or any preventive treatment.</p> <p>Note: we may pay for prophylactic surgery when:</p> <ul style="list-style-type: none"> there is a significant family history of the disease for example ovarian cancer, which is part of a genetic cancer syndrome, and/or you have positive results from genetic testing (please note that we will not pay for the genetic testing) <p>Please contact us for pre-authorisation before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our pre-authorisation process.</p>
Reconstructive or remedial surgery		<p>Treatment required to restore your appearance after an illness, injury or previous surgery, unless:</p> <ul style="list-style-type: none"> the treatment is a surgical operation to restore your appearance after an accident, or as the result of surgery for cancer, if either of these takes place during your current continuous membership of the plan the treatment is carried out as part of the original treatment for the accident or cancer you have obtained our written consent before the treatment takes place
Self-inflicted injuries		<p>Treatment for, or arising from, an injury that you have intentionally inflicted on yourself, for example during a suicide attempt.</p>
Sexual problems/gender issues		<p>Treatment of any sexual problem including impotence (whatever the cause) and sex changes or gender reassignments.</p>
Sleep disorders		<p>Treatment, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.</p>
Speech disorders		<p>Treatment for speech disorders, including stammering or speech developmental delays, unless all of the following apply:</p> <ul style="list-style-type: none"> the treatment is short term therapy which is medically necessary as part of active treatment for an acute condition such as a stroke, the speech therapy takes place during and/or immediately following the treatment for the acute condition, and the speech therapy is recommended by the consultant in charge of your treatment, and is provided by a therapist <p>in which case we may pay at our discretion.</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>
Surrogate parenting	Please also see maternity cover in the table of benefits.	<p>Treatment directly related to surrogacy. This applies:</p> <ul style="list-style-type: none"> to you if you act as a surrogate, and to anyone else acting as a surrogate for you
Travel costs for treatment		<p>Any travel costs related to receiving treatment, unless otherwise covered by:</p> <ul style="list-style-type: none"> local air ambulance benefit, local road ambulance benefit, or Assistance cover <p>Examples:</p> <ul style="list-style-type: none"> we do not pay for taxis or other travel expenses for you to visit a medical practitioner we do not pay for travel time or the cost of any transport expenses charged by a medical practitioner to visit you

EXCLUSION	NOTES	RULES
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.
USA treatment		<p>If USA cover has not been purchased, then any treatment received in the USA is ineligible:</p> <ul style="list-style-type: none"> ○ after the 28th day of your visit to the USA ○ for any condition of which you were aware before your visit to the USA ○ when arrangements were not authorised by our agents in the USA, and ○ when we know or suspect that you travelled to the USA for the purpose of receiving treatment for a condition, when the symptoms of the condition were apparent to you before travelling. This applies whether or not your treatment was the main or sole purpose of your visit <p>Note: you can claim for unforeseen treatment received within 28 days of your arrival in the USA, you must send evidence of your arrival date with your claim. Examples include a certified photocopy of your airline ticket or your visa stamp.</p> <p>Our Service Partner in the US operates a national network of hospitals, clinics and medical practitioners. This is the US provider network. You must contact our US Service Partner before you have treatment, and they can help to find a suitable network provider for you.</p> <p>For eligible treatment that takes place in the US using the US provider network, benefit is paid at 100 percent. When eligible treatment takes place in the US but outside the provider network, benefit is paid at 80 percent.</p> <p>If USA cover has been purchased, then treatment received in the USA is ineligible when:</p> <ul style="list-style-type: none"> ○ arrangements for the treatment were not authorised by our agents in the USA, 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 the symptoms of the condition were apparent to you before buying the cover. This applies whether or not your treatment was the main or sole purpose of your visit

