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PRINCIPAL MEMBER – WHAT IS COVERED?

Please read this important information about the kind of costs that **we** cover. In this section **you/your** means **you**, the **principal member**.

Treatment that we cover

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

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

Conditions that we cover

Acute conditions

This plan covers **you** for **treatment** of acute conditions. Acute conditions are diseases, illnesses or injuries that respond to medical care without the need for long-term or prolonged **treatment**. The **treatment** that **you** receive should be likely to lead to a complete recovery, or restore **you** as closely as possible to **your** previous state of health.

Please note that this definition above means that **you** do not have cover for **treatment** for chronic conditions (please see the 'What is not covered?' section for more information about chronic conditions).

Acute and chronic conditions – how it works in practice

1. **We** will cover an acute condition until **we** become aware that it is chronic.
2. If **you** develop a condition which is known to be chronic, **we** will pay for **treatment** to:

- o diagnose **your** condition
- o stabilise **your** condition

but **we** will not pay for ongoing **treatment** or drugs to maintain **your** health or control the condition.

3. If **you** suffer an acute flare-up of a chronic condition **we** will pay for **treatment** **you** receive during this period.

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*.

* 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.

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. If so, **your sponsor** will inform **you** of these variations.

How to read the table of benefits

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

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.

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** 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, or the currency that applies to **your** membership, **you** can either check on **your** membership certificate, through **our** MembersWorld website or contact the customer services helpline.

PRINCIPAL MEMBER – YOUR PLAN SUMMARY

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. In this section **you/your** means **you**, the **principal member**.

SUMMARY OF BENEFITS	ESSENTIAL	CLASSIC	GOLD
Out-patient treatment			
Out-patient surgical operations	✓	✓	✓
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 (after two years’ membership)		✓	✓
Costs for treatment by a family doctor			✓
Prescribed drugs and dressings			✓
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	✓	✓	✓
Psychiatric treatment (after two years’ membership, lifetime maximum 90 days)	✓	✓	✓
Further benefits			
Advanced imaging	✓	✓	✓
Cancer treatment	✓	✓	✓
Emergency dental treatment			✓
Healthline services	✓	✓	✓
Home nursing after in-patient treatment			✓
Local road ambulance	✓	✓	✓
Transplant services	✓	✓	✓
Optional benefits (if purchased)			
Assistance cover (Evacuation and Repatriation)	✓	✓	✓

SUMMARY OF EXCLUSIONS

	ESSENTIAL	CLASSIC	GOLD
Ageing and puberty	✓	✓	✓
Allergies and allergic disorders	✓	✓	✓
Artificial life maintenance	✓	✓	✓
Birth control	✓	✓	✓
Chronic conditions	✓	✓	✓
Complications from excluded or restricted treatment	✓	✓	✓
Conflict and disaster	✓	✓	✓
Congenital conditions	✓	✓	✓
Convalescence and admission for general care	✓	✓	✓
Cosmetic treatment	✓	✓	✓
Deafness	✓	✓	✓
Dental treatment /gum disease	✓	✓	✓
Dialysis	✓	✓	✓
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	✓	✓	✓
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	✓	✓	✓
Travel costs for treatment	✓	✓	✓
Unrecognised medical practitioner , provider or facility	✓	✓	✓
USA treatment	✓	✓	✓

PRINCIPAL MEMBER - TABLE OF BENEFITS

OUT-PATIENT TREATMENT

IMPORTANT

In this section **you/your** means **you**, the **principal member**.

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		EXPLANATION OF BENEFITS
OVERALL ANNUAL MAXIMUM*	GBP 500,000 USD 900,000 EUR 750,000	GBP 500,000 USD 900,000 EUR 750,000	GBP 750,000 USD 1,200,000 EUR 1,000,000		
Out-patient surgical operations	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 .
Consultants' fees for consultations	Not covered	We pay up to GBP 3,000, USD 4,800 or EUR 4,500 each membership year	We pay up to GBP 3,000, USD 4,800 or EUR 4,500 each membership year		This normally means a meeting with a consultant to assess your condition.
Pathology, X-rays and diagnostic tests	Not covered				We pay for: <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples for specific abnormalities, ○ radiology, such as X-rays, and ○ 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				The cost of both the consultation and treatment , including any complementary medicine prescribed or administered as part of your treatment . 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.
Consultants' fees and psychologists' fees for psychiatric treatment (after two years' membership)	Not covered				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 .
Costs for treatment by a family doctor	Not covered	Not covered	We pay up to GBP 600, USD 960 or EUR 900 each membership year		We pay for family doctor treatment.
Prescribed drugs and dressings	Not covered				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.

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

IN-PATIENT AND DAY-CASE TREATMENT

IMPORTANT

In this section **you/your** means **you**, the **principal member**.

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 days or longer

In order for **us** to cover an in-patient stay lasting 10 days 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	EXPLANATION OF BENEFITS
Hospital accommodation	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	<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 Gold 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	<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 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	<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	<p>We pay for use of an operating theatre.</p>

IN-PATIENT AND DAY-CASE TREATMENT (CONTINUED)

BENEFITS	ESSENTIAL	CLASSIC	GOLD	EXPLANATION OF BENEFITS
Intensive care	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	<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	<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
Psychiatric treatment (after two years' membership, lifetime maximum 90 days)	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

In this section **you/your** means **you**, the **principal member**.

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

BENEFITS	ESSENTIAL	CLASSIC	GOLD	EXPLANATION OF BENEFITS
Advanced imaging	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	<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>
Emergency dental treatment	Not covered	Not covered	We pay up to GBP 400, USD 700 or EUR 600 each membership year	<p>We pay for emergency dental treatment that you receive from your dental practitioner during your first visit and the 14 days immediately following that first visit for each dental emergency you have during the membership year. We do not have to pay for any dental treatment, related to that dental emergency, that you receive after the 14 days.</p> <p>Treatment may only consist of one or more of the following:</p> <ul style="list-style-type: none"> ○ dental examination ○ radiography (for example an X-ray) ○ replacement of a lost filling ○ extraction of a tooth (or tooth root) ○ stopping abnormal heavy bleeding (haemorrhage) ○ cutting into an abscess ○ dressing a root canal ○ prescribed antibiotics ○ re-cementing a crown, bridge or inlay ○ adjustment or repair to a denture ○ construction and fitting of a temporary crown ○ call-out charge

FURTHER BENEFITS (CONTINUED)

BENEFITS	ESSENTIAL	CLASSIC	GOLD	EXPLANATION OF BENEFITS
Healthline services	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>
Home nursing after in-patient treatment	Not covered	Not covered	We will pay up to GBP 600, USD 1,000 or EUR 900 as applicable 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
Local road ambulance	Paid in full	Paid in full	Paid in full	<p>We pay for medically necessary travel by local road ambulance when related to eligible in-patient treatment or day-case treatment.</p>
Transplant services	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 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

IMPORTANT

In this section **you/your** means **you**, the **principal member**.

BENEFITS	ESSENTIAL	CLASSIC	GOLD	EXPLANATION OF BENEFITS
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>