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## YOUR INTERNATIONAL PLAN

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# TAKING GOOD CARE OF YOU WHEREVER YOU ARE

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## YOUR MEMBERSHIP PACK

Please keep these booklets 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 new copy.

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### 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.

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### 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.

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### 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 you have included this on your plan).

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

Bupa International  
Victory House, Trafalgar  
Place, Brighton. BN1 4FY. UK

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



## 1. QUICK REFERENCE GUIDE

# WHAT YOU NEED, THE WAY YOU NEED IT

### 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

This booklet summarises all of your important contact information.

[www.bupa-intl.com](http://www.bupa-intl.com)

# WELCOME TO YOUR BUPA INTERNATIONAL PLAN

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## 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:

- o no need to carry documents around with you - access your documents 24 hours a day anywhere in the world
- o know exactly when new documents are ready by signing up to receive SMS text alerts
- o purchased your policy via a broker? You can now allow them access to view your policy information (except claim related documents)
- o specify a preferred address for claim reimbursements - useful if you have multiple addresses or are travelling
- o 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
- o 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 - it's just six easy steps.

[WWW.BUPA-INTL.COM/MEMBERSWORLD](http://WWW.BUPA-INTL.COM/MEMBERSWORLD)

start	one	two	three	four	five	six	finish
Get set up in just six easy steps	Select 'register now'	Enter your membership number and personal details	Choose your login name (please note: login and password are case sensitive)	Choose your password	Choose a security question	Click on 'submit your details'	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

- o membership and payment queries
- o claims information

email: [info@bupa-intl.com](mailto:info@bupa-intl.com) \*

web: [bupa-intl.com](http://bupa-intl.com)

tel: +44 (0) 1273 323 563

fax: +44 (0) 1273 820 517

\* 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.

## CORRESPONDENCE

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

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

## FURTHER HELP

We want to make sure that members with special needs are not excluded in any way. For hearing or speech impaired members with a textphone, please call +44 (0) 1273 866 557. We also offer a choice of Braille, large print or audio for our letters and literature. Please let us know which you would prefer.

# 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**

PLEASE REMEMBER TO

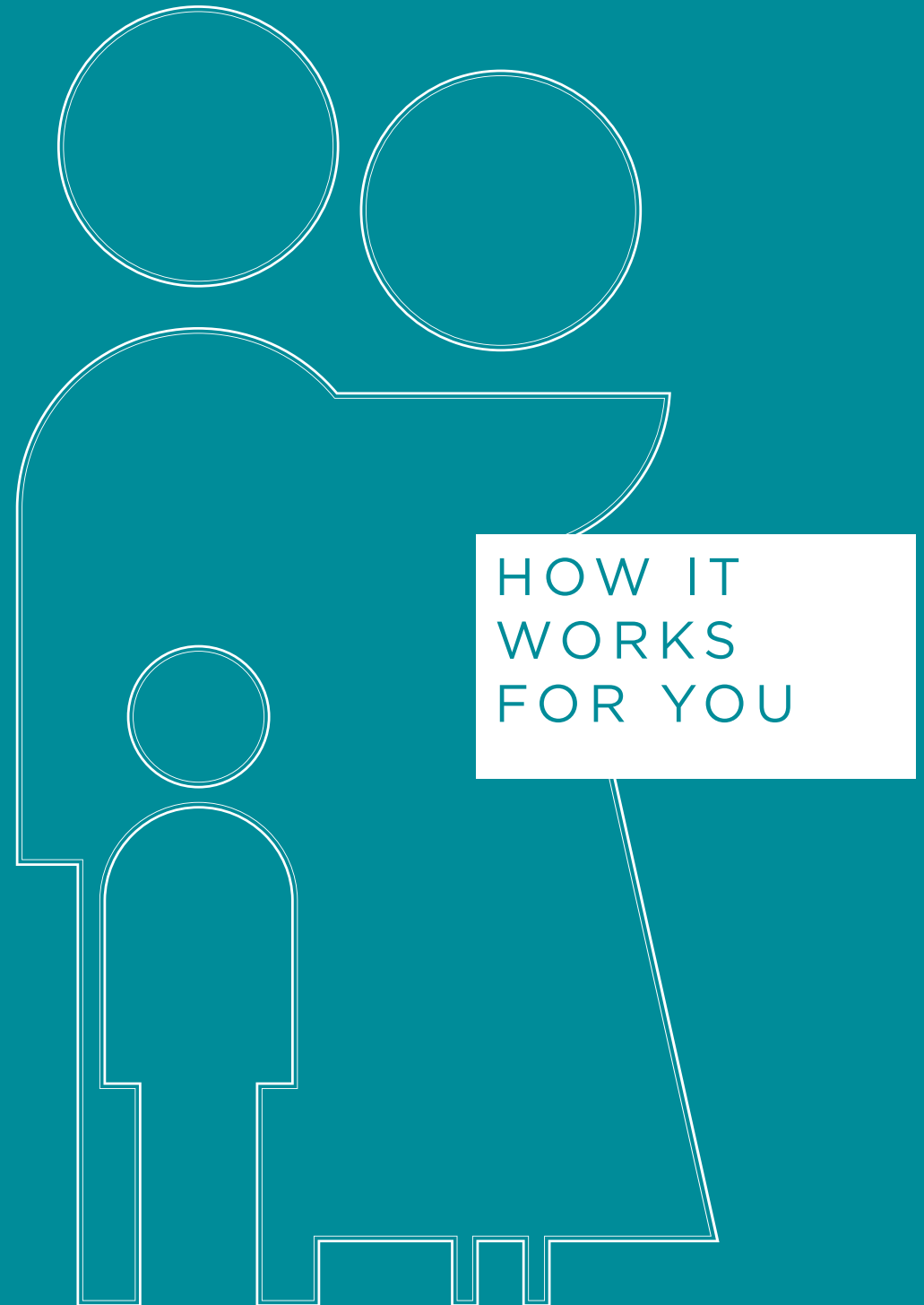
## PRE-AUTHORISE YOUR TREATMENT

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

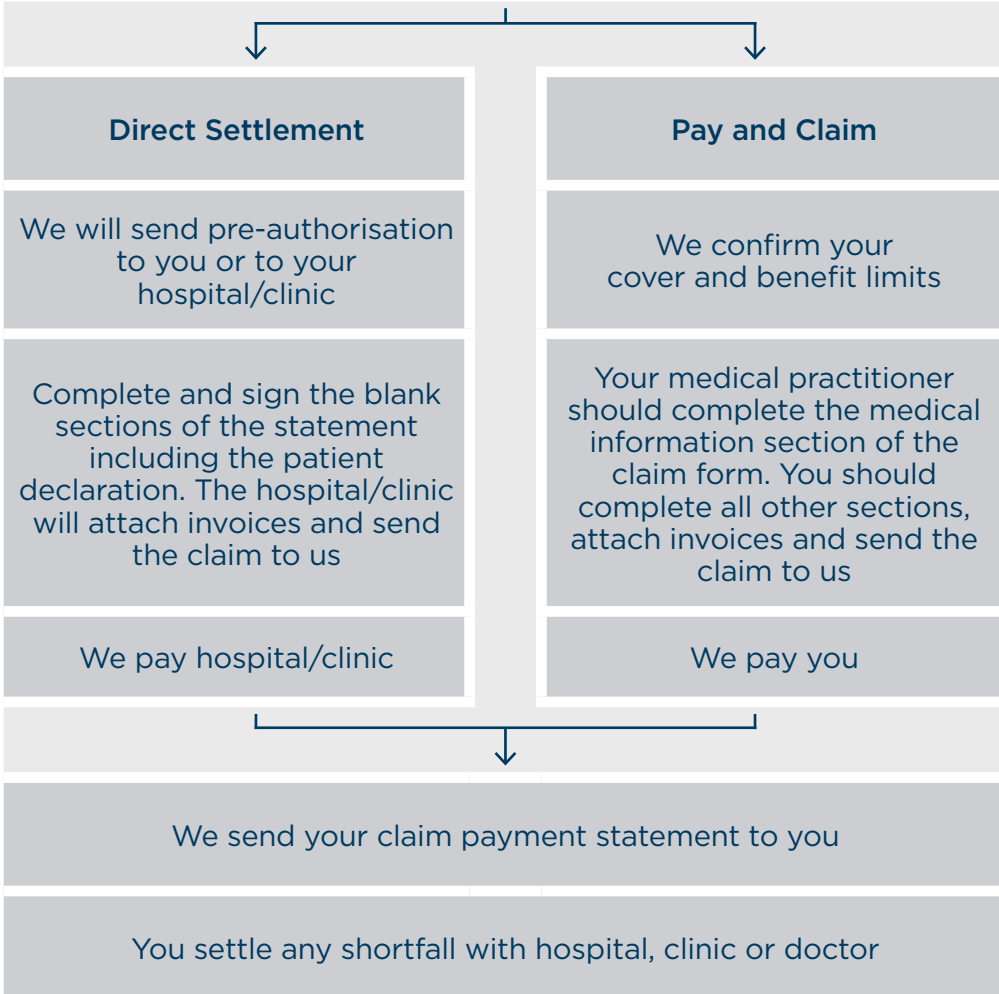
Important rules: please note that pre-authorisation is only valid if all the details of the authorised treatment, including dates and locations, match those of the treatment received. If there is a change in the treatment required, if you need to have further treatment, or if any other details change, 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

Contact Bupa International customer service helpline:  
+44 (0) 1273 323 563 or [info@bupa-intl.com](mailto:info@bupa-intl.com)



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 [www.bupa-intl.com/membersworld](http://www.bupa-intl.com/membersworld), or write to us at:

Bupa International  
Victory House,  
Trafalgar Place,  
Brighton. BN1 4FY. UK

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## 2. HOW TO USE YOUR PLAN

# TAKING GOOD CARE OF YOU WHEREVER YOU ARE



### The world of Bupa

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

### Worldwide Health Options

This booklet explains the terms and conditions of the Worldwide Health Options plan. Detailed information such as prior approval, making a claim and moving country can be found in this booklet.

[www.bupa-intl.com](http://www.bupa-intl.com)

# WELCOME

Thank **you** for choosing Worldwide Health Options  
This booklet explains all **you** need to know about how to use **your** plan

To confirm which of the Worldwide Health Options **you** have chosen **we've** included **your** membership certificate (**you** can find full details on **your** chosen options in the 'Table of benefits' booklet) And each year on the **anniversary** of **your** cover **we'll** inform **you** of any updates or changes to **your** plan

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:  
[www.bupa-intl.com/membersworld](http://www.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 back of this booklet.

### European branch addresses:

Bupa Denmark • 8 Palaegade • DK-1261 Copenhagen K • Denmark

Bupa in Malta • 120 The Strand • Gzira • Malta

Bupa France • Nice Etoile 30 • Avenue Jean Médecin • F-06000 • Nice • France

Bupa Spain • Edif. Santa Rosa 1-D • C/. Santa Rosa 20 • Los Boliches • E-29640 Fuengirola (Málaga) • Spain

Bupa Cyprus • 3 Ioannis Polemis Street • PO Box 51160 • 3502 Limassol • Cyprus

# 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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# HOW YOUR PLAN WORKS

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In this section **you'll** find information on how **your** plan works.

Find out more about:

- **our** service
- what happens if **you** need **treatment**
- **treatment** in the USA
- how to claim
- how **you** will be paid

## Our service

As a **Bupa International** member, **you** have access to a number of services to help make **your** life easier.

## Round the clock reassurance from our Medical Centre

**Our** dedicated Medical Centre gives **you** the confidence of knowing that all **your** medical and wellbeing needs will be looked after by medically trained people who understand **your** situation.

**You** can call **our** Medical Centre on +44 (0) 1273 333 911 for healthcare advice, support and assistance at any time of the day or night.

## What help can you expect?

**You'll** find **our** Medical Centre an accessible, knowledgeable and comprehensive resource for all health related questions and concerns. **We** will talk in **your** own language and give **you** access to medical experts and local facilities around the globe.

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

- o medical referral options and advice
- o booking appointments
- o medical 'second opinions'
- o travel advice
- o security advice

If **you** have purchased the Worldwide Evacuation option **you** can ask **us** to arrange medical evacuations and repatriations, including:

- o air ambulance transportation
- o commercial flights, with or without medical escorts
- o stretcher transportation
- o transportation of mortal remains
- o travel arrangements for relatives and escorts

**Our** Medical Centre teams will handle **your** case from start to finish, so that **you** can always talk to someone who knows what is happening and they will aim to give **you** the support and consistent advice **you** require.

**You'll** be treated as a valued individual rather than a policy number – **we** believe that every person and situation is different, and **we** focus on finding answers and solutions that work specifically for **you**.

## Online support at MembersWorld

To make **your** life easier and save **you** time and hassle, **we** have created an exclusive, secure and password protected members website.

**You** can log on to **your** MembersWorld website at [www.bupa-intl.com/membersworld](http://www.bupa-intl.com/membersworld) from anywhere in the world to manage **your** cover and access a comprehensive library of information and expert advice.

**You** can use **our** online features to:

- o view **your** plan documents
- o update **your** personal details
- o track the progress of **your** claims\*\*
- o make payments online
- o search **our** international **hospital** directory
- o download claim forms and other useful documents
- o talk to **us** using webchat

## Get expert health advice from bupa.com

**Our** health area is full of up-to-date information that can help **you** to stay fit and well. Look up the names of commonly used medicines and find out how they work and any side-effects and alternatives.

## What happens if you need treatment

If for any reason **you** need **treatment**, please get in touch with **us** first. **We** can then check **your** cover, talk through any concerns **you** may have and arrange prior approval\*.

## Prior approval

**We** want to make sure things run as smoothly as possible. After all, the last thing **you** want to worry about when **you're** not well is filling in forms and paying bills.

That's why **we** ask **you** to seek prior approval before going into **hospital**. It's important that **you** contact **us** before receiving **treatment**, whether **you** are:

- o staying overnight in **hospital**
- o visiting **hospital** as a **day-case**
- o having **treatment** for cancer
- o having advanced imaging, for example magnetic resonance imaging (MRI), computerised tomography (CT) or positron emission tomography (PET)

**We** can then confirm that **your treatment** is covered by **your** plan. **Our** medically qualified staff can also offer advice and help to make sure **you** are receiving the most appropriate care.

Prior approval also allows **us** to be in direct contact with **your hospital** or clinic, so that **we** can take care of the bills, while **you** concentrate on getting well.

When **we** have been contacted about prior approval, **we** will send **you** a pre-authorisation statement to **your hospital** or clinic, to let them know that **your treatment** is covered and ask them to send all the bills directly to **us**. **We** will also send **you** a pre-authorisation statement. This can be used as a claim form to send to **us** with the original invoices if **you** need to pay for any of **your treatment**.

## How does it work?

Please follow these simple steps:

- o make sure **you** take **your** membership card when **you** go for **treatment**
- o give **your** card to the admissions staff when **you** arrive and ask them to contact **us** – all the information they need is on the card
- o we will confirm whether the **treatment** **you** are having is covered and that **your** membership is in order
- o we will arrange direct settlement with them, wherever possible. If you've chosen to pay a **deductible**, **we** will collect any amount due from **your** bank or credit card

And that's it. **You** can then relax and have **your treatment** knowing that **we** will take care of the costs for **you**.

## Treatment in the USA

If **you** chose to include USA Cover, **we** have special arrangements in place if **you** need to be hospitalised while **you** are there. These include access to a select **network** of quality **hospitals** and other medical **treatment** providers with direct settlement of all covered expenses when **you** receive **treatment** in a **network hospital**. To access these benefits, and avoid penalties, prior approval must be obtained for all **treatment in hospital** using the same simple process as before. Please call 800 554 9299 (from inside the US) or +1 800 554 9299 (from outside the US).

When **you** get prior approval for **your treatment** and **you** go to a **network hospital**, all covered expenses are paid in full – direct to the providers of **your treatment**.

This cover still gives **you** the freedom to choose to have **your treatment** at any **hospital**. However, if **you** decide to have **your treatment** at a **hospital** which is

\* **We** obtain health, travel and security information from third parties. **You** should check this information, as **we** cannot be held responsible for any errors or omissions, or any loss, damage, illness and/or injury that may occur as a result of this information.

\*\* MembersWorld may not track claims in the USA as **we** use a third party here.

\* **Your insurer** cannot be held responsible for any loss, damage, illness and/or injury that may occur as a result of receiving medical **treatment** at a **hospital** or from a **medical practitioner**, even when **we** have approved the **treatment** as being covered under **your** plan.

not included in the **network**, **you** will be required to share the cost and pay 20 percent of **your** covered expenses.

There may be occasions when it is not possible for **you** to be treated at a **network hospital**.

These include:

- there is no **network hospital** within 30 miles/50 kilometres of **your** address
- the **treatment you** need is not available in the **network hospital**

In these cases, **we** won't ask **you** to share the cost of **your treatment**.

If **you** choose not to get prior approval for **your treatment in hospital**, **you** will be required to pay 50 percent of **your** covered expenses. Without prior approval, the special arrangements and **network pricing we** have put in place for **you** cannot be accessed.

Of course **we** understand that there are times when **you** cannot get prior approval, such as in an **emergency**. If **you** are taken to **hospital** in an **emergency**, it is important that **you** arrange for the **hospital** to contact **us** within 48 hours of **your** admission. **We** can then make sure **you** are getting the right care, in the right place. If **you** have been taken to a **hospital** which is not part of the **network**, and if it is the best thing for **you**, **we** will arrange for **you** to be moved to a **network hospital** to continue **your treatment** once **you** are stable.

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

## How to claim

**We** always aim to settle **your** claim directly with **your treatment** provider. If **we** cannot do this for any reason, please send **us** a claim by post.

To help **us** to settle **your** claim promptly, **you** should include:

- a fully completed claim form
- all the original invoices for **your treatment**

**We** cannot return original documents such as invoices or letters, but **we** are happy to send certified copies if **you** ask for these when **you** submit **your** claim.

**We** may need to ask for extra information to help **us** process **your** claim, for example:

- medical reports or other information about **your** condition
- the results of any independent medical examination that **we** may ask and pay for
- written confirmation that **you** cannot claim against another person or insurer

If this is the case, there will be a delay before **we** are able to make any claim payment.

**We** will pay for:

- **treatment** and conditions included on **your** plan while **you** are covered by **your** membership
- costs as described in your 'Table of benefits' booklet as applicable on the date(s) of **your treatment**
- **treatment** which is clinically appropriate and suitable for you
- **active 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

- costs for **treatment** which **you** have received, but not deposits or advance payments for **treatment** to be received in the future, or registration/administration fees charged by the provider of **treatment**
- 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\*

**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.

## How you will be paid

**We** will pay only one of the following:

- the member who received the **treatment**
- the **main member**
- the **treatment** provider, or
- the executor or administrator of the member's estate

**We** will pay by either:

- electronic transfer direct to **your** bank account, or
- cheque

Electronic transfers are quick, secure and convenient, and **we** even pay the administration costs for making payments in this way. **Our** bank is instructed to pass these charges back to **us** for payment, but sometimes **you** will still be charged by **your** local bank. If this happens, **we** will refund these costs to **you**. Any other bank charges or fees, such as for currency exchange,

are **your** responsibility, unless they are charged as a result of **our** error.

If **you** wish **us** to pay **you** using electronic transfer, **we** will need the following details:

- full account number
- SWIFT code
- bank address
- IBAN number (if **your** account is held in Europe)

Please include all this information in the payment section of **your** claim form.

If **we** pay **you** by cheque and **you** don't cash it within 12 months, it will no longer be valid. If this happens simply get in touch and **we** will send **you** a replacement.

## Which currency will you be paid in?

**We** will pay **you** in the currency **you** asked for in the payment section of **your** claim form, unless **we** are not allowed to due to international banking regulations. If this happens, **we** will pay **you** in the currency **you** use to pay **us**.

If **we** need to make a conversion to calculate **your** claim, the exchange rate will be the average of the buying and selling rates across a wide range of rates quoted by the banks in London, either on the date when the invoice was issued or on the last date of **your treatment** – whichever is later.

## How much will you be paid?

**Your** benefits are paid in line with the limits shown in your 'Table of benefits' booklet, and any **deductibles you** may have chosen.

\* 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, **Bupa International** may refer to these when assessing and paying claims. Charges in excess of published guidelines or reasonable and customary costs may not be paid.

The benefit limits are shown in three currencies (see your 'Table of benefits' booklet). The currency in which **you** have chosen to pay **your** subscriptions is the one **we** use to calculate **your** benefits.

There are different types of benefit limits, which are quoted separately for each person included in **your** membership:

- annual maximum – **we** will pay up to this amount for all **treatments** in total, each **membership year**
- money limit – **we** will pay up to this amount for a particular **treatment**, each **membership year**
- visits limit – **we** will cover up to this number of visits or **treatments**, each **membership year**
- lifetime limit – **we** will pay up to this amount (in money or visits) for the whole of **your** membership of this plan\*
- single condition limit – **we** will pay up to this amount (in money or visits) for a single diagnosis, each **membership year**

### Discretionary payments

Sometimes, in certain situations, **we** may pay for **treatment you** have received which is outside the terms of **your** cover. This is called a discretionary or ex-gratia payment. Any payment that **we** may make on this basis will still count towards the maximum limits on **your** membership. If **you** receive a discretionary payment like this, it does not mean that **we** are required to pay similar costs in the future.

**We** are not required to pay for any **treatment** or condition that is not covered by **your** plan, even if **we** have paid an earlier claim for similar or identical **treatments** or conditions.

### Treatment after an accident

If **you** need **treatment** after an accident caused by someone else, **we** will do everything **we** can to help. It is important that **you** complete the correct section on the claim form so that **we** can help **you** to:

- get the cost of **treatment we** have paid from the person at fault (or their insurance company) and return it to us
- claim interest on **your treatment** costs if **you** are allowed to

In certain circumstances, for example, if **you're** the victim of an accident, **your insurer** (or any person or company **we** nominate) will have the full 'right of **subrogation**'. This means that **we** can assume **your** right to recoup the cost of **treatment(s)** that **we** have paid from the person at fault (or their insurance company). In the event of any payment of any claim under **your** membership, **we** or any person or company that **we** nominate may therefore be subrogated to all **your** rights of recovery and of any person entitled to the benefits of **your** coverage. **You** will need to sign and deliver all documents or papers, and anything else that is required to secure these rights. **You** must not take any action which could damage or affect these rights.

### Claiming with joint or double insurance

**You** must complete the appropriate section on the claim form if **you** have any other insurance cover for the cost of the **treatment** or benefits **you** have claimed from **us**. If **you** do have other insurance cover, this must be disclosed to **us** when claiming, and **we** will only pay **our** share of the cost of the **treatment** or benefits claimed.

# DEDUCTIBLES

**Deductibles** are the contributions **you** make towards the cost of **your treatment**

\* Exception – the lifetime limit for **psychiatric treatment** in **hospital** applies to the whole of **your** membership with **your insurer**. Please read about **psychiatric treatment** in **your** 'Table of benefits' booklet.

If **you** chose to have a **deductible** on **your** Worldwide Medical Insurance cover, additional **deductibles** will also apply if **you** opted for Worldwide Medical Plus or Worldwide Medicines and Equipment (**deductibles** do not apply to Worldwide Wellbeing or Worldwide Evacuation).

The table below explains the value of the **deductible** which applies to each option. **You'll** find details of **your deductibles** on **your** membership certificate.

WORLDWIDE MEDICAL INSURANCE		
£ STERLING	€ EURO	\$ US
250	300	425
500	625	850
1,000	1,250	1,700
2,000	2,500	3,400
5,000	6,250	8,500

OPTION: WORLDWIDE MEDICAL PLUS		
£ STERLING	€ EURO	\$ US
100	125	170

OPTION: WORLDWIDE MEDICINES AND EQUIPMENT		
£ STERLING	€ EURO	\$ US
50	60	80

### How do deductibles work?

A **deductible** is the amount **you** must pay towards covered expenses before **we** will start paying for **your treatment**.

It's important that **you** send all **your** claims to **us**, even if the value of **your** claim is less than the **deductible**.

**We** won't make any payment, but the claim will count towards **your deductible**.

**Deductibles** apply separately for **treatment** **you** have under each of the options. For example, if **you** have Worldwide Medical Insurance with a £500 **deductible** and have chosen Worldwide Medical Plus, the **deductible** for each would be applied as follows:

<b>You</b> have <b>treatment</b> in <b>hospital</b> for a broken leg, which costs £1,000
<b>Deductible</b> applied is £500 from Worldwide Medical Insurance (as this covers <b>hospital treatments</b> )
Amount paid by <b>us</b> is £500
<b>You</b> have <b>physiotherapy</b> for <b>your</b> broken leg (usually paid from <b>your</b> Worldwide Medical Plus option), which costs £300
<b>Deductible</b> applied is £100 from Worldwide Medical Plus
Amount paid by <b>us</b> is £200

If **your** claim is for an amount higher than the value of **your deductible** or remaining **deductible**, **we** will pay for covered expenses after the **deductible** has been met in full.

Once **your deductible** has been reached, all covered expenses will be paid in line with **your** benefit limits.

Please remember:

- the **deductibles** apply separately for each person included on **your** membership
- the **deductibles** apply each **membership year**. If **you** have **treatment** which continues over **your anniversary**, the **deductible** will be payable separately for **treatment** received both before and after **your anniversary**

- the **deductible** for Worldwide Medical Insurance and each option is counted separately
- you** must have a valid direct debit agreement or credit card authority with **us**, so **we** can collect **your deductible**
- you** are responsible for paying the **deductible** in all circumstances

### How will claims be paid?

If **we** are paying **you**:

- payment will be less the amount of the **deductible**

If **we** are paying **your treatment** provider:

- payment for covered **treatment** and within any limits will be made in full
- any **deductible** due will be collected from **you** using **your** direct debit agreement or credit card authority

**We** will always send **you** a claims statement showing how much has been counted towards **your deductible** and how much has been paid.

**Your deductible** invoice will show the amount **we** will collect from **your** account.

### Changing your deductible

**You** can request a change to **your deductible** on **your anniversary** each year. This request could be to add or remove a **deductible**, or to increase or decrease an existing **deductible**. If **you** wish to remove or reduce **your deductible**, **we** may ask **you** to complete a medical history questionnaire. This means that **we** may apply new special restrictions or exclusions, which are personal to **you**.

If **you** add or increase a **deductible** **your** subscriptions will be lower. If **you** remove or reduce a **deductible** **your** subscriptions will be higher.

# IMPORTANT INFORMATION

## Your membership

**Your** plan is an annual contract that will begin on the 'Period of cover from' date on **your** membership certificate. **Your anniversary** falls on this date in each following year of **your** membership. **Your** membership will continue automatically each year, regardless of **your** age or current state of health.

Please read 'What happens on my **anniversary**?' section.

## Our legal agreement

**You** (the **main member**) have formed an agreement with **your insurer** about **your** cover on Worldwide Health Options. Only **you** and **your insurer** have legal rights under this agreement. This means that only **you** and no-one else may enforce the terms of this agreement, either under the Contracts (Rights of Third Parties) Act 1999 or otherwise.

**You**, or anyone else who is covered under **your** membership, have complete access to **our** complaints and dispute resolution process.

Please read 'Making a complaint' section.

## What forms my membership?

**Your** membership with **us** consists of:

- o **your** application, whether **you** have sent in a form or applied by telephone or online and any declarations that **you** made during **your** enrolment for **you** and other members included in **your** membership
- o **your** rules and benefits in the 'How to use your plan' booklet and 'Table of benefits' booklet within your membership pack
- o **your** membership certificate, which shows full details of **your insurer**

## What happens if I move?

**You** must always let **us** know when **you** change **your** address, so that **we** can keep in touch and get important documents to **you**.

If **you** move to another country, **you** must let **us** know straight away. **Your** new country may have different regulations for health insurance, and **we** can make sure that **you** have the right cover and that all local regulations are being met.

## Specified country of residence

If **you** move to a new country or change **your specified country of nationality you**, the **main member**, must tell **us** straight away if **your** country of residence or **your** of **specified country of nationality** changes. We may need to end your membership if the change results in a breach of regulations governing the provision of healthcare cover to local nationals, residents or citizens.

The details of regulations vary from country to country and may change at any time.

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

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

If **you** change **your specified country of residence** or **your specified country of nationality**, please call the **Bupa International** customer services helpline so **we** can confirm if **your** membership is affected, and, if so, whether **we** can offer **you** a transfer service.

**You** may need to add or remove cover for the USA during the course of **your** membership, if **you** move to or from that country. If this is the case, please contact **us** to discuss. Please note that **your** subscriptions will be higher or lower from the effective date of adding or removing cover for the USA.

Please read 'How are my subscriptions calculated?' section.

### When does my membership begin?

**Your** membership begins on the 'Period of cover from' date on the first membership certificate **we** send. **Your anniversary** falls on this date each year.

If **you** include any **additional people**, their membership will begin on the 'Period of cover from' date on the first membership certificate **we** send on which they are listed.

If, for any reason, **you** do not continue **your** membership, any **additional people** included in **your** plan can apply for their own membership.

### What happens on my anniversary?

**Your** membership will continue automatically, regardless of **your** age or state of health.

**We** will write to **you** and let **you** know:

- any changes to the benefits provided
- any changes to **your** membership pack, or
- the subscriptions and other charges payable

Any new changes will come into effect after **your anniversary** only.

In some circumstances, **we** may decide to end the plan **you** are a member of. This is a rare event, but if it does happen **we** will do **our** best to make sure **you** are not inconvenienced in any way. **We** will:

- offer **you** membership of another suitable plan, wherever possible, or

- transfer **your** membership within one month without any new personal restrictions or exclusions

### Can I cancel my membership?

**You** can cancel **your** membership, and that of any **additional people** covered under **your** plan, within 28 days of receiving **your** first membership certificate.

Should **you** wish to, simply write and let **us** know.

**You'll** find **our** address in the 'Quick Reference Guide'.

If **you** or the **additional people** covered have not made any claims, **we** will refund any subscriptions **you** have paid.

### Ending your membership

**You** can end **your** membership by letting **us** know:

- as soon as possible in advance of the date **you** wish to end **your** membership
- whether or not the membership of **additional people** is also to be ended, or
- the date that **you** want **your** membership to end (**you** can't backdate the ending of **your** membership)

To help **us** continue to maintain and improve **our** level of service, **we** would appreciate it if **you** could also let **us** know the reason **you** are ending **your** membership.

Please be aware that **your** membership will end automatically in the following circumstances:

- if **you** do not pay subscriptions or other charges (such as Insurance Premium Tax (IPT) taxes or levies) before, or within 30 days of, the date they are due. If **you** are having trouble paying **your** subscriptions please get in touch – **we** may be able to help, or
- in the event of the death of the **main member**. In this case, any **additional people** in **your** plan can apply to become the **main member**. If the membership is transferred within one month of the date of death of the original **main member**

and without a break in cover, **we** will not apply any new personal restrictions or exclusions

### Refunding your subscriptions

**We** will refund any subscriptions **you** have paid which relate to a period after **your** membership ends. However, **we** are entitled to deduct money **you** may owe **us** from any refund.

### How can I change my plan?

**Your** membership with **us** is an annual contract. This means that **we** can only add or remove options for **you** on **your anniversary**.

If **you** want to add or remove options, please contact **us** before **your anniversary** to discuss **your** choices. If **you** add options to **your** plan, **your** subscriptions will be higher. If **you** remove options from **your** plan, **your** subscriptions will be lower.

If **you** add new options to **your** cover, **we** may ask **you** to complete a medical history questionnaire. This means that **we** may apply new special restrictions or exclusions on the new options **you** have chosen, which are personal to **you**.

### Adding members to your plan

**You** can apply to include **additional people** in **your** membership by filling in a membership amendment form. **You** can download this easily from MembersWorld at [www.bupa-intl.com/membersworld](http://www.bupa-intl.com/membersworld). Or **you** can contact **us** and **we** will send one to **you**.

The medical history for all **additional people you** apply to include on **your** membership, including newborn children, will be reviewed by **our** medical underwriters. This may result in special restrictions or exclusions, which are personal to any **additional people you** add and which will be shown on **your** membership certificate, or **we** may decline to offer cover.

Newborn children can only be included on **your** membership from their date of birth when:

- at least one parent has been covered on this membership for 10 months or more prior to the child's birth
- the child has not been born as a result of **assisted reproduction technologies, ovulation induction treatment**, adopted or born to a surrogate
- the child is not being enrolled on their own membership, or
- **you** have completed a membership amendment form and **we** have received it before **your** child is 90 days old

Newborn children who have been born as a result of **assisted reproduction technologies, ovulation induction treatment**, adopted, born to a surrogate or who are being enrolled on their own membership can be included from their 91st day and **you** have completed a membership amendment form or application form.

The medical history for any newborn children **you** apply to include on **your** membership will be reviewed by **our** medical underwriters. This may result in special restrictions or exclusions which will apply from the child's 91st day of life, or **we** may decline to offer cover.

This also applies to newborn children who have been born as a result of **assisted reproduction technologies, ovulation induction treatment**, adopted or born to a surrogate or being enrolled on their own membership who can be included from their 91st day on completion of a membership amendment form or application form.

### New membership certificates

**We** will send **you** a new membership certificate to record any changes made on **your** plan, such as a change of address or the addition of another person.

**Your** new membership certificate will replace any earlier ones **you** have received with effect from the 'Certificate issue date', so please discard the previous one.

## How are my subscriptions calculated?

**Your** subscriptions are calculated according to the country in which **you** reside.

Countries are grouped into eight different zones according to the costs of **treatment** in those countries. For example, the cost of **treatments** in France and Finland are similar and these countries are both in Zone 6.

If **you** live in the USA, **you** must pay for Zone 1 which covers those living in the USA. Please note that **we** cannot cover anyone who is permanently resident in the USA as **you** must be insured through a local company.

If **you** live outside the USA, **your** subscription is calculated according to the zone where **you** spend most of **your** time. **You** can choose to add USA Cover to any of the zones. This then covers **you** for the zone where **you** spend most of **your** time and includes cover for medical **treatment** if needed when **you** are visiting the USA.

## How do I pay subscriptions and other charges?

The subscriptions for **your** membership must be paid by the 'Due date' shown on the invoice. All subscriptions are payable in advance. **Your** invoice will also show you:

- o the amount **you** need to pay
- o the method **you** have chosen to pay by (direct debit, credit card, etc)
- o the currency **you** have chosen to pay in, and
- o how often **you** need to make a payment (monthly, quarterly or yearly)

**You** may also have to pay other charges, such as Insurance Premium Tax (IPT), or other taxes, levies or charges, depending on the laws of **your** residency country. If they apply to **you**, they will be included within the total that **you** have to pay on **your** invoice.

The charges may apply from the 'Period of cover from' date of **your** membership or **your anniversary**. **You** must pay these charges to **us** when **you** pay **your** subscriptions, unless otherwise required by law.

Please pay **your** subscriptions directly to **your insurer**. If **you** pay **your** subscriptions to anyone else, such as an intermediary or insurance broker, then that person is acting on **your** behalf as **your agent**. **Your insurer** will not be responsible for any subscriptions paid to a third party.

## What happens if I don't pay?

If **you** do not pay subscriptions and other charges when they are due, **your** membership may be suspended. **We** may also suspend **your** membership if **you** do not pay in full any relevant contribution for a claim **we** have paid direct to **your treatment** provider.

Claims submitted while **your** membership is suspended will not be paid. Once **you** have paid **your** subscriptions and **your** membership suspension has ended, **we** will be happy to consider **your** claim.

## Will the amount I pay change?

It is likely that the amount **we** charge **you** at **your anniversary** will change. Some of the factors which might affect this include the rising cost of medical **treatments**, which **we** aim to control through negotiating cost control measures with **hospitals** and clinics. Additionally, the ages of everyone on **your** membership, **your** resident country and changes to **your** cover such as adding, changing or removing options or **deductibles** may also influence **your** subscription.

Other charges including IPT or other taxes, levies and charges may change at any time if there is a change in the rate or if any new tax, levy or charge is introduced in the country where **you** live.

## Bank charges

**You** are responsible for any administration charges that **your** bank may make for the payment of **your** subscriptions.

## Making a complaint

**We** are always pleased to hear about any aspect of **your** membership that **you** have particularly appreciated, or that **you** have had problems with. If something does go wrong, **we** have 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 [www.bupa-intl.com/membersworld](mailto:www.bupa-intl.com/membersworld), or write to **us** at:

Bupa International  
Victory House  
Trafalgar Place  
Brighton  
BN1 4FY, UK

**We** want to make sure that members with special needs are not excluded in any way. For hearing or speech impaired members with a textphone, please call +44 (0) 1273 866 557. **We** also offer a choice of Braille, large print or audio for **our** letters and literature. Please let **us** know which **you** would prefer.

## Taking it further

It's very rare that **we** can't settle a complaint, but if this does happen, **you** may also refer **your** complaint to the Financial Ombudsman Service.

**You** can:

- o write to them at South Quay Plaza, 183 Marsh Wall, London E14 9JR, **UK**
- o call them on 0845 080 1800 or +44 (0) 20 7964 1000
- o find details at their website [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Please let **us** know if **you** want a full copy of **our** complaints procedure. (None of these procedures affect **your** legal rights.)

## Confidentiality

The confidentiality of personal health information is of paramount concern to the companies in the Bupa group. To this end, Bupa fully complies with applicable data protection legislation and medical confidentiality guidelines. Bupa sometimes uses third parties to process data on **our** behalf. Such processing, which may be undertaken outside the EEA (European Economic Area), is subject to contractual restrictions with regard to confidentiality and security obligations in addition to the minimum requirements imposed by data protection legislation in the UK.

## Useful notes and legal information Other parties

No other party is allowed to make or confirm any changes to **your** membership on **our** behalf, or decide not to enforce any of **our** rights. No change to **your** membership will be valid unless it is confirmed in writing, which may be by letter, email or webchat. Any confirmation of **your** cover will only be valid if it is confirmed in writing by **your insurer**, as above.

## Correspondence

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

## Applicable law

**Your** membership is governed by English law. Any dispute that cannot otherwise be resolved will be dealt with by courts in England. If any dispute arises as to the interpretation of this document, then the English version of this document shall be deemed to be conclusive and taking precedence over any other

language version of this document. **You** can obtain a copy at any time by contacting **our** customer helpline on +44 (0) 1273 323 563.

### False information

If there is reasonable evidence that any person has misled **us** or attempted to mislead **us**, either at the time of joining or when making a claim, by:

- o giving false information
- o keeping necessary information from **us**, or
- o working with another party to give false information

either intentionally or carelessly and which may influence **us** in deciding:

- o whether **you** (or they) can join the plan
- o what subscription has to be paid, or
- o whether **we** have to pay any claim

**your insurer** can end **your** membership, including the membership of any **additional people** included in **your** plan and seek to recover any claim payments which have previously been made. **We** will refund any subscriptions **you** have paid which relate to a period after **your** membership ends. However, **we** are entitled to deduct money **you** may owe **us** from any refund.

**We** may also refer the case for legal action and/or law enforcement agencies.

**We** may alternatively:

- o add new personal restrictions or exclusions to **your** cover, and/or
- o deny payment against any pending claims

**We** will not end **your** membership, or add any personal restrictions or exclusions to **your** cover, for any disease, illness or injury that started after **you** joined the plan as long as you:

- o gave **us** all the information **we** asked for before **you** joined, and
- o have not applied to add any new options to **your** cover

## GLOSSARY

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

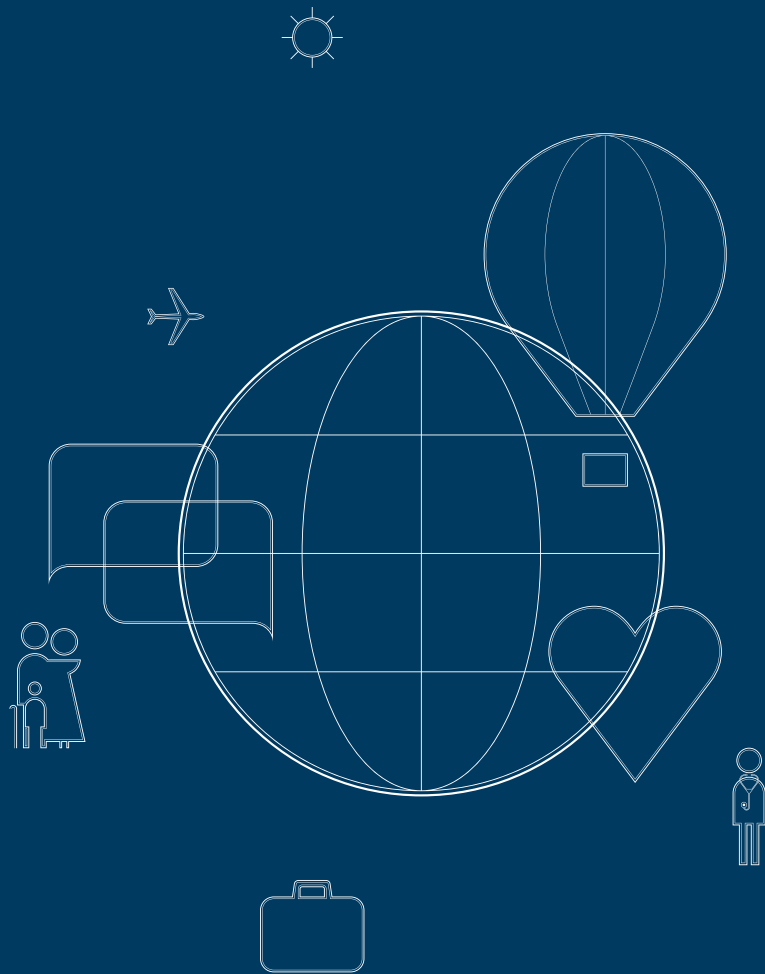
DEFINED TERM	DESCRIPTION
<b>Acceptable evidence:</b>	International medical and scientific evidence which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people, or clinical trials which are not registered.
<b>Active treatment:</b>	<b>Treatment</b> from a <b>medical practitioner</b> of a disease, illness or injury that leads to <b>your</b> recovery, conservation of <b>your</b> condition or to restore <b>you to your</b> previous state of health as quickly as possible.
<b>Additional people:</b>	The other people named on <b>your</b> membership certificate as being members of the plan and who are eligible to be members, including newborn children.
<b>Anniversary:</b>	Each <b>anniversary</b> of the date <b>you</b> joined the plan. (If however <b>you</b> are a member of a <b>Bupa International</b> Worldwide Health Options group plan with a common <b>anniversary</b> for all members, <b>your anniversary</b> will be the common <b>anniversary</b> for the group. <b>We</b> tell <b>you</b> the group <b>anniversary</b> when <b>you</b> join).
<b>Assisted Reproduction Technologies:</b>	Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction.
<b>Birthing centre:</b>	A medical facility often associated with a <b>hospital</b> that is designed to provide a homelike setting during childbirth.
<b>Bupa International:</b>	Bupa Insurance Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.
<b>Complementary therapist:</b>	An acupuncturist, homeopath or Chinese medicine practitioner who is fully trained and legally qualified and permitted to practise by the relevant authorities in the country in which the <b>treatment</b> is received.
<b>Day-case:</b>	<b>Treatment</b> which for medical reasons requires <b>you</b> to stay in a bed in <b>hospital</b> during the day only. <b>We</b> do not require <b>you</b> to occupy a bed for <b>day-case psychiatric treatment</b> .
<b>Deductible:</b>	The amount <b>you</b> have to pay towards the cost of the <b>treatment</b> that <b>you</b> receive each <b>membership year</b> that would otherwise have been covered under <b>your</b> membership.
<b>Diagnostic tests:</b>	Investigations, such as X-rays or blood tests, to find the cause of <b>your</b> symptoms.
<b>Dietician:</b>	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the <b>treatment</b> is received.
<b>Doctor:</b>	A person who: <ul style="list-style-type: none"> <li>is legally qualified in medical practice following attendance at a recognised medical school to provide medical <b>treatment</b></li> <li>does not need a <b>specialist's</b> training, and</li> <li>is licensed to practise medicine in the country where the <b>treatment</b> is received</li> </ul> <p>By recognised medical school <b>we</b> mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.</p>
<b>Emergency:</b>	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgment of a reasonable person, requires immediate <b>treatment</b> , generally within 24 hours of onset, and which would otherwise put <b>your</b> health at risk.

DEFINED TERM	DESCRIPTION
<b>Hospital:</b>	A centre of <b>treatment</b> which is registered, or recognised under the local country's laws, as existing primarily for: <ul style="list-style-type: none"> <li>carrying out major <b>surgical operations</b>, and</li> <li>providing <b>treatment</b> which only <b>specialists</b> can provide</li> </ul>
<b>Intensive care:</b>	<b>Intensive care</b> includes: <ul style="list-style-type: none"> <li>High Dependency Unit (HDU): a unit that provides a higher level of medical care and monitoring, for example in single organ system failure.</li> <li>Intensive Therapy Unit / <b>Intensive Care</b> Unit (ITU/ICU): a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation.</li> <li>Coronary Care Unit (CCU): a unit that provides a higher level of cardiac monitoring.</li> </ul>
<b>Main member:</b>	The person who has taken out the membership, and is the first person named on the membership certificate. Please refer to <b>you/your</b> .
<b>Medical practitioner:</b>	A <b>complementary therapist, specialist, doctor, psychologist, physiotherapist, osteopath, chiropractor, dietician, speech therapist or therapist</b> who provides <b>active treatment</b> of a known condition.
<b>Membership year:</b>	The period beginning on <b>your</b> start date or renewal date and ending on the day before <b>your</b> next renewal date. By start date <b>we</b> mean the 'Period of cover from' date on <b>your</b> first membership certificate for <b>your</b> current continuous period of membership.
<b>Network:</b>	A <b>hospital</b> or similar facility, or <b>medical practitioner</b> , that has an agreement in effect with <b>Bupa International</b> or a <b>service partner</b> to provide <b>you</b> with eligible <b>treatment</b> .
<b>Out-patient:</b>	<b>Treatment</b> given at a <b>hospital</b> , consulting room, <b>doctor's</b> office or <b>out-patient</b> clinic where <b>you</b> do not stay overnight or as a <b>day-case</b> to receive <b>treatment</b> .
<b>Ovulation Induction Treatment:</b>	<b>Treatment</b> including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.
<b>Persistent vegetative state:</b>	<ul style="list-style-type: none"> <li>a state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and</li> <li>the person does not respond to stimuli such as calling their name, or touching</li> </ul> <p>The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.</p>
<b>Physiotherapy, osteopathy and chiropractor:</b>	Practitioners must be fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the <b>treatment</b> is received.
<b>Pre-existing condition:</b>	Any disease, illness or injury for which: <ul style="list-style-type: none"> <li><b>you</b> have received medication, advice or <b>treatment</b>, or</li> <li><b>you</b> have experienced symptoms</li> </ul> <p>whether the condition was diagnosed or not in the seven years before the start of <b>your</b> current continuous period of cover.</p>
<b>Prophylactic surgery:</b>	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.

DEFINED TERM	DESCRIPTION
<b>Psychiatric treatment:</b>	Treatment of mental conditions, including eating disorders.
<b>Psychologist:</b>	A person who is legally qualified and is permitted to practise as such in the country where the <b>treatment</b> is received.
<b>Qualified nurse:</b>	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the <b>treatment</b> is received.
<b>Registered clinical trial:</b>	An ethically approved and clinically controlled trial that is registered on a national or international database of clinical trials (eg www.clinicaltrials.gov, www.ISRCTN.ORG) or http://public.ukcrn.org.uk)
<b>Rehabilitation:</b>	<b>Treatment</b> in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.
<b>Service partner:</b>	A company or organisation that provides services on behalf of <b>Bupa International</b> . These services may include approval of cover and location of local medical facilities.
<b>Sound natural tooth/teeth:</b>	A natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally in chewing and speech.
<b>Specialist:</b>	<p>A surgeon, anaesthetist or physician who:</p> <ul style="list-style-type: none"> <li>○ is legally qualified to practise medicine or surgery following attendance at a recognised medical school</li> <li>○ is recognised by the relevant authorities in the country in which the <b>treatment</b> is received as having specialised qualification in the field of, or expertise in, the <b>treatment</b> of the disease, illness or injury being treated</li> </ul> <p>By 'recognised medical school' <b>we</b> mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.</p>
<b>Specified country of nationality:</b>	The country of nationality specified by <b>you</b> in <b>your</b> application form or as advised to <b>us</b> in writing, whichever is the later.
<b>Specified country of residence:</b>	The country of residence specified by <b>you</b> in <b>your</b> application and shown in <b>your</b> membership certificate, or as advised to <b>us</b> in writing, whichever is the later. The country <b>you</b> specify must be the country in which the relevant authorities (such as tax authorities) consider <b>you</b> to be resident for the duration of the policy.
<b>Speech therapist:</b>	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the <b>treatment</b> is received.
<b>Subrogation:</b>	The assumption of the member's right by <b>Bupa International</b> to recover from another party the costs of any claims paid by <b>Bupa International</b> for <b>treatment</b> to the member.
<b>Surgical operation:</b>	A medical procedure involving an incision into the body.
<b>Therapists:</b>	An occupational <b>therapist</b> or orthoptist, who is legally qualified and is permitted to practise as such in the country where the <b>treatment</b> is received.
<b>Treatment:</b>	Surgical or medical services (including <b>diagnostic tests</b> ) that are needed to diagnose, relieve or cure disease, illness or injury.
<b>UK:</b>	Great Britain and Northern Ireland.

DEFINED TERM	DESCRIPTION
<b>We/us/our:</b>	<b>Your insurer.</b>
<b>You/your:</b>	This means <b>you</b> , the <b>main member</b> and <b>your</b> dependants unless <b>we</b> have expressly stated otherwise that the provisions only refer to the <b>main member</b> .
<b>Your insurer</b>	The insurer providing <b>your</b> cover as stated on <b>your</b> membership certificate.





### 3. TABLE OF BENEFITS

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# TAKING GOOD CARE OF YOU WHEREVER YOU ARE

#### **Worldwide Health Options**

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

From 1 October 2011

# 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:  
[www.bupa-intl.com/membersworld](http://www.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.

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## 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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## HOW TO USE YOUR PLAN

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

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## TABLE OF BENEFITS

This booklet talks about **your** cover in full detail, including; what is covered, what is not covered and details of any options **you** have included on **your** plan.

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## 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.

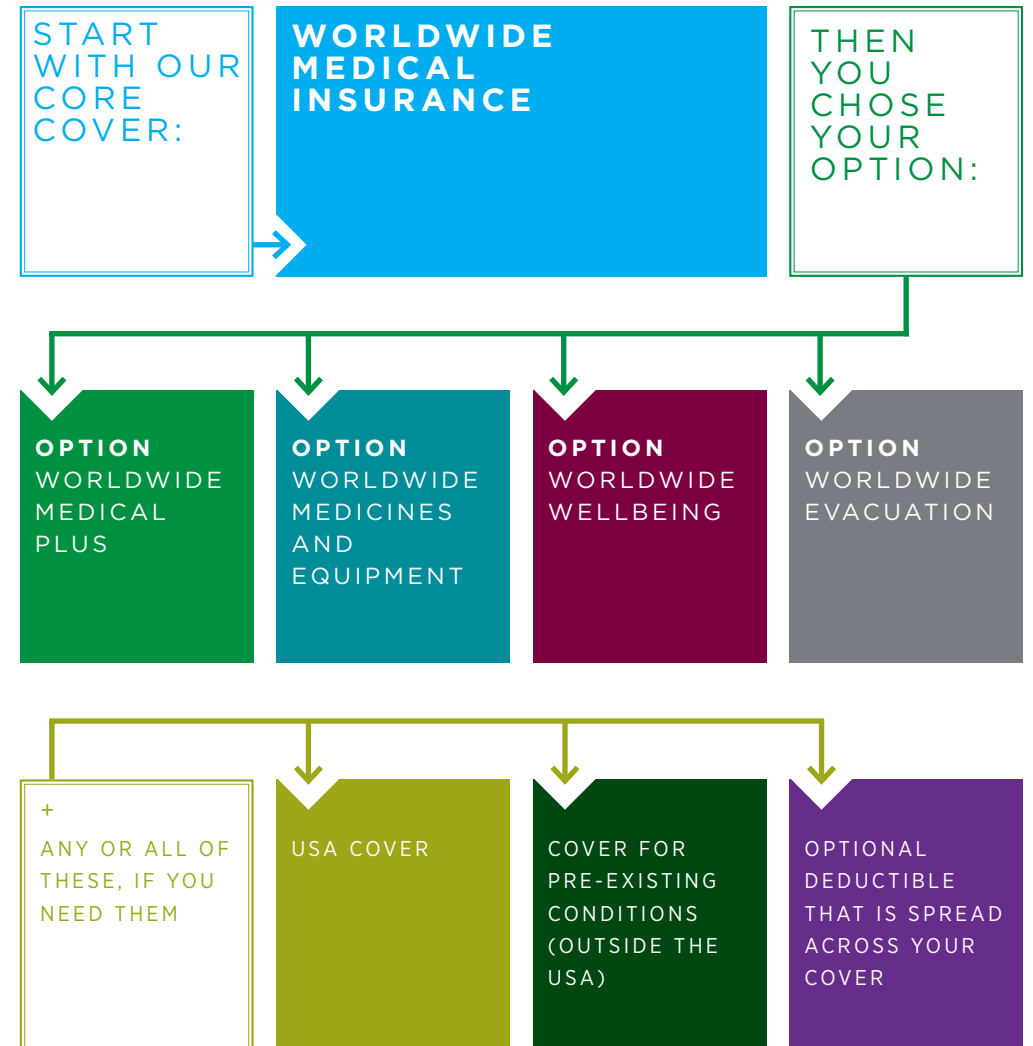
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# A QUICK REMINDER OF HOW YOU CREATED YOUR INDIVIDUAL PLAN

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

## SUMMARY OF EXCLUSIONS

<p><b>We do not pay for:</b></p> <ul style="list-style-type: none"> <li>○ Artificial life maintenance</li> <li>○ Birth control</li> <li>○ Conflict and disaster</li> <li>○ Convalescence and admission for general care</li> <li>○ Cosmetic <b>treatment</b></li> <li>○ Developmental problems</li> <li>○ Donor organs</li> </ul>	<ul style="list-style-type: none"> <li>○ Experimental <b>treatment</b></li> <li>○ Eyesight</li> <li>○ Foetal surgery</li> <li>○ Footcare</li> <li>○ Harmful or hazardous use of alcohol, drugs and/or medicines</li> <li>○ Health hydros, nature cure clinics, etc</li> <li>○ Infertility <b>treatment</b></li> </ul>	<ul style="list-style-type: none"> <li>○ Obesity</li> <li>○ <b>Persistent vegetative state</b> (PVS) and neurological damage</li> <li>○ Personal exclusions</li> <li>○ Personality disorders</li> <li>○ <b>Pre-existing conditions</b></li> <li>○ Preventive <b>treatment</b></li> <li>○ Reconstructive or remedial surgery</li> </ul>	<ul style="list-style-type: none"> <li>○ Self-inflicted injuries</li> <li>○ Sexual problems and gender issues</li> <li>○ Sleep disorders</li> <li>○ Stem cells</li> <li>○ Temporomandibular joint (TMJ) disorders</li> <li>○ Travel costs for <b>treatment</b></li> <li>○ Unrecognised medical practitioners, providers or facilities</li> <li>○ <b>USA treatment</b></li> </ul>
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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 <b>hospital</b> overnight or as a <b>day-case</b>	Paid in full	<p><b>We</b> pay <b>hospital</b> room and board costs when:</p> <ul style="list-style-type: none"> <li>○ there is a medical need to stay in <b>hospital</b></li> <li>○ <b>your treatment</b> is given or managed by a <b>specialist</b></li> <li>○ <b>you</b> are staying in <b>hospital</b></li> <li>○ the length of <b>your</b> stay is medically appropriate</li> <li>○ <b>you</b> occupy a standard single room with private bathroom. (This means <b>we</b> will not pay the extra costs of a deluxe, executive or VIP suite, etc)</li> <li>○ if <b>treatment</b> fees are charged in line with the room type, <b>we</b> will pay for <b>treatment</b> at the cost which would have been charged if <b>you</b> had stayed in a standard single room with private bathroom</li> </ul> <p>If <b>you</b> need to stay in <b>hospital</b> for longer than <b>we</b> have given prior approval, or if <b>your treatment</b> plan changes, <b>your specialist</b> must send <b>us</b> a medical report as soon as possible telling us:</p> <ul style="list-style-type: none"> <li>○ <b>your</b> diagnosis</li> <li>○ <b>treatment you</b> have already had</li> <li>○ <b>treatment</b> that <b>you</b> need to have</li> <li>○ how long <b>you</b> need to stay in <b>hospital</b></li> </ul> <p><b>We</b> 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 <b>you</b> have had to stay overnight in <b>hospital</b>.</p> <p><b>We</b> do not pay <b>hospital</b> room and board charges if <b>you</b> are staying in <b>hospital</b> for any of the following reasons:</p> <ul style="list-style-type: none"> <li>○ convalescence</li> <li>○ general supervision</li> <li>○ pain management</li> <li>○ general nursing care without <b>specialist</b></li> <li>○ <b>treatment</b>, except when in a hospice and</li> <li>○ receiving palliative care</li> <li>○ services from a <b>therapist</b> or <b>complementary therapist</b>, physiotherapist, osteopath, <b>chiropractor</b>, <b>dietician</b> or <b>speech therapist</b></li> <li>○ domestic services such as help in walking, bathing or preparing meals, or</li> <li>○ receiving <b>treatment</b> that could have taken place as an <b>out-patient</b></li> </ul>
Parent accommodation	Paid in full	<p><b>We</b> pay room and board costs for a parent staying in <b>hospital</b> with their child when:</p> <ul style="list-style-type: none"> <li>○ the costs are for one parent only</li> <li>○ <b>you</b> are staying in the same <b>hospital</b> as the child</li> <li>○ <b>you</b> are staying with a child up to 18 years old, and</li> <li>○ the child is a member and receiving <b>treatment</b> that is covered</li> </ul>
Nursing care	Paid in full	<p><b>We</b> pay for reasonable costs of a <b>qualified nurse</b> for <b>your treatment</b> if the <b>hospital</b> does not provide nursing staff.</p> <p><b>We</b> do not pay for nurses hired in addition to the <b>hospital's</b> own staff.</p>

## CORE COVER: WORLDWIDE MEDICAL INSURANCE

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

## CORE COVER: WORLDWIDE MEDICAL INSURANCE

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

## CORE COVER: WORLDWIDE MEDICAL INSURANCE

BENEFITS	LEVEL OF COVER		EXPLANATION OF BENEFITS
Prosthetic implants and appliances	Paid in full		<p><b>We</b> pay for prosthetic implants and appliances shown in the following lists.</p> <p><b>Prosthetic implants:</b></p> <ul style="list-style-type: none"> <li>○ to replace a joint or ligament</li> <li>○ to replace a heart valve</li> <li>○ to replace an aorta or an arterial blood vessel</li> <li>○ to replace a sphincter muscle</li> <li>○ to replace the lens or cornea of the eye</li> <li>○ to control urinary incontinence or bladder control</li> <li>○ to act as a heart pacemaker</li> <li>○ to remove excess fluid from the brain</li> <li>○ cochlear implant – provided the initial implant was provided to the member when under the age of five, <b>we</b> will pay ongoing maintenance and replacements</li> <li>○ breast reconstruction following surgery for cancer when the reconstruction was carried out as part of the original <b>treatment</b> for the cancer and <b>you</b> have obtained <b>our</b> written consent before receiving the <b>treatment</b></li> <li>○ to restore vocal function following surgery for cancer</li> </ul> <p><b>Appliances:</b></p> <ul style="list-style-type: none"> <li>○ a knee brace which is an essential part of a <b>surgical operation</b> for the repair to a cruciate (knee) ligament</li> <li>○ a spinal support which is an essential part of a <b>surgical operation</b> to the spine</li> <li>○ an external fixator such as for an open fracture or following surgery to the head or neck</li> </ul>
Prosthetic devices	Each device, up to GBP 2,000, USD 3,400 or EUR 2,500		<p><b>We</b> pay for the initial prosthetic device needed as part of <b>your treatment</b>. By this <b>we</b> mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of <b>your</b> surgical procedure.</p> <p><b>We</b> do not pay for any replacement prosthetic devices for adults including any replacement devices required in relation to a <b>pre-existing condition</b>. <b>We</b> will pay for the initial and up to two replacements per device for children under the age of 16.</p>
Childbirth and <b>treatment in hospital</b>	Each <b>membership year</b> , up to GBP 6,500, USD 11,050 or EUR 8,100		<p><b>We</b> pay for maternity <b>treatment</b> and childbirth after the mother has been a member of this plan for 10 months, including:</p> <ul style="list-style-type: none"> <li>○ <b>hospital</b> charges, obstetricians' and midwives' fees for normal childbirth</li> <li>○ post-natal care required by the mother immediately following normal childbirth, such as stitches</li> <li>○ up to seven days' routine care for the baby</li> </ul> <p><b>We</b> also pay for pregnancy and childbirth complications, by which <b>we</b> mean those conditions which only ever arise as a direct result of pregnancy or childbirth. These include:</p> <ul style="list-style-type: none"> <li>○ pre-eclampsia</li> <li>○ miscarriage</li> <li>○ threatened miscarriage</li> <li>○ gestational diabetes</li> <li>○ when the foetus has died and remains with the placenta in the womb</li> <li>○ still birth</li> <li>○ heavy bleeding in the hours and days immediately after childbirth (post partum haemorrhage)</li> <li>○ afterbirth left in the womb after delivery of the baby (retained placental membranes)</li> <li>○ complications following any of the above conditions</li> </ul> <p><b>Treatment for</b></p> <ul style="list-style-type: none"> <li>○ abnormal cell growth in the womb (hydatiform mole)</li> <li>○ foetus growing outside the womb (ectopic pregnancy)</li> </ul> <p>are not covered from this benefit but may be covered by <b>your</b> 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 <b>your</b> other benefits).</p>

## CORE COVER: WORLDWIDE MEDICAL INSURANCE

BENEFITS	LEVEL OF COVER	EXPLANATION OF BENEFITS
Childbirth at home or birthing centre	Each <b>membership year</b> , up to GBP 650, USD 1,105 or EUR 810	<p><b>We</b> pay for midwives' or other <b>specialists'</b> fees for childbirth at home or <b>birthing centre</b> after the mother has been a member for 10 months.</p>
Medically essential Caesarean section	Each <b>membership year</b> , up to GBP 13,000, USD 22,100 or EUR 16,250	<p><b>We</b> pay for <b>hospital</b>, obstetricians' and other medical fees for the cost of the delivery of <b>your</b> baby by Caesarean section, after the mother has been a member of this plan for 10 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 <b>we</b> are unable to determine that <b>your</b> Caesarean section was medically essential, it will be paid from <b>your</b> maternity and childbirth benefit limit.</p> <p><b>We</b> do not pay for <b>treatment</b> directly related to surrogacy. <b>We</b> will not pay maternity benefits:</p> <ul style="list-style-type: none"> <li>o to <b>you</b> if <b>you</b> act as a surrogate, or</li> <li>o to anyone else acting as a surrogate for <b>you</b></li> </ul> <p><b>We</b> do not pay for <b>treatment</b> received as an <b>out-patient</b> before or after the birth unless <b>you</b> have bought the Worldwide Medical Plus option.</p> <p>Please read the 'Adding members to <b>your</b> plan' section in the 'How to use <b>your</b> plan' booklet.</p>
Newborn care	Each <b>membership year</b> , up to GBP 75,000, USD 127,500 or EUR 93,750	<p><b>We</b> pay newborn care benefits:</p> <ul style="list-style-type: none"> <li>o for all <b>treatment</b> required for the newborn during the first 90 days' following birth, instead of any other benefit. (The first seven days of routine care for <b>your</b> baby will be paid from the mother's maternity benefit, whether <b>your</b> baby is entitled to newborn cover benefits or not)</li> <li>o only for children covered under this plan. Children must be covered under this plan before <b>you</b> can claim this benefit</li> </ul> <p><b>We</b> do not pay newborn care benefits for children joining on their own membership (where they are the <b>main member</b>), born as a result of <b>assisted reproduction technologies, ovulation induction treatment</b>, 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 <b>your</b> plan' section in the 'How to use <b>your</b> plan' booklet.</p>
Cancer <b>treatment</b>	Paid in full	<p><b>We</b> pay for <b>treatment</b> of cancer, once it has been diagnosed, including:</p> <ul style="list-style-type: none"> <li>o fees that are related specifically to planning and carrying out <b>treatment</b> for cancer. This includes tests, scans, consultations and drugs (such as cytotoxic drugs or chemotherapy), and</li> <li>o when the acute phase of cancer <b>treatment</b> (by which <b>we</b> mean surgery, radiotherapy or chemotherapy) has been completed, <b>we</b> will continue to pay this benefit for all cancer <b>treatment</b> specifically related to the original diagnosis for up to a further five years</li> </ul> <p>The five years will begin on the first <b>out-patient</b> consultation following completion of the acute phase of <b>treatment</b>. Cover during this period includes any follow-up tests, scans and consultations <b>you</b> 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 <b>your</b> <b>treatment</b> needs to continue for more than five years, please contact <b>us</b> for prior approval. It may be necessary for <b>us</b> to seek a second opinion as part of <b>our</b> 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><b>We</b> 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"> <li>○ cornea</li> <li>○ small bowel</li> <li>○ kidney</li> <li>○ kidney/pancreas</li> <li>○ liver</li> <li>○ heart</li> <li>○ lung, or</li> <li>○ heart/lung transplant</li> </ul> <p><b>We</b> will also pay medical expenses for bone marrow transplants (either using <b>your</b> 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><b>We</b> 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"> <li>○ the harvesting of the organ, whether from live or deceased donor</li> <li>○ all tissue matching fees</li> <li>○ <b>hospital</b>/operation costs of the donor, and</li> <li>○ any donor complications, but to a maximum of 30 days post-operatively only</li> </ul> <p><b>We</b> do not pay for <b>treatment</b> received as an <b>out-patient</b> before or after the transplant for either <b>you</b> or <b>your</b> donor unless <b>you</b> have bought the Worldwide Medical Plus option.</p> <p><b>We</b> do not pay for anti-rejection medicines unless <b>you</b> have bought the Worldwide Medicines and Equipment option three or more years before needing these medicines.</p> <p><b>We</b> do not pay medical costs for <b>you</b> to have an organ harvested, when the intended recipient is not a member of a <b>Bupa International</b> 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><b>We</b> pay for the following hospice and palliative care services if <b>you</b> have received a terminal diagnosis and can no longer have <b>treatment</b> which will lead to <b>your</b> recovery:</p> <ul style="list-style-type: none"> <li>○ <b>hospital</b> or hospice accommodation</li> <li>○ nursing care</li> <li>○ prescribed medicines</li> <li>○ physical, psychological, social and spiritual care</li> </ul> <p>The amount shown is the total amount <b>we</b> shall pay for these expenses during the whole of <b>your</b> membership of <b>Bupa International</b>, even if <b>you</b> have a break in <b>your</b> cover.</p>
Local road ambulance	Paid in full		<p><b>We</b> pay for a local road ambulance:</p> <ul style="list-style-type: none"> <li>○ from the location of an accident to a <b>hospital</b></li> <li>○ for a transfer from one <b>hospital</b> to another, or</li> <li>○ from <b>your</b> home to the <b>hospital</b></li> </ul> <p>When a local road ambulance is:</p> <ul style="list-style-type: none"> <li>○ medically necessary, and</li> <li>○ related to <b>treatment</b> that is covered that <b>you</b> need to receive in <b>hospital</b></li> </ul>

## CORE COVER: WORLDWIDE MEDICAL INSURANCE

BENEFITS	LEVEL OF COVER	EXPLANATION OF BENEFITS
Local air ambulance	Each <b>membership year</b> , up to GBP 5,000, USD 8,500 or EUR 6,250	<p><b>We</b> pay for a local air ambulance:</p> <ul style="list-style-type: none"> <li>o from the location of an accident to a <b>hospital</b>, or</li> <li>o for a transfer from one <b>hospital</b> to another</li> </ul> <p>When a local air ambulance is:</p> <ul style="list-style-type: none"> <li>o medically necessary</li> <li>o used for short distances of up to 100 miles/160 kilometres, and</li> <li>o related to <b>treatment</b> that is covered that <b>you</b> need to receive in <b>hospital</b></li> </ul> <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><b>We</b> do not pay for mountain rescue.</p> <p><b>We</b> do not pay for evacuation or repatriation if the <b>treatment you</b> need is not available locally unless <b>you</b> have bought the Worldwide Evacuation option.</p>
Home nursing	Paid in full for 30 days each <b>membership year</b>	<p><b>We</b> pay for home nursing if <b>you</b> have had <b>treatment in hospital</b> which is covered under this plan, when it:</p> <ul style="list-style-type: none"> <li>o is prescribed by <b>your specialist</b></li> <li>o starts immediately after <b>you</b> leave <b>hospital</b></li> <li>o reduces the length of <b>your</b> stay in <b>hospital</b></li> <li>o is provided by a <b>qualified nurse in your</b> home and</li> <li>o is needed to provide medical care, not personal assistance</li> </ul>
Hospitalisation cash benefit	Each night for a maximum of up to 30 nights each <b>membership year</b> , up to GBP 100, USD 170 or EUR 125	<p><b>We</b> pay <b>hospital</b> cash benefit if you:</p> <ul style="list-style-type: none"> <li>o have received <b>treatment in hospital</b> which is covered under this plan</li> <li>o have not been charged for <b>your</b> room and board, and</li> <li>o have not been charged for <b>your treatment</b></li> </ul>
Emergency dental <b>treatment</b>	Paid in full	<p><b>We</b> pay for <b>emergency dental treatment</b> when:</p> <ul style="list-style-type: none"> <li>o the <b>treatment</b> is needed as part of <b>your</b> overall <b>treatment</b> following a serious accident causing <b>you</b> to stay in <b>hospital</b>, and</li> <li>o it is not the primary reason for <b>you</b> to be in <b>hospital</b></li> </ul> <p>This benefit is paid instead of any other dental benefits <b>you</b> may have, when <b>you</b> need <b>treatment</b> as a result of a serious accident requiring hospitalisation.</p>
<b>Treatment</b> of congenital and hereditary conditions	Each <b>membership year</b> , up to GBP 20,000, USD 34,000 or EUR 25,000	<p><b>We</b> pay for <b>treatment</b> of congenital and hereditary conditions:</p> <ul style="list-style-type: none"> <li>o by congenital conditions <b>we</b> mean any abnormalities, deformities, diseases, illnesses or injuries present at birth, whether diagnosed or not</li> <li>o by hereditary conditions <b>we</b> mean any abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of <b>your</b> family</li> </ul> <p>If <b>you</b> 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 <b>you</b> are unsure whether <b>your</b> condition may be classed as congenital or hereditary, please contact <b>us</b> 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><b>We</b> pay for consultations or meetings with <b>your specialist</b> or <b>doctor</b> to:</p> <ul style="list-style-type: none"> <li>○ receive <b>treatment</b></li> <li>○ arrange <b>treatment</b></li> <li>○ as a follow-up to <b>treatment</b> already received, or</li> <li>○ diagnose <b>your</b> illness or interpret <b>your</b> symptoms</li> </ul> <p>Such meetings may take place in the <b>specialist's</b> or <b>doctor's</b> office, by telephone or using the internet.</p>
Physiotherapy, osteopathy and chiropractor treatment	Paid in full up to 30 visits each membership year		<p><b>We</b> pay for <b>physiotherapy</b>, <b>osteopathy</b> and <b>chiropractor treatments</b>, which are physical therapies aimed at restoring <b>your</b> normal physical functions.</p>
Consultations and treatment with therapists and complementary therapists	Paid in full up to 15 visits each membership year		<p><b>We</b> pay for consultations and <b>treatment</b> with <b>therapists</b> and <b>complementary therapists</b> including:</p> <ul style="list-style-type: none"> <li>○ occupational or orthoptic therapy, acupuncture, homeopathy and Chinese medicine, when the practitioners are appropriately qualified and registered to practise in the country where <b>treatment</b> is received, and</li> <li>○ the cost of both consultation and <b>treatment</b>, including any complementary medicines prescribed or administered as part of <b>your treatment</b></li> </ul> <p>Example: should any complementary medicines or <b>treatments</b> be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate visit.</p> <p><b>We</b> do not pay any other complementary therapies such as ayurvedic <b>treatment</b> or aromatherapy which may be available.</p>
Psychiatrists' and psychologists' fees	Paid in full up to 30 visits each membership year		<p><b>We</b> pay for psychiatrists' and <b>psychologists'</b> fees for:</p> <ul style="list-style-type: none"> <li>○ meeting with <b>your specialist</b> to assess <b>your</b> condition, or</li> <li>○ <b>treatment</b> provided by a psychiatrist or <b>psychologist</b></li> </ul>
Speech therapy	Paid in full		<p><b>We</b> pay for speech therapy only when it is:</p> <ul style="list-style-type: none"> <li>○ short term for a condition such as a stroke and</li> <li>○ part of the <b>treatment</b> for that condition</li> <li>○ taking place during or immediately following <b>treatment</b> for that condition, and</li> <li>○ recommended by <b>your specialist</b></li> </ul> <p><b>We</b> do not pay for <b>treatment</b> of speech or language disorders such as stammering or resulting from learning difficulties or developmental delay</p>
Pathology, X-rays and diagnostic tests	Paid in full		<p><b>We</b> pay for the following if recommended by <b>your specialist</b> or <b>doctor</b> to help diagnose or assess <b>your</b> condition:</p> <ul style="list-style-type: none"> <li>○ pathology, such as checking blood and urine samples</li> <li>○ radiology (such as X-rays)</li> <li>○ <b>diagnostic tests</b> such as electrocardiograms (ECGs) or hearing tests</li> </ul>

## OPTION: WORLDWIDE MEDICAL PLUS

BENEFITS	LEVEL OF COVER	EXPLANATION OF BENEFITS
Young child care	Each <b>membership year</b> , up to GBP 1,000, USD 1,700 or EUR 1,250	<p><b>We</b> 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"> <li>o routine preventive care and check-ups, and</li> <li>o immunisations</li> </ul>
Maternity	Each <b>membership year</b> , up to GBP 2,000, USD 3,400 or EUR 2,500	<p><b>We</b> pay for maternity care and <b>treatment</b> after <b>you</b>, the mother, have been covered on this option for 10 months including:</p> <ul style="list-style-type: none"> <li>o <b>treatment</b> before and after the birth, including up to seven days' routine care for <b>your</b> baby, and</li> <li>o home nurse following delivery</li> </ul> <p><b>We</b> also pay for pregnancy and childbirth complications, by which <b>we</b> 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"> <li>o pre-eclampsia</li> <li>o miscarriage</li> <li>o threatened miscarriage, gestational diabetes, when the foetus has died and remains with the placenta in the womb</li> <li>o still birth</li> <li>o heavy bleeding in the hours and days immediately after childbirth (post partum haemorrhage)</li> <li>o afterbirth left in the womb after delivery of the baby (retained placental membranes)</li> <li>o complications following any of the above conditions</li> </ul> <p>Treatment for</p> <ul style="list-style-type: none"> <li>o abnormal cell growth in the womb (hydatiform mole)</li> <li>o foetus growing outside the womb (ectopic pregnancy)</li> </ul> <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 <b>your</b> other benefits).</p>
Accident-related dental <b>treatment</b>	Each <b>membership year</b> , 80% up to GBP 500, USD 850 or EUR 625	<p><b>We</b> pay for accident-related dental <b>treatment</b> when:</p> <ul style="list-style-type: none"> <li>o it is needed only following a trauma or injury</li> <li>o <b>you</b> do not need to be admitted to <b>hospital</b></li> <li>o <b>sound, natural tooth/teeth</b> are affected, and</li> <li>o <b>treatment</b> takes place within six months of the date of the accident</li> </ul> <p>A medical report from <b>your</b> dentist is required confirming:</p> <ul style="list-style-type: none"> <li>o the date of the accident, and</li> <li>o that the tooth/teeth requiring <b>treatment</b> are <b>sound, natural teeth</b></li> </ul> <p>This benefit is paid instead of any other dental benefits <b>you</b> may have, when <b>you</b> need <b>treatment</b> following accidental damage to <b>your</b> tooth/teeth.</p> <p><b>We</b> 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><b>We</b> pay for all costs for <b>treatment</b> received by <b>you</b> or <b>your</b> donor for, or related to, a covered transplant which has not been provided during a stay in <b>hospital</b>, such as:</p> <ul style="list-style-type: none"> <li>○ <b>specialists' and doctors' fees</b></li> <li>○ pathology, X-rays and <b>diagnostic tests</b></li> <li>○ <b>physiotherapy, osteopathy and chiropractor treatment</b>, or</li> <li>○ any donor complications, but to a maximum of 30 days post-operatively only</li> </ul> <p><b>We</b> do not pay for anti-rejection medicines unless <b>you</b> 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** unique 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 <b>membership year</b> , up to GBP 1,500, USD 2,550 or EUR 1,875	<p><b>We</b> pay for medicines and dressings:</p> <ul style="list-style-type: none"> <li>○ prescribed by <b>your medical practitioner</b></li> <li>○ which <b>you</b> can only get with a prescription, and</li> <li>○ that are only used if <b>you</b> have a disease, illness or injury</li> </ul> <p>If <b>you</b> are staying in <b>hospital</b>, medicines and dressings will be covered under <b>your</b> 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 <b>treatment</b> with <b>therapists</b> and <b>complementary therapists</b>'.</p>
Durable medical equipment rental	Up to 45 days each condition, each <b>membership year</b> up to	<p><b>We</b> pay for the rental of durable medical equipment when this is medical equipment that:</p> <ul style="list-style-type: none"> <li>○ can be used more than once</li> <li>○ is not disposable</li> <li>○ is used to serve a medical purpose</li> <li>○ is not used in the absence of a disease, illness or injury, and</li> <li>○ is fit for use in the home</li> </ul>
Long-term prescription medicines	Each <b>membership year</b> , 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><b>We</b> pay for long-term prescribed medicines:</p> <ul style="list-style-type: none"> <li>○ after <b>you</b> have been covered on this option for three years, and</li> <li>○ which have been prescribed for a period of at least six months</li> </ul> <p>A medical report from <b>your specialist</b> or <b>doctor</b> is required confirming:</p> <ul style="list-style-type: none"> <li>○ the condition <b>you</b> need the medicines for, and</li> <li>○ that <b>you</b> need to take these medicines for at least six months</li> </ul>

## 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
<b>Screening and prevention:</b>		
Full health screen	Each <b>membership year</b> , up to GBP 500, USD 850 or EUR 625	<p><b>We</b> pay for a full health screening:</p> <ul style="list-style-type: none"> <li>○ after <b>you</b> have been covered on this option for one <b>membership year</b></li> <li>○ then each alternate <b>membership year</b></li> </ul> <p>A full health screening generally includes various routine tests performed to assess <b>your</b> 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, <b>you</b> may also have the specific screenings shown under 3.1 as part of a full health screening. The actual tests <b>you</b> have will depend on those supplied by the <b>treatment</b> provider where <b>you</b> have <b>your</b> screening.</p>
Mammogram		<p><b>We</b> 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> <p>These tests and/or screenings:</p> <ul style="list-style-type: none"> <li>○ do not have a waiting period, and</li> <li>○ may take place independently of full health screening</li> </ul>
Papanicolaou (PAP) test		
Prostate cancer screen		
Colon cancer screen		
Bone densitometry		
Four dietetic consultations		
Vaccinations		<p><b>We</b> pay for vaccinations and immunisations such as:</p> <ul style="list-style-type: none"> <li>○ travel vaccinations</li> <li>○ malaria tablets</li> <li>○ pneumococcal vaccinations, or</li> <li>○ 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 <b>treatment</b></li> </ul> <p><b>We</b> do not pay for child immunisations up to the age of five from this benefit. If <b>you</b> have bought the Worldwide Medical Plus option <b>we</b> will pay these immunisations from the young child care benefit.</p>

## OPTION: WORLDWIDE WELLBEING

BENEFITS	LEVEL OF COVER		EXPLANATION OF BENEFITS
<b>Dental:</b>			
Preventive	Each <b>membership year</b> , 100% up to	GBP 3,500, USD 5,950 or EUR 4,375	Dental – preventive, after <b>you</b> have been covered on this option for six months includes: <ul style="list-style-type: none"> <li>○ two check-ups/exams each <b>membership year</b></li> <li>○ X-rays/bitewing/single view/Orthopantomogram (OPG)</li> <li>○ scale and polish</li> <li>○ gum shield/mouth guard, and</li> <li>○ night guard</li> </ul>
Routine and major restorative	Each <b>membership year</b> , 80% up to		Dental – routine and major restorative, after <b>you</b> have been covered on this option for six months includes: <ul style="list-style-type: none"> <li>○ all fillings—either amalgam (silver) or composite (white)</li> <li>○ root canal <b>treatment</b></li> <li>○ crowns/bridge</li> <li>○ dental implant, and</li> <li>○ anaesthesia costs</li> </ul>
Orthodontic	Each <b>membership year</b> , 50% up to		Dental – orthodontic <b>treatment</b> up to the age of 19, after <b>you</b> have been covered on this option for two years includes: <ul style="list-style-type: none"> <li>○ consultations and monthly check-ups</li> <li>○ removal of deciduous/baby teeth/milk teeth/primary teeth</li> <li>○ <b>treatment</b> planning</li> <li>○ models/gum impressions</li> <li>○ extractions</li> <li>○ anaesthesia</li> <li>○ X-rays including single/bitewing/periapical (root X-ray)/full-mouth X-rays/Orthopantomogram (OPG) and Cephalometric (CEPH)</li> <li>○ digital photography, and</li> <li>○ metal braces/retainers</li> </ul>
<b>Optical:</b>			
Eye test (including consultation)	One each <b>membership year</b> , 100%		<b>We</b> pay for one eye test each <b>membership year</b> , which includes the cost of <b>your</b> consultation and sight/vision testing.
Spectacle lenses	80%		<b>We</b> pay for spectacle and contact lenses which are: <ul style="list-style-type: none"> <li>○ prescribed by <b>your</b> eye <b>specialist</b>, and</li> <li>○ to correct a sight/vision problem such as short or long sight</li> </ul>
Contact lenses	80%		
Spectacle frames	Once every two <b>membership years</b> , 80% up to GBP 150, USD 255 or EUR 185		<b>We</b> pay for spectacle frames. This benefit is payable: <ul style="list-style-type: none"> <li>○ once every two <b>membership years</b></li> <li>○ only if <b>you</b> have been prescribed spectacle lenses</li> </ul> <b>Your</b> spectacle lens prescription or invoice will be required in support of <b>your</b> claim for spectacle frames.

## OPTION: WORLDWIDE EVACUATION

### For when you can't get the treatment you need in a local hospital

The Worldwide Evacuation option covers **you** for reasonable transport costs to the nearest suitable medical centre, 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 International'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><b>We</b> pay the reasonable and customary transport costs for a medical evacuation:</p> <ul style="list-style-type: none"> <li>○ to the nearest place where the required <b>treatment</b> is available. (This could be to another part of the country that <b>you</b> are in or to another country), and</li> <li>○ for the return journey to the place <b>you</b> were transferred from</li> </ul> <p>when:</p> <ul style="list-style-type: none"> <li>○ this is authorised in advance by <b>our service partners</b>, and</li> <li>○ the return journey is within 14 days of the end of the <b>treatment</b></li> </ul> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"> <li>○ the reasonable cost of the return journey by land or sea, or</li> <li>○ the cost of an economy class air ticket</li> </ul> <p>whichever is the lesser amount.</p> <p><b>We</b> do not pay any other costs related to the evacuation such as taxis or hotel accommodation. In some cases, it may be more appropriate for <b>you</b> to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, <b>we</b> will pay for taxi fares.</p>

## OPTION: WORLDWIDE EVACUATION

BENEFITS	LEVEL OF COVER	EXPLANATION OF BENEFITS
Medical repatriation	Paid in full	<p><b>We</b> pay the reasonable and customary transport costs for a medical repatriation:</p> <ul style="list-style-type: none"> <li>○ to <b>your specified country of nationality</b> as given on <b>your</b> application form, or <b>your specified country of residence</b>, and</li> <li>○ the return journey to the place <b>you</b> were transferred from</li> </ul> <p>when:</p> <ul style="list-style-type: none"> <li>○ this is authorised in advance by <b>Bupa International's service partners</b>, and</li> <li>○ the return journey is within 14 days of the end of the <b>treatment</b></li> </ul> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"> <li>○ the reasonable cost of the return journey by land or sea, or</li> <li>○ the cost of an economy class air ticket</li> </ul> <p>whichever is the lesser amount.</p> <p><b>We</b> 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 <b>you</b> to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, <b>we</b> will pay for taxi fares.</p> <p>In some cases <b>you</b> may request a medical repatriation when contacting <b>Bupa International's service partners</b> for authorisation, but this may not be medically appropriate. In these cases, <b>we</b> will first evacuate <b>you</b> to the nearest place where <b>treatment</b> is available. Once <b>you</b> have been stabilised, <b>we</b> may then repatriate <b>you</b> to <b>your specified country of nationality</b> or <b>your specified country of residence</b>.</p>
Travel cost for an accompanying person	Paid in full	<p><b>We</b> pay reasonable travel costs for a relative or partner to accompany you:</p> <ul style="list-style-type: none"> <li>○ if there is a reasonable need for <b>you</b> to be accompanied, and</li> <li>○ the return journey to the place <b>you</b> were transferred from</li> </ul> <p>when:</p> <ul style="list-style-type: none"> <li>○ this is authorised in advance by <b>Bupa International's service partners</b>, and</li> <li>○ the return journey is within 14 days of the end of the <b>treatment</b></li> </ul> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"> <li>○ the reasonable cost of the return journey by land or sea, or</li> <li>○ the cost of an economy class air ticket</li> </ul> <p>whichever is the lesser amount.</p> <p><b>We</b> do not pay for someone to travel with <b>you</b> when the evacuation is for <b>you</b> to receive <b>out-patient treatment</b>.</p> <p>By 'reasonable need' <b>we</b> mean that <b>you</b> need someone to accompany <b>you</b> for one of the following reasons:</p> <ul style="list-style-type: none"> <li>○ <b>you</b> need assistance to board or disembark from transport</li> <li>○ <b>you</b> need to be transferred over a long distance (1000 miles or 1600 KM)</li> <li>○ there is no medical escort and <b>you</b> are in an anxious state</li> <li>○ <b>you</b> are very seriously ill</li> </ul> <p>The accompanying person may travel in a different class from the member receiving <b>treatment</b> 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><b>We</b> pay reasonable travel costs for minor children to be transferred with <b>you</b> in the event of an evacuation or repatriation, provided they are under the age of 18 when:</p> <ul style="list-style-type: none"> <li>○ it is medically necessary for <b>you</b> as their parent or guardian to be evacuated or repatriated</li> <li>○ <b>your</b> spouse, partner, or other joint guardian is accompanying <b>you</b>, and</li> <li>○ they would otherwise be left without a parent or guardian</li> </ul>
Living allowance	For a maximum of 10 days each <b>membership year</b> , each day up to GBP 100, USD 125 or EUR 170	<p><b>We</b> pay towards living expenses for the relative or partner who is authorised to travel with you:</p> <ul style="list-style-type: none"> <li>○ following an evacuation only, and</li> <li>○ for up to 10 days, or <b>your</b> date of discharge whichever is the earlier, whilst away from their usual <b>specified country of residence</b></li> </ul> <p><b>We</b> do not pay for someone to travel with <b>you</b> when evacuation is for <b>out-patient treatment</b> only.</p>
Repatriation of mortal remains	Maximum benefit of GBP 6,500, USD 8,125 or EUR 11,050	<p><b>We</b> pay for reasonable costs for the transportation only of <b>your</b> body or cremated mortal remains to <b>your</b> home country or to <b>your specified country of residence</b>:</p> <ul style="list-style-type: none"> <li>○ in the event of <b>your</b> death while <b>you</b> are away from home, and</li> <li>○ subject to airline requirements and restrictions</li> </ul> <p><b>We</b> do not pay for burial or cremation, the cost of burial caskets, etc, or the transport costs for someone to collect or accompany <b>your</b> mortal remains.</p>
Compassionate visit and return	For a maximum of five trips per lifetime. Each visit up to GBP 800, USD 1,000 or EUR 1,360	<p><b>We</b> pay the equivalent of economy class travel costs for one close relative (spouse/partner, parent, child, brother or sister) who is in another country to visit when <b>you</b> have a sudden accident or illness and are going to be hospitalised for at least five days or <b>you</b> have received a short-term terminal prognosis. This includes the equivalent of economy class costs of <b>your</b> 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 125 or EUR 170	<p><b>We</b> pay:</p> <ul style="list-style-type: none"> <li>○ a maximum of five trips for the lifetime of <b>your</b> membership</li> <li>○ only when authorised in advance by <b>Bupa International's service partners</b></li> </ul> <p><b>We</b> also pay towards living expenses for <b>your</b> relative:</p> <ul style="list-style-type: none"> <li>○ following an eligible compassionate visit only, and</li> <li>○ for up to 10 days whilst away from their usual <b>specified country of residence</b></li> </ul> <p><b>We</b> 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 <b>treatment</b> will not or is not expected to result in <b>your</b> recovery or restore <b>you</b> to <b>your</b> previous state of health.</p> <p>Example: <b>We</b> will not pay for artificial life maintenance when <b>you</b> 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"> <li>○ contraception</li> <li>○ sterilisation</li> <li>○ vasectomy</li> <li>○ termination of pregnancy unless there is a threat to the mother's health</li> <li>○ family planning, such as meeting <b>your doctor</b> to discuss becoming pregnant or contraception</li> </ul>
Conflict and disaster			<ul style="list-style-type: none"> <li>○ nuclear or chemical contamination</li> <li>○ war, riot, revolution, acts of terrorism</li> <li>○ epidemics put under the control of the local public health authorities, and</li> <li>○ any similar event</li> </ul> <p>If:</p> <ul style="list-style-type: none"> <li>○ <b>you</b> 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)</li> <li>○ <b>you</b> were an active participant, or</li> <li>○ <b>you</b> have displayed a blatant disregard for <b>your</b> personal safety</li> </ul>
Convalescence and admission for general care, or staying in <b>hospital</b> for			<ul style="list-style-type: none"> <li>○ convalescence, pain management, supervision</li> <li>○ receiving only general nursing care</li> <li>○ therapist or <b>complementary therapist</b> services</li> <li>○ domestic/living assistance such as bathing and dressing, and</li> <li>○ <b>treatment</b> that could take place as a <b>day-case</b> or <b>out-patient</b></li> </ul>

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

EXCLUSION	NOTES	RULES
Footcare		<p><b>Treatment for:</b></p> <ul style="list-style-type: none"> <li>○ corns</li> <li>○ calluses, or</li> <li>○ thickened or misshapen nails</li> </ul>
Harmful or hazardous use of alcohol, drugs and/or medicines		<p><b>Treatment</b> 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><b>Treatment</b> or services received in a:</p> <ul style="list-style-type: none"> <li>○ health hydro</li> <li>○ nature cure clinic</li> <li>○ spa, or</li> <li>○ any similar establishment that is not a <b>hospital</b></li> </ul>
Infertility <b>treatment</b>		<p><b>Treatment</b> to assist reproduction such as:</p> <ul style="list-style-type: none"> <li>○ in-vitro fertilisation (IVF)</li> <li>○ gamete intrafallopian transfer (GIFT)</li> <li>○ zygote intrafallopian transfer (ZIFT)</li> <li>○ artificial insemination (AI)</li> <li>○ prescribed drug <b>treatment</b></li> <li>○ embryo transport (from one physical location to another), or</li> <li>○ donor ovum and/or semen and related costs</li> </ul> <p><b>We</b> pay for investigations into the cause of infertility when <b>your specialist</b> believes there are symptoms and/or evidence to suggest a medical cause. <b>We</b> will only pay when:</p> <ul style="list-style-type: none"> <li>○ both <b>you</b> and <b>your</b> partner have been members of this plan (or any Bupa administered plan which includes this cover) for two years before the investigations start, and</li> <li>○ <b>you</b> were both unaware and had not been suffering any symptoms prior to joining</li> </ul>
Obesity		<p><b>Treatment</b> for or as a result of obesity such as:</p> <ul style="list-style-type: none"> <li>○ slimming aids or drugs</li> <li>○ slimming classes, or</li> <li>○ obesity surgery</li> </ul>
<b>Persistent vegetative state</b> (PVS) and neurological damage		<p><b>We</b> will not pay for <b>treatment</b> whilst staying in <b>hospital</b> for more than 90 continuous days for permanent neurological damage or if <b>you</b> are in a <b>persistent vegetative state</b>.</p>

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

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

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

