

Bupa



BlueShield
Global

A GUIDE TO YOUR ULTIMATE GLOBAL HEALTH PLAN

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



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HELLO

With a **health plan** from **Bupa Global** and **Blue Shield Global**, **you** benefit from the combined strength, knowledge and expertise of two world class global healthcare organisations. Within this **guide, you'll** find easy to understand information about **your health plan**. This includes:

- o guidance on what to do when **you** need **treatment**
- o simple steps to understanding the claims process
- o a 'Table of benefits' and list of 'General exclusions' which outline what is and isn't covered along with any benefit limits that might apply
- o a 'Glossary' to help understand the meaning of some of the terms used

To make the most of **your health plan**, please read the 'Table of benefits' and 'General exclusions' sections carefully to get a full understanding of **your** cover, along with **your** 'Terms and Conditions' also enclosed in **your** welcome pack.

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

YOUR INSURER	Bupa Global is the sole insurer of this plan.
YOUR GEOGRAPHICAL AREA FOR COVERAGE IS WORLDWIDE	As long as it is covered by your health plan, you can have your treatment at any recognised medical practitioner, hospital or clinic in the world. To view a summary of hospitals visit www.bupaglobal.com/facilitiesfinder
BOLD WORDS	Any words written in bold are defined terms that are relevant to your cover. You can check their meaning in the 'Glossary'.
TREATMENT THAT WE COVER	Your Ultimate Global Health plan covers the treatment cost for a disease, illness or injury that leads to the conservation of your condition, your recovery or you getting back to your previous state of health. This includes treatment for chronic, congenital and hereditary conditions that may be covered, subject to underwriting. Your treatment is covered if it is: <ul style="list-style-type: none"> o covered under the health plan o at least consistent with generally accepted standards of medical practice in the country in which treatment is being received o clinically appropriate in terms of type, duration, location and frequency Your health plan also provides preventive benefits to help keep you healthy. You can find these in the 'Table of benefits'.
ACCESSING CARE IN THE U.S.	As part of your health plan, you have access to the broadest coverage in the U.S. via Blue Shield Global . To find out more please visit www.bupaglobalaccess.com

ANY QUESTIONS? **We'll** be happy to help.
Get in touch using the details printed on **your** insurance cards.

Bupa Global is the sole insurer of this plan.
Bupa Global is a trade name of **Bupa**, the international health and care company. **Bupa** is an independent licensee of **BCBSA**. **Bupa Global** is not licensed by **BCBSA** to sell **Bupa Global/BCBS** branded products in Argentina, Canada, Costa Rica, Panama, Uruguay and U.S. Virgin Islands. In **Hong Kong, Bupa Global** is only licensed to use the Blue Shield marks. Please consult your **policy** terms and conditions for coverage availability. **BCBSA** is a national federation of 36 independent, community-based and locally operated member companies. **Blue Shield Global** is a brand owned by **BCBSA**. For more information about **Bupa Global**, visit www.bupaglobalaccess.com, and for more information about **BCBSA**, visit www.BCBSA.com.

ROUND THE CLOCK REASSURANCE

Your dedicated personal service team can of course always be depended upon to help take care of any of the practicalities described in this **guide**.

- Any situation or query is immediately dealt with
- All **your** telephone calls, faxes or emails are promptly answered
- A positive dialogue is established and maintained with **you, your** medical providers and any other parties who are relevant to **your** needs
- **You** deal with a minimal amount of paperwork
- **Your** needs are dealt with in a sincere and professional manner

Our medical teams and assistance teams are also on hand to provide any support needed. **You** can ask **us** to arrange medical evacuations, repatriations and non-medical evacuations and repatriations as covered under this **health plan**, including:

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

Our assistance team will handle **your** case from start to finish, so **you** always talk to someone who knows what is happening. **We** believe that every person and situation is different and focus on finding answers and solutions that work specifically for **you**.

You can call **us** at any time of the day or night for healthcare advice, support and assistance by medically trained people who understand **your** situation.

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

- general medical information
- finding local medical facilities
- arranging medical second opinions
- travel information
- security information
- information on inoculation and visa requirements
- **emergency** message transmission
- interpreter and embassy referral

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

NEED TREATMENT?

The importance of pre-authorization

We want everything to run smoothly when **you** need **treatment**. That way **you** can focus on getting better.

Why should I pre-authorise treatment?

So that **you** can tell **us** about **treatment** that **you** need to have. **You** should contact **us** before **you** have **your treatment** to give **us** the details. **We** can then:

- check if the policy covers **your treatment**
- check if the provider is part of **our network**
- help **you** find a provider within **our network**
- explain any limits that apply
- tell the provider that **you** are a **Bupa Global** member. **We** have agreements with **our network** providers for **treatment** charges
- case-manage complex **treatment**. The table of benefits clearly shows the complex **treatments we** want **you** to tell **us** about. Please contact **us** if **you** need any of these. **We** may ask for more information (for example to check if any policy exclusion applies)
- see if **we** can pay any bills directly to the provider. This will mean **you** don't have to pay and claim the costs from **us**.

If **you** have **treatment** with a provider who is not part of the **network**, **we** may only pay costs that are **reasonable and customary**. This could leave **you** with a shortfall to pay.

Before **we** can authorise **treatment** or pay a claim **we** may ask for more information, for example a medical report. If **we** don't receive this promptly, there may be a delay to pre-authorization and to paying **your** claim. If **we** do not receive this at all, **we** may not be able to pay **your** claim.

We may appoint an independent medical professional and ask **you** to have a medical examination with them (at **our** cost). They will then give **us** a medical report.

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

Remember we can offer a second medical opinion service

The solution to health problems isn't always black and white. That's why **we** offer **you** the opportunity to get another opinion from an independent world-class **specialist**.



- the policy is in force
- **you** are covered by the policy
- premiums are paid up to date
- the pre-authorization is still valid. When **we** authorise treatment, **we** will tell **you** how long it is valid for.

How do I pre-authorise my treatment?

Login to the MembersWorld app, go to <https://membersworld.bupaglobal.com> or contact **us** by phone or email. When **we** have the details, **we** will send **you** and the provider a pre-authorization statement.

What if my pre-authorization is no longer valid? Can I get a new one?

Yes. Just follow the process again.

What if I need to go to hospital in an emergency?

In an emergency there might not be time to contact **us**. If this happens, it is important that the hospital contacts **us** within 48 hours.

Our approach to costs

When you are in need of a benefits provider, our dedicated team can help you find a Recognised medical practitioner, hospital or healthcare facility within network. Alternatively, you can view a summary of benefits providers on Facilities Finder at www.bupaglobal.com/facilitiesfinder Where **you** choose to have **your treatment** and services with a **benefits provider in network**, **we** will cover all eligible costs of any **covered benefits**, once any applicable **co-insurance** or deductible amount which **you** are responsible to pay has been deducted from the total claimed amount.

Should **you** choose to have **covered benefits** with a **benefits provider** who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. This means that the costs charged by the **benefits provider** must be no more than they would normally charge, and be similar to other **benefits providers** providing comparable health outcomes in the same geographical region. These may be determined by **our** experience of usual, and most common, charges in that region. Government or official medical bodies will sometimes publish guidelines for fees and medical practice (including established **treatment** plans, which outline the most appropriate course of care for a specific condition, operation or procedure). In such cases, or where published insurance

industry standards exist, **we** may refer to these global guidelines when assessing and paying claims. Charges in excess of published guidelines or **Reasonable and Customary** made by an 'out-of-network' **benefits provider** will not be paid.

This means that, should **you** choose to receive **covered benefits** from an 'out-of-network' **benefits provider**:

- **you** will be responsible for paying any amount over and above the amount which **we** reasonably determine to be **Reasonable and Customary** – this will be payable by **you** directly to **your** chosen 'out-of-network' **benefits provider**;
- **we** cannot control what amount **your** chosen 'out-of-network' **benefits provider** will seek to charge **you** directly.

There may be times when it is not possible for **you** to be treated at a **benefits provider in network**, for example, if **you** are taken to an 'out-of-network' **benefits provider** in an **emergency**. If this happens, **we** will cover eligible costs of any **covered benefits** (after any applicable **co-insurance** or deductible has been deducted).

If **you** are taken to an 'out-of-network' **benefits provider** in an **emergency**, it is important that **you**, or the **benefits provider**, contact **us** within 48 hours of **your** admission, or as soon as reasonably possible in the circumstances. If it is the best thing for **you**, **we** may arrange for **you** to be moved to a **benefits provider in network** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a **benefits provider in network** only the **Reasonable and Customary** costs of any **covered benefits** received following the date of the transfer being offered will be paid (after any applicable **co-insurance** or deductible has been deducted).

Additional rules may apply in respect of **covered benefits** received from an 'out-of-network' **benefits provider** in certain countries.

These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by **our** experience of usual, and most common, charges in that region.

Pre-authorization complete and now going for treatment?

Always remember to keep **your** insurance cards with **you** and present the appropriate card to **your benefits provider** when **you** arrive.

WELCOME TO MEMBERSWORLD

Your MembersWorld account gives **you** access to **Bupa Global** whenever **you** need it.



You can register for MembersWorld at: <https://membersworld.bupaglobal.com> and download the **Bupa Global** MembersWorld App from **your** app store.

MembersWorld is for everyone on the policy aged 16 and over.

All **dependants** over 16 can access these services, so it's important they register too.

If **you** are the principal member and would like to access information about **your dependants** in MembersWorld, they will need to register for an account and give permission. They can do this by simply going to their account settings and updating their consent options.

If **you** are not the principal member, **you** will not be able to access information about other **dependants** in MembersWorld.



How to access MembersWorld

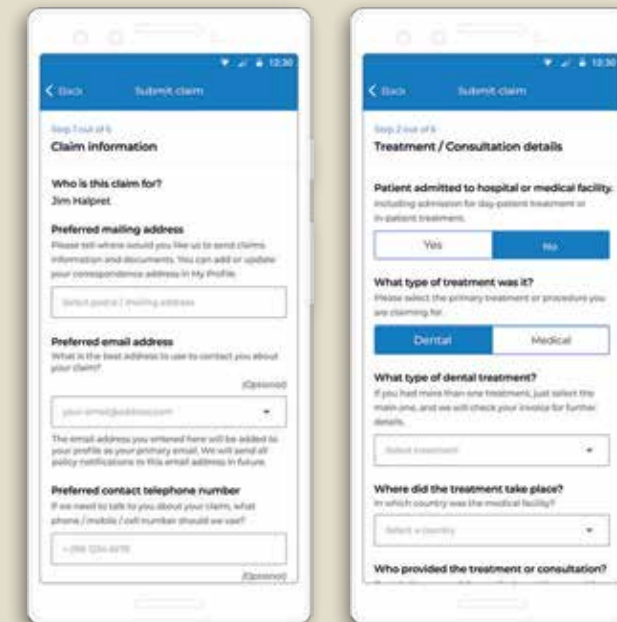
You can access and register online at <https://membersworld.bupaglobal.com> with **your** favourite web browser or via **our** app.

Search for "MembersWorld" on the App Store or Google Play and download to **your** device for access to **your** account on-the-go.



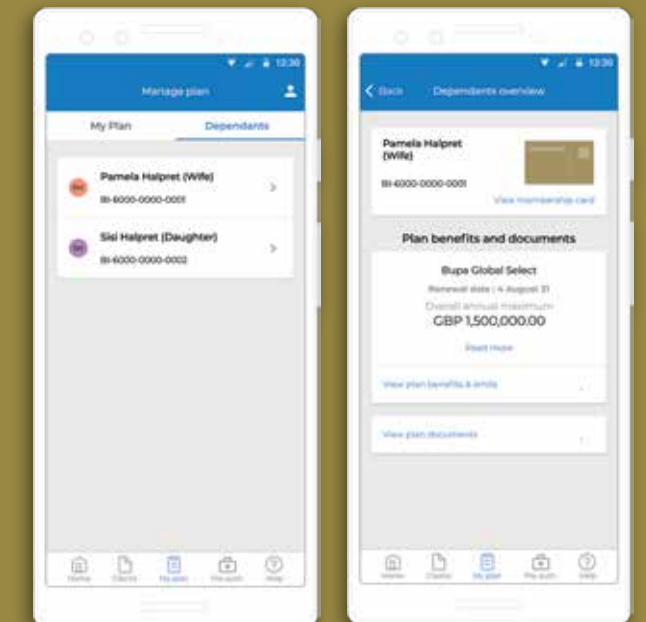
Claims and pre-authorisations

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



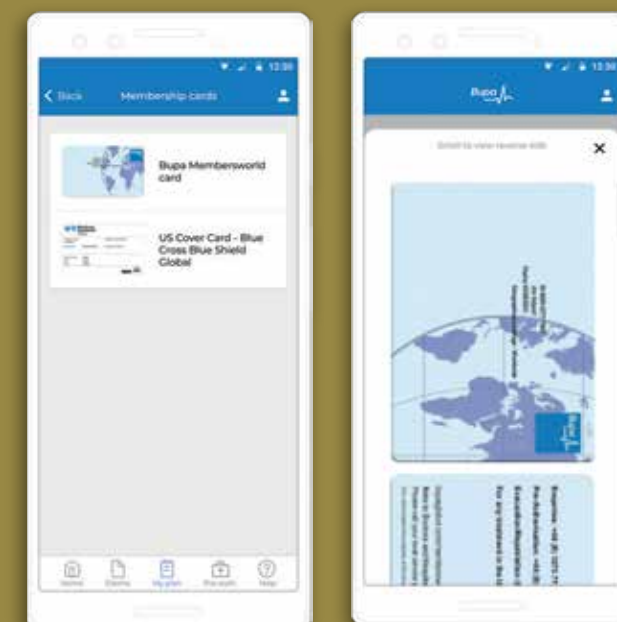
Dependants

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



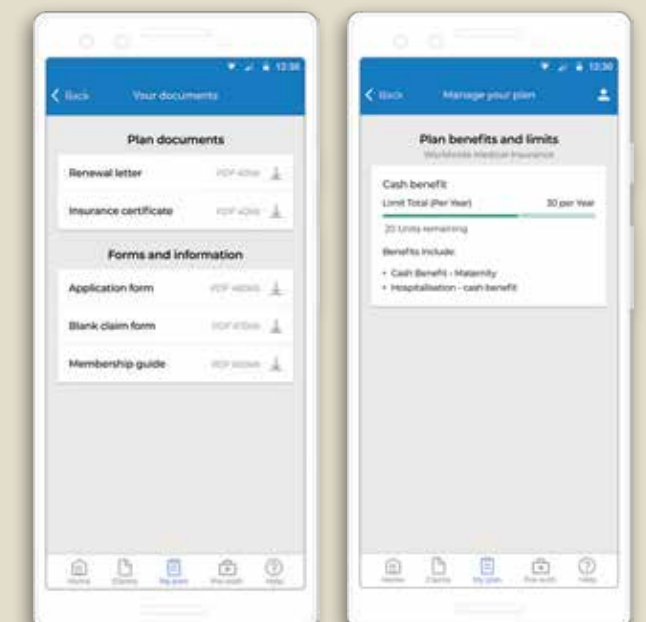
Membership cards

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



Policy documents

- View and download documents for **your** plan



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

WELLBEING SERVICES

At **Bupa Global** we understand wellbeing means more than simply **your** physical health. Our wellbeing programmes support **you** and **your** family in all the moments that matter including **your** physical and mental health. **You** can start using these wellbeing programmes right away!

They are available to **you** from the very start of **your** policy at no additional cost. The use of the services listed on this page does not impact **your policy** premiums or erode benefits from **your** plan. For more information on any of these services please contact Customer Services.

Your Wellbeing

Explore **Bupa Global's** ever-growing health and lifestyle webpages at www.bupaglobal.com/en/your-wellbeing

Find a wealth of inspiring articles, practical information and easy to follow tips to help **you** and **your** family live longer, healthier, happier lives.

Second Medical Opinion*

As a **Bupa Global** customer, **you** can access a second medical opinion from a team of world leading international **specialist doctors**.

This virtual service can give **you** added reassurance and confidence in **your** diagnosis or **treatment** recommendation to help **you** take the most appropriate steps with regards to **your** health. An independent team of **doctors** will review **your** previous medical history, along with any proposed **treatment** and issue **you** with a detailed report including recommendations for the best approach towards optimal recovery.

To request a second medical opinion, complete an online referral form via the MembersWorld website, or contact the Bupa Global Customer Service team on +852 2531 8571, ultimate.hk@bupaglobal.com

Global Virtual Care*

Our virtual consult app provides **you** and **your dependants** with on demand access to a network of highly qualified international **doctors**. The **doctor** can help **you** and **your** family to better understand **your** symptoms and how to get the best care available - wherever **you** are in the world.

Features include (subject to local regulations):

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

Access virtual consultations with a doctor 24/7 by signing-in to the MembersWorld app. If you haven't registered yet, go to the MembersWorld page to get started.

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



Bupa Global retains the right to change the scope of these services. Select services* noted on this page of the membership guide are provided by independent third party service provider(s); access to these services is procured by **Bupa Global** for **your** use. These services are subject to third party availability. **Bupa Global** assumes no liability and accepts no responsibility for information provided by the services detailed above.



THE CLAIMING PROCESS

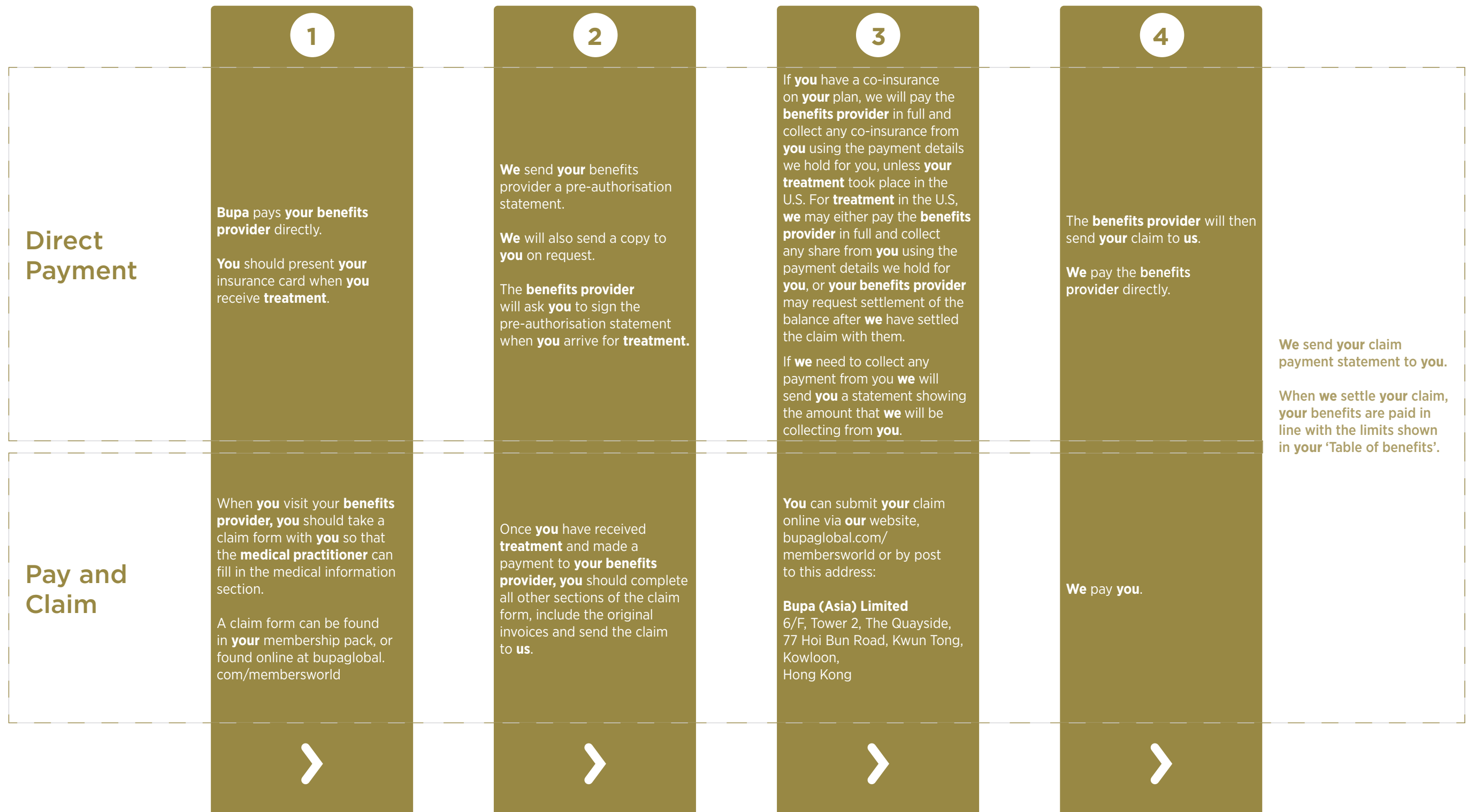
Whether **you** choose direct payment or 'pay and claim' **we** provide a quick and easy claims process. **We** aim to arrange direct settlement wherever possible, but it has to be with the agreement of whoever is providing the **treatment**. In general, direct settlement can only be arranged for **in-patient treatment** or day-case **treatment**. Direct settlement is easier for **us** to arrange if **you** pre-authorise **your treatment** first, or if **you** use a participating **hospital** or healthcare facility.

How to make a claim

- The quickest way to submit **your** claim is to log on to **your** MembersWorld account and submit **your** claim electronically. **You** have the choice of submitting an on-line claim or uploading any completed claims form.
- Make sure **we've** got all the information as the biggest delay to paying a claim is normally incomplete, missing or ineligible information.
- Make sure **you** have given **your** correct bank details. Reimbursement by bank transfer is by far the quickest way to receive **your** payment.

If you need assistance with a claim you can

- Go online at <https://membersworld.bupaglobal.com>
- Call us on +852 2531 8571
- Email ultimate.hk@bupaglobal.com



WANT TO ADD MORE PEOPLE TO YOUR HEALTH PLAN?

You can apply to include **dependants**, including newborn children, to this **health plan** by filling in an application form. **You** can download this easily from <https://membersworld.bupaglobal.com>

Or **you** can contact **us** and **we** will send one to **you**.

It is possible to add dependants on to a different health plan.

When **you** apply, the **dependant's** medical history will be reviewed by **our** medical team which may result in cover for **pre-existing conditions**, special restrictions or exclusions, or **we** may decline to offer cover. Any special restrictions or exclusions are personal to the person **you** add and will be shown on **your** insurance certificate.

Children covered at no additional cost

With **your** Ultimate Global **Health plan** up to two children, per insured parent or insured legal guardian, who are under 16 years of age, can be insured at no additional cost subject to underwriting. The child being added must reside at the same address as the parent or guardian who is insured and who has legal custody of the child.

Adding **your** newborn child?

- o Congratulations on **your** new arrival!

To add **your** newborn child **you** will need to send **us** a completed newborn application form. If:

- o either parent has been on this **health plan** for at least 10 months before the child's birth and
- o a copy of the birth certificate is submitted within 30 days of the child's birth

we will add **your** newborn child to the **health plan** from its date of birth and not apply any personal exclusions to the child's cover.

However, if:

- o neither parent has been on this **health plan** for at least 10 months before the child's birth, or
- o **we** receive the birth certificate more than 30 days after the child was born, or
- o none of the adults on this **health plan** are the child's parents, or
- o the child is born as a result of **assisted reproduction technologies, ovulation induction treatment**, adopted or born to a surrogate, or
- o the child was born in the U.S.,

the child's medical history will be reviewed by **our** medical team which may result in cover for pre-existing conditions, special restrictions or exclusions, or **we** may decline to offer cover. This means that if the child has medical conditions that need treatment, these might not be covered by the **health plan**. Cover will start on the date that **we** receive the application form.

If there are any changes to the information **you** provided in the application form after **you** or **your dependants** sign it and before **we** accept the application, please let **us** know straight away.



YOUR HEALTH PLAN BENEFITS

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

Benefit limits

There are two kinds of benefit limits shown in this table:

1. Annual limits for a group of benefits – the maximum amount **we** will pay in total for all of the benefits in that group, such as Dental **treatment** and Hearing aid/Optical.
2. Individual benefit limits – the maximum amount **we** will pay for individual benefits such as Health screening.

All benefit limits apply per person. Some apply each **policy year**, which means that once a limit has been reached, the benefit will no longer be available until **you** renew **your health plan**. Others apply per lifetime, which means that once a limit has been reached, no further benefits will be paid, regardless of the **renewal** of **your health plan**.

Currencies

All the benefit limits and notes are set out in two currencies: USD and HKD. The currency in which **you** pay **your** premium is the currency that applies to **your health plan** for the purpose of the benefit limits.

Waiting periods

You will notice that waiting periods apply to some of the benefits. This means that **you** cannot make a claim for that particular benefit until **you** have been covered for the full duration of the waiting period stated.

TABLE OF BENEFITS - ULTIMATE GLOBAL HEALTH PLAN

BENEFIT AND EXPLANATION	LIMITS
OVERALL ANNUAL POLICY MAXIMUM	Unlimited
OUT-PATIENT DAY TO DAY CARE	
<p>OUT-PATIENT SURGICAL OPERATIONS</p> <p>When carried out by a specialist or a doctor.</p>	Paid in full
<p>PATHOLOGY, SCANS, X-RAY AND DIAGNOSTIC TESTS</p> <p>When recommended by your specialist or doctor to help diagnose or assess your condition:</p> <ul style="list-style-type: none"> ◦ pathology such as blood test(s) ◦ radiology such as ultrasound or X-ray(s) ◦ diagnostic tests such as electrocardiograms (ECGs) 	
<p>SPECIALIST CONSULTATIONS AND DOCTOR'S FEES</p> <p>Consultations with your specialist or doctor, for example to:</p> <ul style="list-style-type: none"> ◦ receive or arrange treatment ◦ follow up on treatment already received ◦ receive pre- and post-hospital consultations/treatment ◦ receive prescriptions for medicines, or ◦ diagnose your symptoms <p>Such consultations may take place in the specialist's or doctor's office, by telephone or using the internet.</p>	
<p>QUALIFIED NURSES</p> <p>Costs for nursing care, for example injections or wound dressings by a qualified nurse.</p>	
<p>MENTAL HEALTH</p> <p>Consultation fees with psychiatrists, psychologists and psychotherapists to:</p> <ul style="list-style-type: none"> ◦ receive or arrange treatment ◦ receive pre- and post-hospital treatment, or ◦ diagnose your illness <p>Such consultations must take place in the psychiatrist's, psychologist's or psychotherapist's office.</p>	
<p>PHYSIOTHERAPISTS, OSTEOPATHS AND CHIROPRACTORS</p> <p>Consultations and treatment with physiotherapists, osteopaths, chiropractors for physical therapies aimed at restoring your normal physical function.</p>	

BENEFIT AND EXPLANATION	LIMITS
<p>OCCUPATIONAL THERAPIST AND ORTHOPTIST</p> <p>Consultations and treatment with occupational therapists and orthoptists.</p>	Paid in full
<p>FOOTCARE</p> <p>Treatment by a podiatrist, orthopaedic specialist, or chiropodist.</p> <p>Treatment for corns, calluses or thickened misshapen nails will only be covered if medically necessary.</p>	
<p>COMPLEMENTARY THERAPIES: ACUPUNCTURE AND REFLEXOLOGY</p> <p>Consultations and treatment with acupuncturists and reflexologists when the practitioners are appropriately qualified and registered to practice in the country where treatment is received.</p> <p>Note: treatments supplied or carried out on a separate date to a consultation will be considered as a separate consultation.</p> <p>We only pay for these complementary medicines and therapies above. Exclusions apply to some Chinese medicines as detailed in the General exclusions section.</p>	
<p>COMPLEMENTARY MEDICINES: HOMEOPATHY, NATUROPATHY AND CHINESE MEDICINE</p> <p>Consultations and treatment with homeopaths, naturopaths and Chinese medicine practitioners when the practitioners are appropriately qualified and registered to practise in the country where treatment is received.</p> <p>Note: should any complementary medicines or treatments be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate consultation.</p> <p>We only pay for the complementary medicines and therapies above. Exclusions apply to some Chinese medicines as detailed in the General exclusions section.</p>	
<p>PRESCRIBED MEDICINES AND DRESSINGS</p> <p>Medicines and dressings prescribed by your medical practitioner, required to treat a disease, illness or injury.</p> <p>Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit above.</p>	
<p>DURABLE MEDICAL EQUIPMENT</p> <p>Durable medical equipment that:</p> <ul style="list-style-type: none"> ◦ can be used more than once ◦ is not disposable ◦ is used to serve a medical purpose ◦ is not used in the absence of a disease, illness or injury and ◦ is fit for use in the home <p>For example oxygen supplies or wheelchairs.</p>	
<p>DIETETIC GUIDANCE</p> <p>We pay for consultations with a dietician, required for dietary advice if medically necessary.</p>	

BENEFIT AND EXPLANATION	LIMITS
PREVENTIVE TREATMENT	
<p>HEALTH SCREENING AND WELLNESS</p> <p>A health screen generally includes various routine tests performed to assess your state of health and could include tests to check cholesterol and blood sugar (glucose) levels, liver and kidney function tests, a blood pressure check, and a cardiac risk assessment.</p> <p>You may also have the specific screening tests for breast, cervical, prostate, colorectal and skin cancer or bone densitometry and the following additional preventative treatments:</p> <ul style="list-style-type: none"> ◦ Vitamin Therapy ◦ Cryotherapy ◦ EMG Test ◦ COVID-19 Antibody Test ◦ Stress-related therapies ◦ Sports massages ◦ Colonic irrigation ◦ Therapy for sleep disorders <p>The actual tests you have will depend on those supplied by the benefit provider where you have your screening.</p>	Up to USD 7,500 or HKD 58,500 each policy year
<p>VACCINATIONS</p> <p>The following are covered:</p> <ul style="list-style-type: none"> ◦ vaccinations which are recommended as part of the national childhood immunisation programme in the ◦ country of residency ◦ human papilloma virus (HPV) vaccination to protect against cervical cancer ◦ influenza (seasonal flu) vaccination ◦ travel vaccinations ◦ anti-malarial medicines ◦ pneumococcal vaccinations 	
<p>EYE TEST</p> <p>Eye test, which includes the cost of your consultation and sight/vision testing.</p>	Paid in full
<p>PREVENTIVE DENTAL (WAITING PERIOD 6 MONTHS)</p> <p>Once you have been covered on this health plan for 6 months:</p> <ul style="list-style-type: none"> ◦ check-ups/exams ◦ X-rays/bitewing/single view/Orthopantomogram (OPG) ◦ scale and polish/ tooth cleaning ◦ gum shield/mouth guard 	
<p>GENETIC CANCER SCREENING</p> <p>Cover for costs of genetic cancer testing and one pre and one post consultation, only if:</p> <ul style="list-style-type: none"> ◦ referred by a doctor ◦ there is an immediate family (bloodline) history, and ◦ the tests and consultations are carried out at a hospital <p>Please contact us for pre-authorisation before proceeding with testing.</p>	

BENEFIT AND EXPLANATION	LIMITS
DENTAL TREATMENT AND HEARING AIDS/OPTICAL	
DENTAL TREATMENT	
<p>ACCIDENT RELATED DENTAL TREATMENT</p> <p>We pay for accident-related dental treatment that you receive from a dental practitioner for treatment during an emergency visit following accidental damage to any tooth.</p> <p>Until you have been covered on this health plan for 6 months we only pay any accident related dental treatment taking place up to 30 days after the accident.</p>	Paid in full
<p>ROUTINE DENTAL (WAITING PERIOD 6 MONTHS)</p> <p>Once you have been covered on this health plan for 6 months:</p> <ul style="list-style-type: none"> ◦ fillings ◦ root canal treatment ◦ x-ray ◦ tooth extraction ◦ anaesthesia 	
<p>MAJOR RESTORATIVE (WAITING PERIOD 6 MONTHS)</p> <p>Once you have been covered on this health plan for 6 months:</p> <ul style="list-style-type: none"> ◦ bridges ◦ crowns ◦ dental implants ◦ dentures 	Up to USD 15,000 or HKD 117,000 each policy year
<p>ORTHODONTICS (WAITING PERIOD 12 MONTHS)</p> <p>Once you have been covered on this health plan for 12 months, orthodontic treatment up to the age of 19:</p> <ul style="list-style-type: none"> ◦ consultations and monthly check-ups ◦ removal of deciduous/baby teeth/milk teeth/primary teeth ◦ treatment planning ◦ models/gum impressions ◦ extractions ◦ anaesthesia ◦ X-rays including single/bitewing/periapical (root X-ray)/full-mouth X-rays/Orthopantomogram (OPG) and ◦ Cephalometric (CEPH) ◦ digital photography, and ◦ metal braces/retainers 	
HEARING AIDS/OPTICAL	
<p>HEARING AIDS</p> <p>Costs for prescribed hearing aids.</p>	
<p>SPECTACLE FRAMES AND LENSES AND CONTACT LENSES</p> <p>Spectacle and contact lenses which are prescribed to correct a sight/vision problem such as short or long sight.</p>	

BENEFIT AND EXPLANATION	LIMITS
<p>REFRACTIVE EYE SURGERY (1 PER EYE PER LIFETIME)</p> <p>Costs of refractive surgery for astigmatism and myopia / hyperopia, subject to Bupa Global's medical policy criteria, when:</p> <ul style="list-style-type: none"> ◦ you have 3 dioptres or greater on the eye being treated, and ◦ the treatment is provided by an accredited recognised practitioner, hospital or clinic <p>We only pay for one surgery per eye per lifetime. Please contact us for pre-authorisation before proceeding with consultations and treatment.</p>	<p>Up to USD 15,000 or HKD 117,000 each policy year</p>
IN-PATIENT CARE: FOR ALL IN-PATIENT AND DAY-PATIENT TREATMENT COSTS	
<p>HOSPITAL ACCOMMODATION, ROOM AND BOARD</p> <p>When:</p> <ul style="list-style-type: none"> ◦ there is a medical need to stay in hospital ◦ the treatment is given or managed by a specialist, and ◦ the length of your stay is medically appropriate <p>For in-patient stays of 5 nights or more, you or your specialist must send us a medical report before the fifth night, confirming your diagnosis, treatment already given, treatment planned and discharge date.</p> <p>We will also pay up to USD 17 or HKD 130 each day for personal expenses such as newspapers, television rental and guest meals when you have had to stay overnight in hospital.</p>	<p>Paid in full Room type: Standard suite</p>
<p>PARENT ACCOMMODATION IN HOSPITAL</p> <p>Room and board costs for a parent staying in hospital with their child when the costs are for one parent only, you are staying with a child up to 18 years old and the child is insured and receiving treatment that is covered.</p>	<p>Paid in full</p>
<p>ROOM AND BOARD FOR ACCOMPANYING FAMILY MEMBERS</p> <p>Room and board at the hospital or nearby hotel, including the cost of local transport to the hotel for up to 3 accompanying family members in case of hospital stays longer than 5 nights.</p> <p>We may also pay in certain circumstances for hospital stays less than 5 nights, so if you are unsure whether this benefit applies, please contact us.</p>	<p>Up to USD 15,000 or HKD 117,000 each policy year</p>
<p>OPERATING ROOM, MEDICINES AND SURGICAL DRESSINGS</p> <p>Costs of the:</p> <ul style="list-style-type: none"> ◦ operating room ◦ recovery room ◦ medicines and dressings used in the operating or recovery room ◦ medicines and dressings used during your hospital stay 	
<p>INTENSIVE CARE</p> <p>Costs for treatment in an intensive care unit when it is medically necessary or an essential part of treatment.</p>	<p>Paid in full</p>
<p>SURGERY, INCLUDING SURGEONS' AND ANAESTHETISTS' FEES</p> <p>Surgery, including surgeons' and anaesthetists' fees, as well as treatment needed immediately before and after the surgery on the same day.</p>	
<p>SPECIALISTS' CONSULTATION FEES</p> <p>When you require medical treatment during your stay in hospital.</p>	

BENEFIT AND EXPLANATION	LIMITS
<p>PATHOLOGY, RADIOLOGY AND DIAGNOSTIC TESTS:</p> <ul style="list-style-type: none"> ◦ pathology such as blood test(s) ◦ radiology such as ultrasound or X-ray(s) ◦ diagnostic tests such as electrocardiograms (ECGs) <p>when recommended by your specialist to help diagnose or assess your condition when you are in hospital.</p>	
<p>MENTAL HEALTH</p> <p>Mental health treatment, where it is medically necessary for you to be treated as a day-patient or in-patient to include room, board and all treatment costs related to the mental health condition.</p> <p>Any mental health treatment overnight in hospital and as a day-patient for 5 days or more will need pre-authorisation.</p>	
<p>PHYSIOTHERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS AND DIETICIANS</p> <p>Treatment provided by therapists (such as occupational therapists), physiotherapy and dietician or speech therapy if it is needed as part of your treatment in hospital, meaning this is not the sole reason for your hospital stay.</p>	
<p>OBESITY SURGERY (WAITING PERIOD OF 24 MONTHS)</p> <p>Once you have been covered on this health plan for 24 months, we may pay, subject to Bupa Global's medical policy criteria, for bariatric surgery, if you:</p> <ul style="list-style-type: none"> ◦ have a body mass index (BMI) of 40 or over and have been diagnosed as being morbidly obese ◦ can provide documented evidence of other methods of weight loss which have been tried over the past 24 months and ◦ have been through a psychological assessment which has confirmed that it is appropriate for you to undergo the procedure <p>The bariatric surgery technique needs to be evaluated by our medical teams and is subject to Bupa Global's medical policy criteria.</p> <p>In some cases, you may qualify for weight-loss surgery if your BMI is between 35 and 40 and you have a serious weight-related health problem, such as type 2 diabetes. The decision for Bupa Global to cover this will be entirely made by our medical teams.</p> <p>Please contact us for pre-authorisation before proceeding with treatment.</p>	<p>Paid in full</p>
<p>PROPHYLACTIC SURGERY</p> <p>We may pay subject to Bupa Global's medical policy criteria, for example, a mastectomy when there is a significant family history and/or you have a positive result from genetic testing.</p> <p>Please contact us for pre-authorisation before proceeding with treatment.</p>	
<p>PROSTHETIC DEVICES</p> <p>The initial prosthetic device needed as part of your treatment. By this we mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of your surgical procedure.</p> <p>We do not pay for any replacement prosthetic devices for adults including any replacement devices required in relation to a pre-existing condition. We will pay for the initial and up to two replacements per device for children under the age of 18.</p>	

BENEFIT AND EXPLANATION	LIMITS
<p>PROSTHETIC IMPLANTS AND APPLIANCES</p> <p>Eligible prosthetic implants and appliances shown in the following lists.</p> <p>Prosthetic implants:</p> <ul style="list-style-type: none"> to replace a joint or ligament to replace a heart valve to replace an aorta or an arterial blood vessel to replace a sphincter muscle to replace the lens or cornea of the eye to control urinary incontinence or bladder control to act as a heart pacemaker (internal cardiac defibrillator may be available subject to Bupa Global's medical policy criteria. Please contact us for pre-authorization) to remove excess fluid from the brain cochlear implant – provided the initial implant was provided when you were under the age of five, we will pay ongoing maintenance and replacements to restore vocal function following surgery for cancer <p>Appliances:</p> <ul style="list-style-type: none"> a knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament a spinal support which is an essential part of a surgical operation to the spine an external fixator such as for an open fracture or following surgery to the head or neck 	Paid in full
<p>RECONSTRUCTIVE SURGERY</p> <p>Treatment to restore your appearance after an illness, injury or surgery. We may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during your current continuous cover.</p> <p>Please contact us for pre-authorization before proceeding with any reconstructive surgery.</p>	
<p>ACCIDENT RELATED DENTAL TREATMENT</p> <p>We pay for dental treatment that is required in hospital after a serious accident.</p>	
PRE- AND POST-HOSPITALISATION	
<p>HOME NURSING</p> <p>Following treatment in hospital which is covered under this health plan, when it:</p> <ul style="list-style-type: none"> is prescribed by your specialist starts immediately after you leave hospital reduces the length of your stay in hospital is provided by a qualified nurse in your home, and is needed to provide medical care, not personal assistance <p>Please contact us for pre-authorization before proceeding with treatment.</p>	Paid in full Up to 30 days each policy year
<p>HOSPICE AND PALLIATIVE CARE</p> <p>Hospice and palliative care services if you have received a terminal diagnosis and can no longer have treatment which will lead to your recovery:</p> <ul style="list-style-type: none"> hospital or hospice accommodation nursing care prescribed medicines physical, psychological, social and spiritual care 	Paid in full

BENEFIT AND EXPLANATION	LIMITS
<p>REHABILITATION (MULTIDISCIPLINARY REHABILITATION)</p> <p>We pay for rehabilitation, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. We do not pay for room and board for rehabilitation when the treatment being given is solely physiotherapy.</p> <p>We pay for rehabilitation only when you have received our pre-authorization before the treatment starts, for up to 90 days treatment per policy year. For treatment in hospital one day is each overnight stay and for day-patient and out-patient treatment, one day is counted as any day on which you have one or more appointments for rehabilitation treatment.</p> <p>We only pay for multidisciplinary rehabilitation where it:</p> <ul style="list-style-type: none"> starts within 30 days after the end of your treatment in hospital for a condition which is covered by your health plan (such as trauma or stroke), and arises as a result of the condition which required the hospitalisation or is needed as a result of such treatment given for that condition <p>Note: in order to give pre-authorization, we must receive full clinical details from your specialist; including your diagnosis, treatment given and planned and proposed discharge date if you stayed in hospital to receive rehabilitation.</p>	Paid in full Up to 90 days each policy year
<p>REHABILITATION AT HEALTH RESORTS</p> <p>Costs for medically prescribed stays at recognised health resorts following serious illness. Please contact us for pre-authorization before proceeding.</p> <p>To claim this benefit, you must meet all the criteria for the Rehabilitation benefit above.</p>	Paid in full Up to 30 days each policy year
IN-PATIENT AND/OR OUT-PATIENT CARE	
<p>ADVANCED IMAGING</p> <ul style="list-style-type: none"> magnetic resonance imaging (MRI) computed tomography (CT) positron emission tomography (PET) <p>when recommended by your specialist to help diagnose or assess your condition.</p>	
<p>CANCER TREATMENT</p> <p>Once it has been diagnosed, including fees that are related specifically to planning and carrying out treatment for cancer. This includes tests, diagnostic imaging, consultations and prescribed medicines.</p> <p>Please contact us for pre-authorization before proceeding with treatment.</p> <p>If your treatment involves advanced therapy medicinal products (ATMP), this will be paid from the ATMP benefit.</p>	Paid in full
<p>ADVANCED THERAPY MEDICINAL PRODUCTS (ATMPS)</p> <p>We pay for ATMP treatment if it is:</p> <ul style="list-style-type: none"> administered by a specialist in the country where you receive it, and; approved by the licensing authority in the country where you receive it, for your condition, stage of disease and stage of treatment that you have, and; endorsed by an independent specialist appointed by Bupa Global who confirms it: <ul style="list-style-type: none"> as medically appropriate, based on established medical practice, or is provided under a registered and ethically approved study (in this case we will not apply the 'experimental or unproven treatment' exclusion). <p>Please contact us for pre-authorization before proceeding with treatment.</p>	Paid in full, one course of treatment for each condition per lifetime

BENEFIT AND EXPLANATION	LIMITS
<p>TRANSPLANT SERVICES</p> <p>All medical expenses, including consultations with a doctor or specialist and medical treatments whether staying in hospital overnight, as a day-patient or an out-patient for the following transplants, if the organ has come from a relative or a certified and verified source of donation:</p> <ul style="list-style-type: none"> ◦ cornea ◦ small bowel ◦ kidney ◦ kidney/pancreas ◦ liver ◦ heart ◦ lung, or ◦ heart/lung transplant <p>Costs for anti-rejection medicines and medical expenses for bone marrow transplants and peripheral stem cell transplants, with or without high dose chemotherapy when treating cancer, are covered under the cancer treatment benefit.</p> <p>Donor expenses, for each condition needing a transplant whether the donor is insured or not, including:</p> <ul style="list-style-type: none"> ◦ the harvesting of the organ, whether from a live or deceased donor ◦ all tissue matching fees ◦ hospital/operation costs of the donor, and ◦ any donor complications, but to a maximum of 30 days post-operatively only 	Paid in full
<p>KIDNEY DIALYSIS</p> <p>Provided as an in-patient, day-patient or as an out-patient.</p>	
MATERNITY/CHILDBIRTH (10 MONTH WAITING PERIOD):	
<p>Pregnancy and childbirth after the mother has been covered on this health plan for 10 months including pregnancy and childbirth complications.</p> <p>Treatment for conditions such as hydatiform mole and ectopic pregnancy and other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered from the maternity/childbirth benefit but will be covered under your other benefits, for example, out-patient day to day care or in-patient care.</p>	Paid in full
<p>NORMAL DELIVERY/BIRTHING CENTRE/HOME DELIVERY (10 MONTH WAITING PERIOD):</p> <p>Once you have been covered on this health plan for 10 months.</p> <p>Maternity treatment and childbirth, including:</p> <ul style="list-style-type: none"> ◦ hospital charges, obstetricians and midwives fees for normal childbirth ◦ post-natal care required by the mother immediately following normal childbirth, such as stitches ◦ up to 7 days' routine care for the baby 	
<p>CAESAREAN SECTION (10 MONTH WAITING PERIOD)</p> <p>Once you have been covered on this health plan for 10 months:</p> <p>Hospital, obstetricians' and other medical fees for the cost of the delivery of your baby by Caesarean section, when it is medically essential for a Caesarean section for example as a result of non-progression during labour (for example dystocia, foetal distress, haemorrhage).</p> <p>Note: if we are unable to determine that your Caesarean section was medically essential, it will be paid from your normal delivery benefit limit.</p>	

BENEFIT AND EXPLANATION	LIMITS
<p>PRE- AND POST-NATAL TREATMENT (10 MONTH WAITING PERIOD)</p> <p>Once you have been covered on this health plan for 10 months: Maternity care and treatment before and after the birth.</p>	Covered under out-patient day to day care
<p>COMPLICATIONS OF MATERNITY AND CHILDBIRTH</p> <p>Once you have been covered on this health plan for 10 months: Treatment which is medically necessary as a direct result of pregnancy and childbirth complications.</p> <p>By complications we mean those conditions which only ever arise as a direct result of pregnancy or childbirth for example pre-eclampsia, threatened miscarriage, gestational diabetes, still birth.</p> <p>This benefit is subject to Bupa Global's medical policy criteria. Please contact us for pre-authorisation where possible. If you require an emergency admission as a direct result of pregnancy and childbirth complications, please contact us within 48 hours of your admission.</p>	Paid in full
TRANSPORTATION/TRAVEL	
<p>Evacuation covers you for reasonable transport costs to the nearest appropriate place of treatment, when the treatment you need is not available nearby. Repatriation gives you the added option of returning to your specified country of residence or specified country of nationality, to be treated in familiar surroundings, when the treatment you need is not available nearby.</p> <p>For all medical transfers:</p> <ul style="list-style-type: none"> ◦ you must contact us for pre-authorisation before you travel ◦ the treatment must be recommended by your specialist or doctor ◦ the treatment is not available locally ◦ the treatment must be covered under your health plan ◦ we must agree the arrangements with you, and ◦ benefit is applicable for hospital treatment, either overnight or as a day-patient <p>Evacuation may also be authorised if you need advanced imaging or cancer treatment such as radiotherapy or chemotherapy.</p> <p>We will only pay if all arrangements are agreed and approved in advance by Bupa Global. Should you arrange transportation covered under the health plan yourself we shall only compensate your expenses to the equivalent cost if we had arranged your transportation.</p> <p>Note:</p> <ul style="list-style-type: none"> ◦ we do not pay for extra nights in hospital when you are no longer receiving active treatment which requires you to be hospitalised, for example when you are awaiting your return flight. ◦ we will not approve a transfer which in our reasonable opinion is inappropriate based on established clinical and medical practice, and we are entitled to conduct a review of your case, when it is reasonable for us to do so. Evacuation or repatriation will not be authorised if it is against the advice of the Bupa Global medical team. ◦ we will not arrange evacuation or repatriation in cases where the local situation, including geography, makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. Such intervention depends upon and is subject to local and/or international resource availability and must remain within the scope of national and international law and regulations. Interventions may depend on the attainment of necessary authorisations issued by the various authorities concerned, which may be outside of the reasonable control or influence of Bupa Global or our service partners. ◦ we cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond our control. ◦ Bupa Global is not the provider of the transportation and other services set out in the transportation/travel section, but will arrange those services on your behalf. In some countries we may use service partners to arrange these services locally, but Bupa Global will always be here to support you. 	

BENEFIT AND EXPLANATION	LIMITS
<p>EVACUATION</p> <p>Transport costs for an evacuation:</p> <ul style="list-style-type: none"> to the nearest appropriate place where the required treatment is available. (This could be to another part of the country that you are in or to another country), and for the return journey to the place you were transferred from <p>When this is authorised in advance by us.</p> <p>The costs we pay for the return journey will be either:</p> <ul style="list-style-type: none"> the reasonable cost of the return journey by land or sea, or the cost of a business class air ticket whichever is the lesser amount <p>We do not pay any other costs related to the evacuation such as travel costs or hotel accommodation. In some cases, it may be more appropriate for you to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, we will pay for taxi fares.</p>	Paid in full
<p>REPATRIATION</p> <p>Transport costs for a repatriation:</p> <ul style="list-style-type: none"> to your specified country of nationality as given on your application form, or your specified country of residence, and the return journey to the place you were transferred from when: this is authorised in advance by Bupa Global <p>The costs we pay for the return journey will be either:</p> <ul style="list-style-type: none"> the reasonable cost of the return journey by land or sea, or the cost of a business class air ticket whichever is the lesser amount <p>We do not pay any other costs related to the repatriation such as travel costs or hotel accommodation.</p> <p>In some cases, it may be more appropriate for you to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, we will pay for taxi fares.</p> <p>In some cases you may request a medical repatriation when contacting Bupa Global for authorisation, but this may not be medically appropriate. In these cases, we will first evacuate you to the nearest appropriate place where treatment is available. Once you have been stabilised, we may then repatriate you to your specified country of nationality or your specified country of residence.</p>	

BENEFIT AND EXPLANATION	LIMITS
<p>TRAVEL COST FOR AN ACCOMPANYING PERSON</p> <p>Reasonable travel costs for up to three close relatives (spouse/partner, parent, child, brother or sister) to accompany you if there is a reasonable need for you to be accompanied. By 'reasonable need' we mean that you need someone to accompany you for one of the following reasons:</p> <ul style="list-style-type: none"> you need assistance to board or disembark from transport you need to be transferred over a long distance (over at least 1000 miles or 1600 KM) there is no medical escort in the case of serious acute illness <p>The accompanying person may travel in a different class from the person receiving treatment depending on medical requirements.</p> <p>Reasonable travel costs for the return journey to the place you were transferred from when this is authorised in advance by Bupa Global.</p> <p>The costs we pay for the return journey will be either:</p> <ul style="list-style-type: none"> the reasonable cost of the return journey by land or sea, or the cost of a business class air ticket whichever is the lesser amount <p>We do not pay for someone to travel with you when the evacuation is for you to receive out-patient treatment.</p>	Paid in full
<p>TRAVEL COST FOR THE TRANSFER OF CHILDREN</p> <p>Reasonable travel costs for children to be transferred with you in the event of an evacuation or repatriation, provided they are under the age of 18 when:</p> <ul style="list-style-type: none"> it is medically necessary for you as their parent or guardian to be evacuated or repatriated your spouse, partner, or other joint guardian is accompanying you, and they would otherwise be left without a parent or guardian 	
<p>COMPASSIONATE VISIT TRANSPORT COSTS AND COMPASSIONATE VISIT LIVING ALLOWANCE</p> <p>The cost of business class travel for up to three close relatives (spouse/partner, parent, child, brother or sister) who are in another country to visit you if you have a sudden accident or illness and are going to be hospitalised for at least five days or you have received a short-term terminal prognosis. This includes business class costs of your relative's return journey to their home country. This benefit is only paid when authorised in advance by Bupa Global.</p> <p>Costs towards living expenses for your relative:</p> <ul style="list-style-type: none"> following an eligible compassionate visit only, and for up to 10 days whilst away from their usual specified country of residence <p>This benefit is not paid when either an evacuation or repatriation has taken place. In the event of an evacuation or repatriation taking place during a compassionate visit, no further benefits as described in benefit section 'Travel cost for an accompanying person', 'Travel cost for the transfer of children' or 'Living allowance' will be payable.</p>	

BENEFIT AND EXPLANATION	LIMITS
<p>COMPASSIONATE EMERGENCY REPATRIATION</p> <p>If you are outside of your country of residence and have to terminate your journey prematurely due to death, serious acute illness or injury resulting in hospitalisation of a relative we pay for reasonable additional travel expenses.</p> <p>Relative for this benefit means spouse/partner, parent, child, brother, sister, brother in-law, sister in-law, son in-law, daughter in-law, grandchild, parent in-law.</p> <p>The costs we pay will be either:</p> <ul style="list-style-type: none"> the reasonable cost of the return journey by land or sea, or the cost of a business class air ticket whichever is the lesser amount <p>Only:</p> <ul style="list-style-type: none"> one transportation in connection with one course of an illness if the relative in question is not a fellow insured traveller who has already been repatriated if the compassionate emergency repatriation would cause you to arrive at least 12 hours earlier than was originally planned 	Paid in full
<p>LIVING ALLOWANCE</p> <p>Costs towards living expenses for up to three close relatives (spouse/partner, parent, child, brother or sister) who is authorised to travel with you:</p> <ul style="list-style-type: none"> following an evacuation, and for up to 10 days, or your date of discharge whichever is the earlier, whilst away from their usual specified country of residence <p>We do not pay for someone to travel with you when evacuation is for out-patient treatment only.</p>	10 days up to USD 15,000 or HKD 117,000 each policy year
<p>LOCAL AIR AMBULANCE:</p> <ul style="list-style-type: none"> from the location of an accident to a hospital, or for a transfer from one hospital to another <p>When a local air ambulance is:</p> <ul style="list-style-type: none"> medically necessary used for short distances of up to 100 miles/160 KM, and related to treatment that is covered that you need to receive in hospital <p>A local air ambulance may not always be available in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. We do not pay for mountain rescue.</p>	Paid in full
<p>LOCAL ROAD AMBULANCE:</p> <ul style="list-style-type: none"> from the location of an accident to a hospital for a transfer from one hospital to another, or from your home to the hospital <p>When a local road ambulance is:</p> <ul style="list-style-type: none"> medically necessary, and related to treatment that is covered that you need to receive in hospital 	

BENEFIT AND EXPLANATION	LIMITS
<p>NON-MEDICAL EVACUATION IN CASE OF CONFLICTS AND NATURAL DISASTERS</p> <p>Costs for evacuation if your return ticket cannot be used due to:</p> <ul style="list-style-type: none"> war, civil commotion, civil war, terrorist incidents, martial law, revolution or other similar situations in the region where you staying, if such a situation was declared and documented by the Ministry of Foreign Affairs, embassy, or similar institution of the country you are in and arose after you left for the region destructive natural disasters, including but not limited to tsunamis, hurricanes, earthquakes, volcanic eruptions, where the solution overwhelms the local capacity, necessitating a request of a national or international level for external assistance, and only if you are travelling outside your specified country of residency and the situation arose after you left for the region <p>If you are detained by the authorities in a country due to war or impending war or you cannot be evacuated due to a natural disaster, we will provide coverage for up to 3 months for reasonable and documented extra expenses for accommodation and meals, plus the costs of necessary domestic transport due to enforced relocation in country or to meet the cost of higher security travel, if the situation requires so.</p> <p>Cover is subject to the condition that you have not previously neglected to follow an evacuation recommendation from the Ministry of Foreign Affairs, embassy, or similar institution of the country you are in.</p> <p>We cannot be held responsible for the extent to which transportation may be carried out, but will co-operate with the Ministry of Foreign Affairs, embassy, or similar institution of the country you are in, in such cases where assistance is necessary.</p> <p>Please contact us as soon as possible after the event.</p> <p>Note: exclusions apply as detailed in the General exclusions section</p>	Paid in full
<p>REPATRIATION OF MORTAL REMAINS</p> <p>Reasonable costs for the transportation of your body or cremated mortal remains to your home country or to your specified country of residence:</p> <ul style="list-style-type: none"> in the event of your death while you are away from home, and subject to airline requirements and restrictions <p>We will only pay statutory arrangements, such as cremation and an urn or embalming and a zinc coffin, if this is required by the airline authorities to carry out the transportation.</p> <p>We do not pay for any other costs related to the burial or cremation, the cost of burial caskets or the transport costs for someone to collect or accompany your mortal remains.</p>	

YOUR EXCLUSIONS

In the 'General exclusions' section below, **we** list specific **treatments**, conditions and situations that **we** do not cover as part of **your health plan**. In addition to these **you** may have personal exclusions or restrictions that apply to **your health plan**, as shown on **your** insurance certificate.

Do you have cover for pre-existing conditions?

When **you** applied for **your health plan** you were asked to provide all information about any disease, illness or injury for which **you** received medication, advice or **treatment**, or **you** had experienced symptoms before **you** became a customer – **we** call these **pre-existing conditions**.

Our medical team reviewed **your** medical history to decide the terms on which **we** offered **you** this **health plan**. **We** may have offered to cover any **pre-existing conditions**, possibly for an extra premium, or decided to exclude specific **pre-existing conditions** or apply other restrictions to **your health plan**. If **we** have applied any personal exclusion or other restrictions to **your health plan**, this will be shown on **your** insurance certificate. This means **we** will not cover costs for **treatment** of this **pre-existing condition**, related symptoms, or any condition that results from or is related to this **pre-existing condition**. Also **we** will not cover any **pre-existing conditions** that **you** did not disclose in **your** application.

If **we** have not applied a personal exclusion or restriction to **your** insurance certificate, this means that any **pre-existing conditions** that **you** told **us** about in **your** application are covered under **your health plan**.

General exclusions

The exclusions in this section apply in addition to and alongside any personal exclusions and restrictions explained above.

For all exclusions in this section, and for any personal exclusions or restrictions shown on **your** insurance certificate, **we** do not pay for conditions which are directly related to:

- excluded conditions or **treatments**
- additional or increased costs arising from excluded conditions or **treatments**
- complications arising from excluded conditions or **treatments**

Important note

Our global **health plans** are non-U.S. insurance products and accordingly are not designed to meet the requirements of the U.S. Patient Protection and Affordable Care Act (the Affordable Care Act). **Our** plans may not qualify as minimum essential coverage or meet the requirements of the individual mandate for the purposes of the Affordable Care Act, and **we** are unable to provide tax reporting on behalf of those U.S. taxpayers and other persons who may be subject to it. The provisions of the Affordable Care Act are complex and whether or not **you** or **your dependants** are subject to its requirements will depend on a number of factors. **You** should consult an independent professional financial or tax advisor for guidance. For customers whose coverage is provided under a group **health plan**, **you** should speak to **your health plan** administrator for more information.

Please note that, should **you** choose to have **treatment** or services with a **benefits provider** who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. Additional rules may apply in respect of **covered benefits** received from an 'out-of-network' **benefits provider** in certain specific countries.

GENERAL EXCLUSIONS

Administration / registration fees	Administration and/or registration fees (unless we , at our reasonable discretion, deem that such fees are proper and usual accepted practice in the relevant country).
Advance payments / deposits	Advance payments and/or deposits towards the costs of any covered benefits .
Artificial life maintenance	We will not pay for artificial life maintenance for more than 90 days - including mechanical ventilation, where such treatment will not or is not expected to result in your recovery or restore you to your previous state of health. Example: We will not pay for artificial life maintenance when you are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 days.

Birth control	Contraception, sterilisation, vasectomy, termination of pregnancy (unless there is a threat to the mother's health), family planning, such as meeting your doctor to discuss becoming pregnant or contraception.
Chinese medicine	Any of the following traditional Chinese medicines: cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American Ginseng; Radix Ginseng Silvestris; antelope horn powder; placenta hominis; Agaricus blazei murill; musk; and pearl powder, rhinoceros horn and substances from Asian Elephant, Sun Bear, and Tiger or other endangered species.
Conflict and disaster	We shall not be liable for any claims which concern, are due to or are incurred as a result of treatment for sickness or injuries directly or indirectly caused by you putting yourself in danger by entering a known area of conflict (as listed below) and/or if you were an active participant or you have displayed a blatant disregard for your personal safety in a known area of conflict: <ul style="list-style-type: none"> ◦ nuclear or chemical contamination ◦ war, invasion, acts of a foreign enemy ◦ civil war, rebellion, revolution, insurrection ◦ terrorist acts ◦ military or usurped power ◦ martial law ◦ civil commotion, riots, or the acts of any lawfully constituted authority ◦ hostilities, army, naval or air services operations whether war has been declared or not
Convalescence and admission for treatment that could take place as a day-case or out-patient , general care, or staying in hospital for	<ul style="list-style-type: none"> ◦ convalescence, pain management, supervision, or ◦ receiving only general nursing care, or ◦ therapist or complementary therapist services, or ◦ domestic/living assistance such as bathing and dressing
Cosmetic treatment	Non-medically essential surgery and treatment to alter your appearance including abdominoplasty or treatment related to or arising from the removal or addition of non-diseased or surplus or fat tissue is not covered. We do not pay for treatment of keloid scars. We also do not pay for scar revision, even if the scar is causing a functional problem. Note: If your doctor recommends cosmetic treatment to correct a functional problem, for example, excess eye tissue which is interrupting the visual field, please contact us for pre-authorisation as your case will be assessed according to Bupa Global's medical policy criteria. If approved, benefits will be paid in line with the rules and benefits of your health plan .
Developmental problems	Treatment for, or related to developmental problems, including: <ul style="list-style-type: none"> ◦ learning difficulties, such as dyslexia ◦ developmental problems treated in an educational environment or to support educational development

Experimental or unproven treatment	<p>Clinical tests, treatments, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy.</p> <p>This includes:</p> <ul style="list-style-type: none"> any test, treatment, equipment, medicine, device or procedure that is not considered to be in standard clinical use but is (or should, in Bupa's reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy. any tests, treatment, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by Bupa Global in line with its criteria for standard clinical use. <p>Standard clinical use includes:</p> <ul style="list-style-type: none"> treatment agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved through the UK Cancer Drugs Fund), Royal Colleges or equivalent national specialist bodies in the country of treatment; the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or Bupa's in-house Clinical Effectiveness team) indicate that the treatment is safe and effective; where the treatment has received full regulatory approval by the licensing authority (e.g. U.S. Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency) in the location where the customer has requested treatment, and is duly licensed for the condition and patient population being requested (please note - full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or tests, treatments, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which treatment is requested. <p>Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not considered appropriate evidence to demonstrate a test, treatment, equipment, medicine, device or procedure should be used in standard clinical use.</p> <p>Where licensing authority approval to market tests, treatment, equipment, medicines, devices or procedures does not, in Bupa's reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.</p>
Gender issues	Sex changes or gender reassignments.
Harmful or hazardous use of alcohol, drugs and/or medicines	Treatment for or arising directly or indirectly, from the deliberate, reckless (including where the insured has displayed a blatant disregard for his/her personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and in any event, from the illegal use of any such substance.

Health hydros, nature cure clinics or any establishment that is not a hospital	<p>Treatment or services received in a health hydro, nature cure clinic, spa, or any similar establishment that is not a hospital.</p> <p>Note: we may cover costs associated with rehabilitation at recognised health resorts as detailed in the 'Table of benefits', subject to preauthorisation. We also may cover costs associated with preventative treatments under our Health Screening and Wellness Benefit where these are not provided at a hospital provided that the treatment is provided by a recognised medical practitioner, hospital or healthcare facility.</p>
Infertility treatment	<p>Treatment to assist reproduction such as:</p> <ul style="list-style-type: none"> in-vitro fertilisation (IVF) gamete intrafallopian transfer (GIFT) zygote intrafallopian transfer (ZIFT) artificial insemination (AI) prescribed drug treatment embryo transport (from one physical location to another), or donor ovum and/or semen and related costs <p>Note: we pay for reasonable investigations into the causes of infertility if:</p> <ul style="list-style-type: none"> you had not been aware of any problems before joining, and you have been a member of this plan (or any Bupa administered plan which included cover for this type of investigation) for a continuous period of two years before the investigations start Once the cause is confirmed, we will not pay for any additional investigations in the future.
Mechanical or animal donor organs	Mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant, purchase of a donor organ from any source or harvesting or storage of stem cells when a preventive measure against possible future disease.
Obesity	<p>Treatment for or as a result of obesity such as: slimming aids or drugs, or slimming classes.</p> <p>Note: We may cover costs associated with obesity surgery as detailed in the 'Table of benefits', subject to Bupa Global's medical policy criteria.</p>
Persistent vegetative state (PVS) and neurological damage	We will not pay for treatment while staying in hospital for more than 90 continuous days for permanent neurological damage or if you are in a persistent vegetative state .
Sexual problems	Sexual problems, such as impotence, whatever the cause.
Sleep disorders	<p>Treatment, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.</p> <p>Note: We may cover costs associated with preventative treatment for sleep disorders as detailed in the Health Screening and Wellness Benefit.</p>
Stem cells	<p>Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.</p> <p>Note: We pay for bone marrow transplants and peripheral stem cell transplants when carried out as part of the treatment for cancer. This is covered under the cancer treatment benefit.</p>
Surrogacy	Treatment directly related to surrogacy. This applies to you if you act as a surrogate, or to anyone else acting as a surrogate for you .
Temporomandibular joint (TMJ) disorders	Disorders of the Temporomandibular joint (TMJ) and related complications.

Unrecognised medical practitioner, hospital or healthcare facility

- **Treatment** provided by a **medical practitioner, hospital or healthcare facility** which are not recognised by the relevant authorities in the country where the **treatment** takes place as having **specialist** knowledge, or expertise in, the **treatment** of the disease, illness or injury being treated.
- **Treatment** provided by the customer, any **family members** or anyone with the same residence as the customer or an enterprise owned by one of the above mentioned persons.
- **Treatment** provided by a **medical practitioner, hospital or healthcare facility** which are to whom **we** have sent a written notice that **we** no longer recognise them for the purposes of **our health plans**.

An updated list of unrecognised medical providers can be downloaded as a pdf file here: www.bupaglobal.com/en/facilities/finder

TERMS AND CONDITIONS

No	CLAUSE
1.	Your policy
1.1	The definitions set out in the "Glossary" in the Guide to your Bupa Global health plan apply to these Terms and Conditions and are marked in bold.
1.2	This policy is an insurance contract between you the policyholder and Bupa Global for each policy year .
1.3	No other persons, including any dependants , may enforce any legal rights under this insurance contract. Dependants may use our complaints process set out in clause 15 below.
1.4	This insurance contract is set out in: <ul style="list-style-type: none"> ◦ these Terms and Conditions; ◦ the Guide to your Bupa Global health plan; ◦ the information and declarations in your application form; and ◦ the insurance certificate.
1.5	If you the policyholder add dependants to this policy , those dependants will be covered by this policy from the date shown on the updated insurance certificate sent to you the policyholder .
2.	Your cover
2.1	We will pay for the cost of any covered benefits in accordance with the terms of this policy and as defined in the Guide to your Bupa Global health plan .
2.2	<p>Your health plan may include a mandatory annual deductible, which will be shown in the Guide to your Bupa Global health plan. You may also have an optional annual deductible, if available and selected by you the policyholder in your application form. Your deductibles will be shown on your insurance certificate and your insurance card.</p> <p>All annual deductibles apply to you the policyholder and each of the dependants separately. You the policyholder and each dependant may have different annual deductible amounts. You will have a new annual deductible if this policy renews.</p> <p>If an annual deductible applies, you must pay the cost of any covered benefits received directly to the provider until you have reached the level of your annual deductible.</p> <p>Costs in excess of the maximums shown in the Guide to your Bupa Global health plan will not count towards your annual deductible.</p> <p>The cost of any covered benefits you receive which are covered by your annual deductible (excluding costs in excess of the maximums shown in the Guide to your Bupa Global health plan), count towards the maximum cover limits shown in the Guide to your Bupa Global health plan.</p> <p>Even if the amount you are claiming is less than the amount of your annual deductible, you should still submit a claim to us so we know when you have reached the level of your annual deductible.</p> <p>As this is an annual deductible, if your first claim is towards the end of the policy year and your covered benefits continue over your renewal date, the annual deductible is payable separately for the covered benefits received in each policy year.</p>
2.3	<p>Your health plan may include a mandatory co-insurance, which will be shown in the Guide to your Bupa Global health plan. You may also have an optional co-insurance, if available and selected by you the policyholder in your application form. Your co-insurance will be shown on your insurance certificate and your insurance card</p> <p>You must pay for the co-insurance proportion of the cost of any covered benefits to which the co-insurance applies directly to the benefits provider.</p>

No	CLAUSE
2.4	<p>Should we be required for any reason to pay a benefits provider an amount which is covered by any annual deductible or co-insurance we will then collect payment from you for that amount.</p> <p>You authorise us to take this payment from you under the direct debit agreement or credit card authority you have given to us in your application form or as updated.</p> <p>If this policy has an annual deductible or co-insurance you must ensure that we always have a valid direct debit agreement or credit card authority that enables us to take payment of any annual deductible or co-insurance we have paid.</p> <p>You must update the direct debit agreement or credit card authority you have given to us when necessary or when requested by us. Otherwise it may cause delays in our paying claims. We will not pay claims until we have received any outstanding annual deductible or co-insurance payments</p>
2.5	<p>You must obtain pre-authorisation for any covered benefits where it is stated that this is required in the Guide to your Bupa Global health plan.</p> <p>Details of how to pre-authorise covered benefits are available in the Guide to your Bupa Global health plan.</p>
2.6	<p>Before we pre-authorise any covered benefits or pay any claim, we are entitled to request additional information, such as medical reports, and we may require that you have a medical examination by an independent medical practitioner appointed by us (at our cost) who will then provide us with a medical report</p> <p>If this information is not provided in a timely manner once requested this may result in a delay in pre-authorisation and to your claims being paid. If this information is not provided to us at all this may result in your claims not being paid.</p>
2.7	<p>In certain situations we may pay for medical services or benefits which are not covered by this policy. This is called a discretionary or ex gratia payment and may include, should we determine not to seek to recover it, a payment made at our error. Any payment that we may make on this basis will still count towards the overall annual maximum limit that applies to this policy. If we make a payment like this it does not mean that we are required to pay identical or similar costs in the future. Any such discretionary or ex gratia payments are made solely at our discretion, you have no right to require any such payment be made.</p>
3.	Premium & Payment
3.1	<p>You should pay your premiums direct to Bupa Global. If you pay your premiums to anyone else, such as an intermediary or insurance broker, we are not responsible for ensuring those persons pass the premium on to us.</p>
3.2	<p>If we do not receive your premium (or any instalment) or any other payment you owe us under this policy by the due date, we will write to you the policyholder requesting payment by a specific date, which will be not less than 30 days after the date we issue our letter or email to you.</p> <p>If we do not receive payment by that date, this policy will be cancelled and all rights under this policy will cease from the original date on which your premium (or the first missed instalment) or other payment should have been received.</p> <p>We will not pay any claims until all overdue payments have been paid, unless the reason for non-payment is an error outside of your control, such as a bank error</p>
3.3	<p>If we incorrectly make any payment to either a benefits provider for treatment or benefits received by you but not covered by this policy, or to you, we reserve the right to deduct the amount we incorrectly paid from your future claims or seek repayment from you.</p>

No	CLAUSE
4.	Making a claim
4.1	<p>We want it to be simple for you to make a claim. We try to pay providers directly but sometimes this isn't possible.</p> <p><u>Claim forms</u> Before we can pay a claim, we need to make sure that it is a valid claim. The claim form gives us the information that we need to check that your claim is valid. Please make sure that you complete the form. If not, we may have to ask for more information. This can take time and delay any payment. An incomplete claim form is the most common reason for delayed payments. You can:</p> <ul style="list-style-type: none"> ◦ complete a claim form in MembersWorld, or ◦ contact us and we will send you one. <p>You must make a separate claim for each:</p> <ul style="list-style-type: none"> ◦ member ◦ condition ◦ in-patient or day-patient stay, and ◦ currency of claim. <p>If you need treatment for more than six months, we can ask you to complete a new claim form.</p> <p><u>What we need for your claim</u> We need to receive the completed form, with any invoices, receipts and prescriptions related to the claim. This must be within two years of receiving the treatment. We do not pay claims that we receive more than two years after treatment unless there is a good reason why you couldn't make the claim earlier.</p> <p><u>More information</u> We may ask for more information about your claim. For example:</p> <ul style="list-style-type: none"> ◦ medical reports or other information about your treatment ◦ the results of any medical examination by a medical practitioner who we appointed and that we paid for. <p>If you don't give us the information we ask for, we may not be able to pay your claim.</p> <p><u>Important</u> We only pay for treatment:</p> <ul style="list-style-type: none"> ◦ you have while you are on the policy ◦ up to the benefit levels that apply at the time you have it ◦ costs that are reasonable and customary. <p>We can't return original documents to you - for example invoices. However, when you make a claim, you can send us copies. If you do send an original document, we can send you a copy if you ask us.</p>

No	CLAUSE
4.2	<p><u>Confirming a claim</u> If you are aged 18 or over, we'll explain to you how we have dealt with your claim. For dependants aged 17 and under, we will write to the policyholder.</p> <p><u>How we pay your claim</u> Where possible, we follow the instructions in the 'Payment details' section of the claim form.</p> <p>Who we will pay We only make payments to the:</p> <ul style="list-style-type: none"> ◦ member who received the treatment ◦ provider of the treatment ◦ policyholder ◦ executor or administrator of the member's estate. <p>We pay a dependant only if:</p> <ul style="list-style-type: none"> ◦ they received the treatment ◦ they are aged 18 or over, and ◦ we have their bank details. <p>We do not make payments to anyone else.</p> <p><u>Payment method</u> We can:</p> <ul style="list-style-type: none"> ◦ transfer payment to your bank account. This is quick and secure. However, we can send a payment only if we know details of where to send the payment, for example the full account number, SWIFT code, bank address and (in Europe only) IBAN number. ◦ pay by cheque. You should cash a cheque within six months. If you have an out-of-date cheque, please contact us and we will replace it. <p>If your bank charges you for a transfer we make, we will try to refund this as well. We do not pay any other bank charges, for example currency exchange fees.</p>
4.3	<p><u>Payment currency and conversions</u> We will reimburse you in the currency:</p> <ul style="list-style-type: none"> ◦ in which we receive the premium ◦ of the invoices you send us, or ◦ of your bank account. <p>Sometimes banking rules may not let us pay in the currency you would like. So, we will pay in the currency we receive the premium in.</p> <p>Very rarely, paying in a certain currency may be illegal or expose us (or the Bupa Group) to United Nations sanctions. If so:</p> <ul style="list-style-type: none"> ◦ we may not be able to pay you immediately, or ◦ will pay you in a currency which we are allowed to and able to. <p><u>How we convert one currency to another</u> The exchange rate we use will be Reuters closing spot rate set at 16.00 UK time on the UK working day before the invoice date. If there is no invoice date, we will use your treatment date.</p>

No	CLAUSE
4.4	<p><u>Other claim information</u> Incorrect payment of claims If we incorrectly pay your claim, we can:</p> <ul style="list-style-type: none"> ◦ deduct the incorrectly paid amount from future claims, or ◦ seek repayment from you. <p><u>Discretionary payments</u> If we may make a payment for a benefit your policy doesn't cover, we don't have to pay identical or similar costs in the future. The payment will count towards the overall annual maximum that applies to this policy.</p> <p><u>Claiming for treatment when others are responsible</u> You may need to claim for treatment that you need because someone else is at fault. An example would be if you were a victim in a car crash. You will need to complete the relevant section of the claim form. You will also need to take any reasonable steps we ask of you to help us:</p> <ul style="list-style-type: none"> ◦ recover from the person at fault the cost of the treatment we paid for. This could be through their insurance company. ◦ claim interest if you are entitled to do so. <p>We may make a claim in your name. You must give us any help we reasonably need to make that claim. For example:</p> <ul style="list-style-type: none"> ◦ giving us any documents or witness statements ◦ signing court documents, and ◦ having a medical examination. <p>You must not:</p> <ul style="list-style-type: none"> ◦ take any action ◦ settle any claim or ◦ do anything <p>which has a negative effect on our right to claim in your name.</p> <p><u>Claiming with joint or double insurance</u> If you have other insurance for costs you have claimed from us, you must:</p> <ul style="list-style-type: none"> ◦ tell us about this when you make a claim from us ◦ complete the appropriate section of the claim form. <p>We will only pay our share of the costs.</p>

No	CLAUSE
4.5	<p><u>What do we do to detect and prevent fraud?</u> We can check your details with:</p> <ul style="list-style-type: none"> ◦ fraud prevention agencies ◦ other insurers, and ◦ other relevant third parties. <p>If you give us false or inaccurate information and we suspect fraud, we may record this with a fraud prevention agency. We and other organisations may also use these records to:</p> <ul style="list-style-type: none"> ◦ help make decisions about cover for you and members of your plan ◦ help make decisions on other insurance proposals and claims for you and members of your plan/group ◦ trace debtors, recover debt, prevent fraud and to manage your insurance plans ◦ establish your identity ◦ undertake credit searches and additional fraud searches. <p><u>Fraudulent claims</u> If a claim on the policy is fraudulent in any way, we can:</p> <ul style="list-style-type: none"> ◦ refuse to pay it and any later claim ◦ recover any payments we have already made for it and for any later claim. <p>What if the policyholder makes a fraudulent claim? We can cancel the policy. This will be from the date of that claim.</p> <p>What if a dependant makes a fraudulent claim? We can cancel their cover. This will be from the date of that claim.</p> <p>In either case we don't have to refund any premium already paid to us.</p> <p><u>What is an example of a fraudulent claim?</u></p> <ul style="list-style-type: none"> ◦ making a false or exaggerated claim ◦ giving us false information. For example forged, falsified or manipulated documents ◦ not giving us information which we need to assess a claim ◦ refusing to give us information which we have reasonably asked for to assess a claim. For example, medical history reports, proof of payment and original invoices.
5.	Renewal
5.1	<p>We will write to let you know the terms on which you may renew this policy for the next year, in advance of the renewal date (unless Clause 5.2 applies).</p> <p>Each policy year we may change how we calculate your premiums, how we determine premiums, what you have to pay and the method of payment. We may also change the Guide to your Bupa Global health plan (including which covered benefits are covered and the limits for covered benefits) and the terms of this policy.</p> <p>We will issue you a notice at least 30 days' in advance of the renewal date, with details of the new premium, any changes to the renewed policy and the reasons for those changes. If you do not want to renew this policy you must contact us within 30 days following the start of the renewed policy.</p> <p>Unless you contact us to tell us not to, we will continue to take payment of the new premium using the payment details you have given us.</p>
5.2	<p>We reserve the right not to renew this policy at our discretion if we have decided to stop making this health plan available to all customers or to a category of customers which includes you the policyholder or any dependants.</p>
5.3	<p>If we decide to renew this policy, we won't add any new personal restrictions or exclusions (those that appear on your insurance certificate) to your renewed policy. However, should you move to a different health plan, we may add new personal restrictions or exclusions</p>
6.	Making changes to the policy
6.1	<p>Only we and the policyholder can agree to make changes. Changes will take effect only when we confirm them in writing.</p>

No	CLAUSE
6.2	<p>This policy lasts one year:</p> <ul style="list-style-type: none"> ◦ the policyholder can only make changes at renewal ◦ any waiting periods would not re-start.
6.3	<p>We may make changes to the policy before renewal:</p> <ul style="list-style-type: none"> ◦ if laws or regulators say we must, or ◦ to improve cover for all members with the same product. <p>If so, we will write to tell you about the changes</p>
6.4	<p>If we reasonably consider that by continuing this policy we or you may breach any:</p> <ul style="list-style-type: none"> ◦ law ◦ regulation ◦ code or ◦ court order <p>we can end the policy immediately.</p> <p>This policy does not provide cover if this would expose us (or the Bupa group) to any:</p> <ul style="list-style-type: none"> ◦ sanction, prohibition or restriction under United Nations resolutions or ◦ trade or economic sanctions, laws or regulations of Hong Kong, the European Union, UK or U.S.
6.5	<p>If you ask to add a new dependant to this policy, we will review that person's medical history. We may not agree to add the person to this policy, or we may add special restrictions or exclusions to the cover for that new dependant. We may, at our discretion, agree to provide cover for certain pre-existing conditions of the new dependant. You must pay any additional premium. Children may be added without medical history or additional premium being required where this is provided for (and in accordance with any relevant requirements) in your Guide to your Bupa Global health plan. For certain health plans, we may not be able to add dependants who are over a certain age at the time we receive the request for them to be added to this policy.</p>
7.	Your country of residence
7.1	<p>You must tell us straight away if you move to a different country or your specified country of residence or specified country of nationality changes.</p> <p>This policy will terminate if the law of the country in which you are located, or your country of residence or nationality, or any other law which applies to us or this policy, prohibits the provision of healthcare cover by us to local nationals, residents or citizens.</p>
7.2	<p>You must tell us straight away if you change your correspondence address or other contact details as we will use the last address and contact details you gave us until you tell us otherwise.</p>
8.	Ending this policy
8.1	<p>Cancellation: The policyholder can at any time:</p> <ul style="list-style-type: none"> ◦ cancel the entire policy, which will end cover for everyone; or ◦ cancel cover for a dependant. <p>To do this, please tell us by telephone, email or post.</p> <p>The change will take effect 14 days after the policyholder tells us about the change. Please note:</p> <ol style="list-style-type: none"> 1. we will not back-date the cancellation date and 2. will not pay claims for treatment which takes place after the policy ends.

No	CLAUSE
8.2	<p><u>Refund timeframes:</u> The refund of any premium will depend on the date the policyholder cancels the entire policy or the policy of a dependant. There are two scenarios:</p> <p>A. Cancellation within the first 30 days of the policy; or B. Cancellation after the first 30 days of taking out the policy.</p> <p>A. Cancellation within the first 30 days of cover: If the policyholder cancels the entire policy:</p> <ul style="list-style-type: none"> ◦ within the first 30 days of cover starting for that policy year, and ◦ there have been no claims for treatment which took place in that 30-day period <p>we will refund all premiums paid for that policy year. If the policyholder cancels cover for a dependant:</p> <ul style="list-style-type: none"> ◦ within the first 30 days of cover starting for that dependant for that policy year, and ◦ there have been no claims for treatment for that dependant which took place in that 30-day period <p>we will refund all premium paid for that dependant for that policy year. Important: In either case, where a claim has been made in the first 30 days of cover either by the policyholder or a dependant, we will treat this as acceptance to have a policy with us. This means if you wish to cancel the policy, it will be treated as cancellation taking place after the first 30 days (section B below).</p> <p>B. Cancellation after the first 30 days of cover: If the policyholder cancels the entire policy:</p> <ul style="list-style-type: none"> ◦ after the first 30 days of cover for that policy year, or ◦ there have been claims for treatment which took place in the first 30 days of cover <p>we will cancel the policy 14 days from the date the policyholder asked us (as mentioned in section 8.1 above). And we will refund any premiums already paid for after the 14-day cancellation period. For example, if the policyholder cancels the entire policy on 1 March, we will refund any premium paid for 15 March onwards. If the policyholder cancels cover for a dependant:</p> <ul style="list-style-type: none"> ◦ after the first 30 days of cover for that policy year, or ◦ there have been claims for treatment for that dependant which took place in those first 30 days of cover <p>we will refund any premium already paid for that dependant for after the 14-day cancellation period. For example, if the policyholder cancels the cover for a dependant on 1 March, we will refund any premium paid for 15 March onwards.</p>
8.3	<p><u>Refund of premium:</u> We will refund you on the same method you used to pay premium. This means the refund will go back into your bank account, credit card, debit card or via a cheque. Please be aware that if you have any outstanding payments with us, we may deduct this from the refund.</p>
8.4	<p><u>If a member dies:</u> If:</p> <ul style="list-style-type: none"> ◦ a dependant dies – The policyholder should tell us within 30 days. ◦ the policyholder dies – Any dependants on the policy, or family members of the policyholder, should tell us within 30 days. <p>After we have been informed of the death, we will end the policy. Where the policyholder has died, a dependant aged 18 or over can apply to be the policyholder and can add more dependants to the policy. If there is no new policyholder, the policy will end. In either case, where there have been no claims, we will refund the premium for the period after the policy ended.</p>
9.	Our role under this policy and appointment as your agent
9.1	Our role under this policy is to provide you with insurance cover and sometimes to make arrangements (on your behalf) for you to receive any covered benefits . It is not our role to provide you with the actual covered benefits .

No	CLAUSE
9.2	You the policyholder , on behalf of yourself and the dependants , appoint us to act as agent for you , to make appointments or arrangements for you to receive covered benefits which you request. We will use reasonable care when acting as your agent.
9.3	You the policyholder , on behalf of yourself and the dependants , authorise us as your agent, if for any reason you are not available to give us instructions with regard to any covered benefits (for example if you are incapacitated), to:
	<ul style="list-style-type: none"> ◦ take such action as we reasonably consider to be in your best interests (in accordance with the cover you have under this policy); ◦ provide any information about you to your benefits provider as we reasonably consider to be appropriate in the circumstances; and/or ◦ take instructions from the person we reasonably consider to be the most appropriate person (for example a family member, your treating doctor or your employer).
9.4	When acting as your agent we may act via our Bupa group companies and administrators.
10.	Our liability to you
10.1	We (and our Bupa group companies and administrators) shall not be liable to you or anyone else for any loss, damage, illness and/or injury that may occur as a result of your receiving any covered benefits , nor for any action or failure to act of any benefits provider or other person providing you with any covered benefits . You should be able to bring a claim directly against such benefits provider or other person.
10.2	Your statutory rights are not affected.
11.	Provision of accurate and complete information
11.1	You and any dependant must take reasonable care to make sure that all information provided to us is accurate and complete, at the time you take out this plan, and at each renewal and variation of this plan. You and any dependant must also tell us if any of the answers to the questions in the application form change prior to this plan starting. Otherwise, the following apply with effect from the date the plan was taken out, renewed or varied (depending on when we were provided with inaccurate or incomplete information).
	A. We may treat this plan as if it had not existed if you deliberately or recklessly give us inaccurate or incomplete information.
	B. Where you negligently or carelessly give us inaccurate or incomplete information, or where A. applies but we choose not to rely on our rights under A, we may treat the plan and any claims in a way which reflects what we would have done if we had been provided with accurate and complete information, as follows:
	<ul style="list-style-type: none"> ◦ if we would have refused to cover you at all, we may treat this plan as if it had not existed; ◦ if we would have provided you with cover on different terms, then we may apply those different terms to this plan. This means a claim will only be paid if it is covered by and/or if you have complied with such different terms - for example your plan may contain new personal restrictions or exclusions; and/or ◦ if we would have charged you a higher premium, we may reduce the amount payable on any claim by comparing the additional premium to the original premium. For example, we will only pay half of a claim, if we would have charged double the premium.
	Where it is a dependant (or you on their behalf) who has provided incomplete or inaccurate information, the same rules apply but only to that part of the plan which applies to the dependant , or to claims made by that dependant .
	The same rules apply if someone else provides us with information on your behalf or any dependant's behalf.

No	CLAUSE
12.	Data Processing Notice
12.1	<p>Bupa Global takes the confidentiality of your personal health information seriously.</p> <p>Bupa Global sometimes uses third parties to process data on our behalf. Such processing, which may be undertaken outside your jurisdiction in countries which do not provide the same protection as your own, will always be subject to contractual restrictions with regard to confidentiality and security obligations.</p> <p>If you transfer to another Bupa plan or a plan offered by one of our partners, we may share your medical, claims and policy history with the new insurer.</p> <p>We may share the dependant's information with the policyholder including covered benefits received, claims paid, amount of deductible used and, if relevant, any medical history which impacts on the provision of covered benefits.</p> <p>In your application form and in any claim form we will give you more detailed information on how we process your personal data and we will ask you for your consent to process your personal data and the personal data of any dependants in this way. For further information please see the Bupa Global privacy policy at www.bupa.com.hk/eng/individuals.aspx</p>
13.	Complaints
13.1	<p>How can I make a complaint?</p> <ul style="list-style-type: none"> ◦ call us: +852 2531 8571 ◦ email: ultimate.hk@bupaglobal.com ◦ write to: Bupa (Asia) Ltd, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong. <p>You can also ask for a copy of our complaints process.</p>
13.2	<p>If we can't settle your complaint, you may be able to refer it to the Insurance Claims Complaints Bureau:</p> <ul style="list-style-type: none"> ◦ write to: The Insurance Claims Complaints Bureau, 29/F, Sunshine Plaza, 353 Lockhart Road, Wanchai, Hong Kong ◦ call them: 2520 1868 ◦ email: iccb@iccb.org.hk <p>For more details go to: www.iccb.org.hk</p>
14.	The law of this policy and where you can bring court action
14.1	<p>This policy is governed by Hong Kong law. Any disputes or differences arising out of or in connection with this policy shall be referred to and determined by arbitration at the Hong Kong International Arbitration Centre and in accordance with the Hong Kong International Arbitration Centre Administered Arbitration rules in force when the notice of arbitration is submitted. Any dispute that cannot otherwise be resolved may be dealt with by courts in Hong Kong, and in such instance, we and you submit to the exclusive jurisdiction of the Courts in Hong Kong.</p>
14.2	<p>If any dispute arises as to the interpretation of this policy as between different language versions, then the English version shall be deemed to be conclusive and take precedence over any other versions.</p> <p>Please note that although we may provide this document in other languages for your convenience only, future correspondence relating to this policy may be serviced in English.</p>
15.	<p>Bupa (Asia) limited (the "Company") personal information collection statement ("Statement") relating to the personal data ("Privacy") ordinance (the "Ordinance"). In compliance with the Ordinance, the Company would like to inform you of the following:</p>
15.1	<p>From time to time, it is necessary for you, or other members covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy.</p>
15.2	<p>Failure to supply personal information requested by the Company may result in the Company being unable to process your Application and/or provide products, services and other related services to you, or the Member.</p>
15.3	<p>During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.</p>

No	CLAUSE
15.4	<p>The Company may collect, use or disclose personal information relating to you, or the Member, for the following purposes:</p> <ol style="list-style-type: none"> a. processing, assessing and determining any Applications for insurance products and services; b. offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members; c. any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims; d. performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements; e. provision and design of products and services of the Company; f. exercising the Company's rights in connection with provision of insurance products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities; g. communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Statement; h. enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and i. making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company.
15.5	<p>Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region, for the purposes specified in paragraph (4) and (6) to the following classes of transferees:</p> <ol style="list-style-type: none"> a. the Company's group companies ("Group Company"); b. any insurance adjusters, agents and brokers; c. any re-insurance companies authorised by the Company; d. employers (for members of corporate policy only); e. healthcare professionals and hospitals; f. any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors); g. any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and h. any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.

No	CLAUSE
15.6	<p>Only with your consent or with your indication of no objection, the Company may use your personal information collected from time to time, including name, contact details, gender, health and family status, to provide you with marketing communications (including by email, SMS or instant messenger) relating to the following products and services:</p> <p>a. Insurance, medical, healthcare, wellness, personal development, beauty, lifestyle, entertainment, financial, and related services and products;</p> <p>b. rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products; and</p> <p>c. donations and contributions for charitable and/or non-profit making purposes.</p> <p>The Company will not disclose personal information relating to you, to third parties for them to use for their own direct marketing purposes without your consent.</p> <p>For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 6, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.</p>
15.7	<p>Under and in accordance with the terms of the Ordinance, you have the following rights:</p> <p>a. to check whether the Company holds personal information relating to you or the Member and to access such personal information;</p> <p>b. to require the Company to correct any personal information relating to you or the Member which is inaccurate;</p> <p>c. to ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company, and</p> <p>d. to request the Company to cease using your personal information for direct marketing purposes.</p> <p>Requests can be made in writing to the Company's Data Protection Officer at the following address:</p> <p>Data Protection Officer 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong</p>
15.8	In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.
15.9	For any enquiries about this Statement, please do not hesitate to contact our Customer Service Team at +852 2531 8571.
15.10	Nothing in this Statement shall limit the rights of customers under the Ordinance
15.11	In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail

GLOSSARY

Acceptable current clinical evidence	International medical and scientific evidence of effectiveness and safety of the treatment , which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people, or clinical trials which are not registered.
Active treatment	Treatment from a medical practitioner of a disease, illness or injury that leads to your recovery, conservation of your condition or to restore you to your previous state of health as quickly as possible.
Advanced therapy medicinal products (ATMPs)	Treatments that are based on genes, tissues or cells, for example Chimeric Antigen Receptor (CAR) T-cell treatment .
Artificial life maintenance	Any medical procedure, technique, medication or intervention delivered to a patient in order to prolong life.
Assisted Reproduction Technologies	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.
BCBSA/Blue Shield Global	BCBSA is an association of 36 independent, community-based and locally-operated member companies. Blue Shield Global is a brand owned by BCBSA .
Benefits provider	The recognised medical practitioner, hospital or clinic, or any other service provider, which provides you with any covered benefits .
Birth centre	A medical facility often associated with a hospital that is designed to provide a homelike setting during childbirth.
Bupa	The British United Provident Association Limited, a UK limited liability company limited by guarantee, registered in England and Wales with company number 00432511, with registered office at Bupa , 1 Angel Court, London, EC2R 7HJ, England.
Bupa Global	Bupa (Asia) Limited (a limited liability company incorporated in Hong Kong , company number 103048, registered office at 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong) – the sole insurer of this plan.
Bupa Group	Bupa Global , Bupa Insurance Services Limited, Bupa Insurance Limited and all other companies in the Bupa Group, and those companies which provide any administration of this policy on behalf of Bupa Global .
Complementary therapist	Such as an acupuncturist, homeopath, reflexologist, naturopath 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 treatment is received.
Covered benefits	The treatment and benefits shown as covered in the Guide to your Bupa Global health plan .
Day-patient	Treatment which for medical reasons requires you to stay in a bed in hospital during the day only. We do not require you to occupy a bed for day-patient mental health treatment .

Dependants	Any other people covered by this policy , as named on the insurance certificate.
Diagnostic tests	Investigations, such as X-rays or blood tests, to find the cause of your symptoms.
Dietician	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received.
Doctor	A person who: is legally qualified in medical practice following attendance at a recognised medical school to provide medical treatment , does not need a specialist's training, and is licensed to practise medicine in the country where the treatment is received. By recognised medical school we mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.
Emergency	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgment of a reasonable person, requires immediate treatment , generally within 24 hours of onset, and which would otherwise put your health at risk.
Family Members	Persons of a family relationship (related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
Guide to your Bupa Global health plan	The booklet entitled " Guide to your Bupa Global health plan " for the health plan which is stated to apply to you on your insurance certificate. This sets out which treatments and benefits are included under and any exclusions that apply to this policy . Where you the policyholder have a different health plan to the dependants , a different " Guide to your Bupa Global health plan " will apply to each of you .
Health plan	Any insurance plans made available by Bupa Global from time to time.
Hong Kong	The Hong Kong Special Administrative Region of the People's Republic of China.
Hospital	A centre of treatment which is registered, or recognised under the local country's laws, as existing primarily for carrying out major surgical operations , or providing treatment which only specialists can provide.
In-patient	Treatment which for medical reasons normally means that you have to stay in hospital bed overnight or longer.
Intensive care	Intensive care includes; High Dependency Unit (HDU): a unit that provides a higher level of medical care and monitoring, for example in single organ system failure. Intensive Therapy Unit/ Intensive care Unit (ITU/ICU): a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation. Coronary Care Unit (CCU): a unit that provides a higher level of cardiac monitoring. Special care baby unit: a unit that provides the highest level of care for babies.
Medical practitioner	A specialist, doctor, psychologist, psychotherapist, physiotherapist, osteopath, chiropractor, dietician, speech therapist, complementary therapist or therapist who provides active treatment of a known condition.
Medically necessary:	Treatment , medical service or prescribed drugs/medication which is: (a) consistent with the diagnosis and medical treatment for the condition ; (b) is consistent with generally accepted standards of medical practice; (c) necessary for such a diagnosis or treatment ; (d) not being undertaken primarily for the convenience of the insured or the treating medical practitioner
Mental health treatment	Treatment of mental conditions, including eating disorders.

Network	Hospitals or similar facilities, or Medical practitioner's that have an agreement in effect with Bupa Global or a service partner to provide you with eligible treatment .
Out-patient	Treatment given at a hospital , consulting room, doctor's office or out-patient clinic where you do not stay overnight or as a day-patient to receive treatment .
Ovulation induction treatment	Treatment including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.
Persistent vegetative state	A state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and the person does not respond to stimuli such as calling their name, or touching. The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.
Physiotherapists, osteopaths and chiropractors	Practitioners must be fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the treatment is received.
Policy	Your contract of insurance with Bupa Global as described in Clause 1 of the Terms and Conditions.
Policy year	The 12 month period for which this policy is effective, as first shown on your insurance certificate and, if this policy is renewed, each 12 month period which follows the renewal date.
Policyholder	The main applicant set out in the application and who will be the first person named on the insurance certificate.
Pre-existing condition	<ul style="list-style-type: none"> ◦ Any medical condition declared in your application for cover which has been noted as a 'personal exclusion' under your membership certificate; or ◦ Any disease, illness or injury for which you received medication, advice or treatment, or you had experienced symptoms of whether the condition was diagnosed or not, prior to becoming a member which was not disclosed under your application for cover. <p>Where we have accepted your transfer to this plan from another insurance product on a continuous cover basis, the above reference to 'application for cover' shall be deemed to mean your original application for cover under that previous insurance product.</p>
Prophylactic surgery	Surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland.
Psychologist and psychotherapist	A person who is legally qualified and is permitted to practise as such in the country where the treatment is received.
Qualified nurse	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the treatment is received.
Reasonable and Customary	Reasonable and Customary means the 'usual', or 'accepted standard' amount payable for a specific healthcare treatment , procedure or service in a particular geographical region, and provided by benefits providers of comparable quality and experience.
Recognised medical practitioner, hospital or healthcare facility	Any provider who is not an Unrecognised medical practitioner, hospital or healthcare facility .

Rehabilitation (Multidisciplinary rehabilitation)	Treatment in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.
Renewal	Each anniversary of the date you joined the health plan .
Serious acute illness	A medical condition, or symptoms resulting from a disease, illness or injury which arises suddenly and in the reasonable opinion of the attending specialist and our medical consultants, requires immediate treatment , generally within 24 hours of onset, and which would otherwise put your health at serious risk.
Service partner	A company or organisation that provides services on behalf of Bupa Global . These services may include pre-authorisation of cover and location of local medical facilities.
Specialist	A surgeon, anaesthetist or physician who: is legally qualified to practise medicine or surgery following attendance at a recognised medical school, is recognised by the relevant authorities in the country in which the treatment is received as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated. By 'recognised medical school' we mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.
Specified country of nationality	The country of nationality specified by you in your application form or as advised to us in writing, whichever is the later.
Specified country of residence	The country of residence specified by you in your application and shown in your insurance certificate, or as advised to us in writing, whichever is the later. The country you specify must be the country in which the relevant authorities (such as tax authorities) consider you to be resident for the duration of the policy .
Speech therapist	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received.
Surgical operation	A medical procedure that involves the use of instruments or equipment which are inserted into the body. This does not apply to minor surgical procedures e.g. removal of wart.
Therapists	An occupational therapist or orthoptist, who is legally qualified and is permitted to practise as such in the country where the treatment is received.
Treatment	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure disease, illness or injury.
Unrecognised medical practitioner, hospital or healthcare facility	<ul style="list-style-type: none"> ◦ Treatment provided by a medical practitioner, hospital or healthcare facility which are not recognised by the relevant authorities in the country where the treatment takes place as having specialist knowledge, or expertise in, the treatment of the disease, illness or injury being treated. ◦ Treatment provided by the customer, any family members or anyone with the same residence as the customer or an enterprise owned by one of the above mentioned persons. ◦ Treatment provided by a medical practitioner, hospital or healthcare facility which are to whom we have sent a written notice that we no longer recognise them for the purposes of our health plans. <p>An updated list of unrecognised medical providers can be downloaded as a pdf file here: www.bupaglobal.com/en/facilities/finder</p>
We/us/our	Bupa Global
You the policyholder	Just the policyholder .

You/your	The policyholder and/or any dependants .
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