

Bupa



BlueCross
BlueShield
Global



1 July 2023



WHEN YOU'RE AWAKE, WE'RE AWAKE

You can ask **us** to arrange evacuations, including:

- air ambulance transportation
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* 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?

We want to make sure everything runs as smoothly as possible when **you** need **treatment**, so **we** help take care of the practicalities so **you** can focus on getting better.

If **you** contact **us** before going for **treatment**, **we** can explain **your** benefits and confirm that **your treatment** is covered by **your health plan**. If needed **we** can also help with suggesting **hospitals**, clinics and **doctors** and offer any help or advice **you** may need.

In cases where **you** need **hospital treatment**, contacting **us** also gives **us** an opportunity to contact **your hospital** or clinic and make sure they have everything they need to go ahead with **your treatment**. If possible **we** will arrange to pay them directly too.

We would like to make **you** aware that there are certain benefits for which **you** must receive pre-authorization. These are detailed in **your** 'Table of benefits'. Benefits may not be paid unless pre-authorization has been provided.

You can pre-authorise **your treatment** by phone or email. Once **we** have the necessary details, **we** send a pre-authorization statement to **your hospital** or clinic.

We also send **you** a pre-authorization statement. This can be used as a claim form to send back to **us** if **you** receive any invoices or are asked to pay for any aspect of **your treatment** yourself. More detail is provided on the claims process on the next page.

From time to time **we** may ask **you** for more detailed medical information, for example, to rule out any relation to a **pre-existing condition**.

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 leading international **specialists**.

More 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.

Treatment in the U.S

If **you** need **treatment** in the U.S. and **you** know or think

WELCOME TO MEMBERSWORLD



H M

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



C

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

D

- View **dependants'** plans, documents and membership cards
- Submit and view claims*
- Allow **dependants'** to manage their membership

M

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

##

Whether **you** choose direct payment or 'pay and claim' **we**



WANT TO ADD MORE PEOPLE TO YOUR HEALTH PLAN?

As a member of your health plan,
Congratulations on **your** new arrival!

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

- either parent has been a **Bupa Global** member for
at least 10 months before the baby's birth and
- **we** receive the application form within 30 days of the
baby's birth

we will add the baby to the **policy**



The 'Table of benefits' provides an explanation of what is covered on **your health plan**

TABLE OF BENEFITS PREMIER HEALTH PLAN

BENEFIT AND EXPLANATION	LIMITS

BENEFIT AND EXPLANATION	LIMITS
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SPECIALIST CONSULTATIONS AND DOCTOR'S FEES

Consultations with **your specialist** or **doctor**, for example to:

- receive or arrange **treatment**
- follow up on **treatment** already received
- receive routine baby/childhood check-ups
- receive pre- and post-**hospital** consultations/**treatment**
- receive prescriptions for medicines, or
- diagnose **your** symptoms

Any vaccinations/immunisations given along with the consultation are paid for from the vaccinations benefit.

Such consultations may take place in the **specialist's** or **doctor's** office, by telephone or

BENEFIT AND EXPLANATION	LIMITS
<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>	Please see previous page for shared limit.
PREVENTIVE TREATMENT	
<p>HEALTH SCREENING AND WELLNESS (WAITING PERIOD 10 MONTHS)</p> <p>Once you have been covered on this health plan for 10 months.</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. You may also have the specific screening tests for breast, cervical, prostate, colorectal and skin cancer or bone densitometry. The actual tests you have will depend on those supplied by the benefit provider where you have your screening.</p>	Up to GBP 500, EUR 620 or USD 850 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 <p>Travel vaccinations are not covered under this benefit.</p>	Up to GBP 500, EUR 620 or USD 850 each policy year
<p>EYE TEST</p> <p>One eye test each policy year, which includes the cost of your consultation and sight/vision testing.</p>	Paid in full 1 test each policy year
DENTAL TREATMENT AND HEARING AIDS/OPTICAL	
DENTAL TREATMENT	
<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>Treatment must be provided by a dental practitioner.</p>	Paid in full 2 visits each policy year
<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> <p>Treatment must be provided by a dental practitioner.</p>	50% up to GBP 1,000, EUR 1,250 or USD 1,700 each policy year

BENEFIT AND EXPLANATION	LIMITS
<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>Treatment must be provided by a dental practitioner.</p>	Please see previous page for shared limit.
<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 <p>Treatment must be provided by a dental practitioner.</p>	
<p>HEARING AIDS/OPTICAL</p> <p>HEARING AIDS</p> <p>Costs for prescribed hearing aids.</p>	
<p>GLASSES AND CONTACT LENSES</p> <p>Costs for prescribed glasses and contact lenses which are prescribed to correct a sight/vision problem such as</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 ◦ the length of your stay is medically appropriate <p>We will not pay the extra costs of a deluxe, executive or VIP suite. If the cost of treatment is linked to the type of room, we pay the cost of treatment at the rate which would be charged if you occupied a room type appropriate for this health plan.</p> <p>For in-patient stays of 5 nights or more, you or your specialist must send us a medical report before</p>
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Specialist 1700 Tf 31

BENEFIT AND EXPLANATION	LIMITS
<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 	Paid in full
<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>	Paid in full
<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>	Paid in full
<p>SPECIALISTS CONSULTATION FEES</p> <p>When you require medical treatment during your stay in hospital.</p>	Paid in full
<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>	Paid in full

BENEFIT AND EXPLANATION	LIMITS
<p>MENTAL HEALTH</p> <p>Mental Health treatment, where it is medically necessary for recovery room</p>	

BENEFIT AND EXPLANATION	LIMITS

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BENEFIT AND EXPLANATION

BENEFIT AND EXPLANATION

LIMITS

CANCER TREATMENT

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.

Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit will not be paid unless pre-authorisation has been provided.

If **your treatment** involves **advanced therapy medicinal products (ATMP)**, this will be paid from the **ATMP** benefit.

Paid in full

ADVANCED THERAPY MEDICINAL PRODUCTS (ATMPS)

We pay for **ATMP treatment** if it is:

- 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:
 - 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).

Paid in full, one course of **treatment** for each condition per lifetime

Please contact **us** for pre-authorisation before proceeding with **treatment**.

TRANSPLANT SERVICES

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:

- cornea
- small bowel
- kidney
- kidney/pancreas
- liver
- heart
- lung, or
- heart/lung transplant

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.

Donor expenses, for each condition needing a transplant whether the donor is insured or not, including:

- 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

Each condition up to GBP 400,000, EUR 500,000 or USD 680,000

KIDNEY DIALYSIS

Provided as an **in-patient**, **day-patient** or as an **out-patient**.

Paid in full

BENEFIT AND EXPLANATION

LIMITS

TREATMENT FOR OR RELATED TO GENDER DYSPHORIA

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**. As well as these general exclusions, **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 as well as 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**
- extra or increased costs arising from excluded conditions or **treatments**
- complications arising from excluded conditions or **treatments**

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 named on it. The provisions of the Affordable Care Act are complex and whether or not **you** or **your dependants** are affected by its requirements will depend on a number of factors. **You** should consult an independent professional financial or tax advisor for advice. 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 benefit provider who is not part of **network**, we will only cover costs that are **Reasonable and Customary**. Other rules may apply in respect of **covered benefits** received from an 'out-of-**network**' benefit provider in certain specific countries.

GENERAL EXCLUSIONS	
Administration / registration fees	Administration and/or registration fees (unless we, at our reasonable discretion, agree 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. We will not pay for a pregnancy or HCG test if this is carried out solely to determine if you are pregnant or not.
Complementary therapists	Treatment and medicine by Complementary therapists including any Chinese medicine practitioner.
Conflict and disaster	<p>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:</p> <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 ◦

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> <ul style="list-style-type: none"> ◦ We do not pay for 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. ◦ We do not pay for 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. US Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency) in the location where the member 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>Notes:</p> <ul style="list-style-type: none"> ◦ 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. ◦ Where licensing authority approval to market tests,
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Health hydros, nature cure clinics or any establishment that is not a

Temporomandibular joint (TMJ) disorders

Disorders of the Temporomandibular joint (TMJ) and related complications.

Treatment for or related to gender dysphoria

We do not pay for:

- any surgical **treatment** (including cosmetic **treatment**) for or related to gender dysphoria unless:
 - **you** have lived continuously for at least 12 months in the gender role that is congruent with **your** gender identity; and
 - **we** have received referral letters from two independent

TERMS AND CONDITIONS

No	CLAUSE
1.	Your policy
11	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.
12	This policy is an insurance contract between you the policyholder and Bupa Global for each policy year . If the policy is renewed a new insurance contract is formed on the same terms as the previous policy year

No	CLAUSE
24	<p>Should we have to, for any reason, 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 make sure that we always have a valid direct debit agreement or credit card authority that allows us to take payment of any annual deductible or coinsurance 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>
25	<p>You must obtain pre-authorisation for any covered benefits where it is stated that this is needed 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>

No	CLAUSE
4.2	If you have other insurance which also covers your covered benefits you must let us know and provide details

No	CLAUSE
6.	Renewal
6.1	We will write to let you know if this policy will renew for the next year in advance of the renewal date. 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.

No	CLAUSE
8.	Your country of residence
8.1	<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> <p>Without limitation to the foregoing, we will not be able to renew your health plan at the next policy renewal if you become a permanent resident of the U.S., and, if any other people covered under your policy become a resident of the U.S., we will not be able to renew their cover under their health plan at the next policy renewal date. 'Permanent resident' shall mean a person residing in the U.S. who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in the U.S., and 'U.S.' shall include the Commonwealth of Puerto Rico for this purpose.</p>
8.2	<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>
9.	Ending this policy
9.1	<p>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
9.2	<p>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:</p> <p>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.</p> <p>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.</p> <p>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:</p> <p>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 9.1 above). And we will refund any premiums already paid for after the 14-day cancellation period.</p> <p>For example, if the policyholder cancels the entire policy on 1 March, we will refund any premium paid for 15 March onwards.</p> <p>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.</p> <p>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>
9.3	<p>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.</p> <p>Please be aware that if you have any outstanding payments with us, we may deduct this from the refund.</p>
9.4	<p>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.</p> <p>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.</p> <p>In either case, where there have been no claims, we will refund the premium for the period after the policy ended.</p>
10.	Our role under this policy and appointment as your intermediary
10.1	<p>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.</p>
10.2	<p>You the policyholder, on behalf of yourself and the dependants, appoint us to act as intermediary 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 intermediary.</p>

No	CLAUSE
10.3	<p>You the policyholder, on behalf of yourself and the dependants, authorise us as your intermediary, 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:</p> <ul style="list-style-type: none"> ◦ take such action as we reasonably believe 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 believe to be appropriate in the circumstances; and/or ◦ take instructions from the person we reasonably believe to be the most appropriate person (for example a family member, your treating doctor or your employer).
10.4	When acting as your intermediary we may act via our Bupa group of companies and administrators .
11.	Our liability to you
11.1	We (and our Bupa group of 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.
11.2	Your statutory rights are not affected.
12.	
	In this clause 12, where we refer to ' you ' or ' you the policyholder ' this includes anyone acting on your behalf, where we refer to ' dependant ' this includes anyone acting on behalf of any dependant .
12.2	<p>You the policyholder and any dependant must not:</p> <ul style="list-style-type: none"> ◦ make a fraudulent or exaggerated or falsely stated claim under this policy; ◦ send us fake or forged documents or other false evidence, or make a false statement in support of a claim(s); and/or ◦ provide us with information which you the policyholder or any dependant knows would otherwise allow us to refuse to pay a claim(s) under this policy and/or

No	CLAUSE
13.2	You and any

PRIVACY NOTICE

We are committed to protecting **your** privacy when dealing with **your** personal information. This privacy notice provides details about the information **we** collect about **you**, how **we** use it and how **we** protect it. It also provides information about **your** rights (see section 13 '**your** rights').

If **you** have any questions about how **we** handle **your** information, please contact the **Bupa Global** service team on +44 (0)1273 323 563. Alternatively **you** can email or write to the team via info@bupaglobal.com or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, **United Kingdom**.

Last updated: August 2020

1. Information about **us**
2. Scope of **our** privacy notice
3. How **we** collect personal information
- 4.

- behalf;
- **doctors**, other clinicians and health-care professionals,
- **hospitals**, clinics and other health-care providers;
-

We process special category information about you because:

- **it is necessary for the purposes of preventive or occupational medicine**, to assess whether you are able to work, medical diagnosis, to provide health or social care or **treatment**, or to manage health-care or social-care systems (including to monitor whether we are meeting expectations relating to our clinical and non-clinical performance);
- **it is necessary for an insurance purpose** (for example, advising on, arranging, providing or managing an insurance contract, dealing with a claim made under an insurance contract, or relating to rights and responsibilities arising in connection with an insurance contract or law);
- **it is necessary to establish, make or defend legal claims** (for example, claims against us for insurance);
- **it is necessary for the purposes of preventing or detecting an unlawful act** in circumstances where we must carry out checks without your permission so as not to affect the outcome of those checks (for example, anti-fraud and anti-money-laundering checks or to check other unlawful behaviour, or carry out investigations with other insurers and third parties for the purpose of detecting fraud);
- **it is necessary for a purpose designed to protect the public against dishonesty, malpractice or other seriously improper behaviour** (for example, investigations in response to a safeguarding concern, a **policyholder's** complaint or a regulator (such as the Care Quality Commission or the General Medical Council) telling us about an issue);
-

8. Processing for profiling and automated decision-making

Summary: Like many businesses, we sometimes use automation to provide you with a quicker, better, more

assistance providers) or who we need information from to allow us to handle or confirm claims or entitlements (for example, professional associations). We also share your information in line with the law. For more information about who we share your information with and why, please see below.

More information: We sometimes need to share your information with other people or organisations for the purposes set out in this privacy notice. The exact information we share depends on the reason we are sharing it. For example, if we need to share information in order to provide health care, we will share special categories of information, such as medical details, with the treatment provider.

For all our customers, we share your information with:

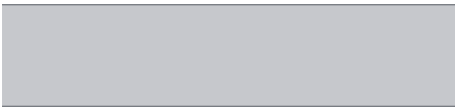
- other members of the **Bupa Group** of companies in order to provide our products and services;
- other organisations you belong to, or are professionally associated with, in order to confirm your entitlement to claim discounts on our products and services;
- **doctors**, clinicians and other health-care professionals, **hospitals**, clinics and other health-care providers;
- suppliers who help deliver products or services on our behalf;
- people or organisations we have to, or are allowed to, share your personal information with by law (for example, for fraud-prevention or safeguarding purposes, including with the Care Quality Commission);
- the police and other law-enforcement agencies to help them perform their duties, or with others if we have to do this by law or under a court order;
- organisations that carry out surveys on our behalf;
- if we (or any member of the **Bupa group**) sell or buy any business or assets, the potential buyer or seller of that business or those assets; and
- a third party who takes over any or all of the **Bupa Group's** assets (in which case personal information we hold about our customers or visitors to the website may be one of the assets the third party takes over).

If we provide insurance or manage a health-care

Dental practitioner	<p>A person who:</p> <ul style="list-style-type: none"> ◦ is legally qualified to practice dentistry, ◦ is recognised by the relevant authorities in the country in which the treatment takes place as having a specialised qualification following attendance at a recognised dental school, and ◦ is permitted to practice dentistry by the relevant authorities in the country where the dental treatment takes place <p>Examples of a specialised qualification in the field of dentistry may include (but are not limited to) periodontics or paediatric dentistry.</p>
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.
Europe	All EU countries, plus Norway, Iceland, Liechtenstein, Switzerland, Andorra, Isle of Man, Channel Islands, Monaco, San Marino, Turkey.

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

we



Unrecognised medical practitioner, provider or 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.
- Self **treatment** or **treatment** provided by anyone with the same residence, **Family Members** (persons of a family, related to **you** by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request.
- Treatment provided by a **medical practitioner, hospital or healthcare facility** which are to whom **we** have sent a written notice that

we

General services:

+44 (0) 1273 323 563

Medical related enquiries:

+44 (0) 1273 333 911

Your calls may be recorded or monitored.

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