the world health service

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BUPA International

Lifeline Membership Guide
From 1 April 2006

Contact Us

BUPA International customer services helpline:

- Open 24 hours a day, 365 days a year
- Membership and payment queries
- Check cover and pre-authorise treatment
- Claims information

email: info@bupa-intl.com* **web: www.bupa-intl.com**

tel: +44 (0) 1273 323563 **fax: +44 (0) 1273 820517**

Healthline, Evacuation and Repatriation:

- Open 24 hours a day, 365 days a year
- Medical advice and information
- Find local medical facilities
- Medical referrals
- Authorise evacuation or repatriation (if cover in place)
- Legal, embassy and visa information

tel: +44 (0) 1273 333911

Membersworld: www.bupa-intl.com/membersworld

- view membership status
- update personal details
- download claim forms
- track claims online
- access hospital directory
- much more

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

BUPA International, Russell House, Brighton, UK, BN1 2NR

*Please note that we cannot guarantee the security of email as a method of communication Some companies do monitor email traffic, so please bear this in mind when sending us confidential information.

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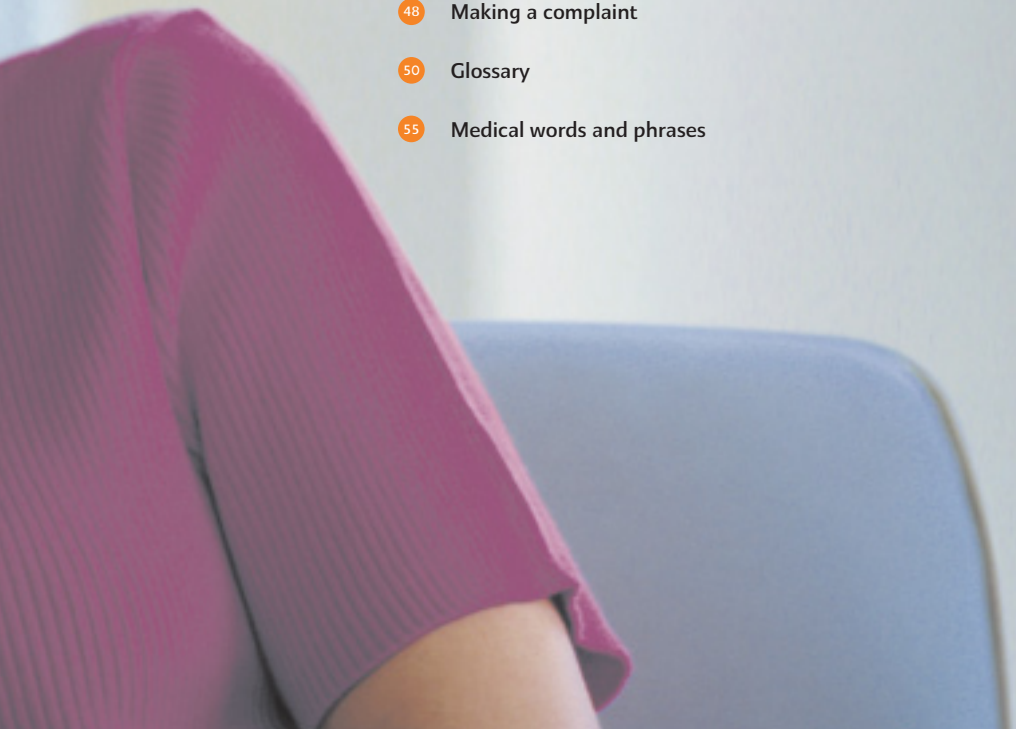


1. How to use your Lifeline plan

Step 1: Where to get treatment

As long as it is covered by your plan, you can have your ***treatment*** at any recognised ***hospital*** or clinic. If you don't know where to go, please contact our Healthline service for help and advice.

Participating hospitals

To help you find a facility, ***we*** have also developed a global network of nearly 5,500 medical centres, called our participating ***hospitals*** and clinics. The list is updated regularly, so please visit www.bupa-intl.com for the latest information. ***We*** can normally arrange direct settlement with these facilities (see Step 3 below).

Getting treatment in the USA

If you have purchased USA cover, you must call ***our Service Partner*** on 800 554 9299 (from inside the US), or +1 972 461 5103 (from outside the US) to arrange any ***treatment***.

Step 2: Contact BUPA International

If you know that you may need ***treatment***, please contact ***us*** first. This gives ***us*** the chance to check your cover, and to make sure that ***we*** can give you the support of ***our*** global networks, ***our*** knowledge and ***our*** experience as the world's largest international health care company.

Pre-authorising in-patient treatment

You must contact ***us*** whenever possible before ***in-patient*** or ***day-case treatment***, for pre-authorisation. This means that ***we*** can confirm to you and to your ***hospital*** that your ***treatment*** will be covered under your plan. Pre-authorisation puts ***us*** directly in touch with your ***hospital***, so that ***we*** can look after the details while you concentrate on getting well. Section 5 contains all of the rules and information about pre-authorisation.

When you contact ***us***, please have your membership number ready. ***We*** will ask some or all of the following questions:

- What condition are you suffering from?
- When did your symptoms first begin?
- When did you first see your ***family doctor*** about them?
- What ***treatment*** has been recommended?
- On what date will you receive the ***treatment***?
- What is the name of your ***consultant***?

- Where will your proposed ***treatment*** take place?
- How long will you need to stay in ***hospital***?

If ***we*** can pre-authorise your ***treatment***, ***we*** will send a pre-authorisation statement that will also act as your claim form (see Step 3 below).

Step 3: Making a claim

Please read Section 6 for full details of how to claim. Here are some guidelines and useful things to remember.

Direct settlement/pay and claim

Direct settlement is where the provider of your ***treatment*** claims directly from ***us***, making things easier for you. The alternative is for you to pay and then claim back the costs from ***us***.

We try 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*** 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 clinic.

What to send

We must receive a fully completed claim form and the original invoices for your ***treatment***, within six months of the ***treatment*** date. If this is not possible, please write to us with the details and we will see if an exception can be made.

Your claim form

You must ensure that your claim form is fully completed by you and by your ***medical practitioner***. The claim form is important because it gives us all the information that ***we*** need. Contacting you or your ***medical practitioner*** for more information can take time, and an incomplete claim form is the most common reason for delayed payments.

You can download a claim form from ***our*** Membersworld website, or contact ***us*** to send you one. Remember that if your ***treatment*** is pre-authorised, your pre-authorisation statement will act as your claim form.

How we make payments

Wherever possible, ***we*** will follow the instructions given to ***us*** in the payment section of the claim form:

- ***we*** can pay you, the ***principal member*** or the ***hospital***
- ***we*** can pay by cheque or by electronic transfer
- ***we*** can pay in over 80 currencies.

To carry out electronic transfers, ***we*** need to know the full bank name, address, SWIFT code and (in Europe only) the IBAN number of your bank account. You can give ***us*** this information on the claim form.

Tracking a claim

We will process your claim as quickly as possible. You can easily check the progress of a claim you have made by logging on to ***our*** Membersworld website.

Confirmation of your claim

When your claim has been assessed and paid, ***we*** will send a statement to you to confirm when and how it was paid, and who received the payment. Again, please contact ***us*** if you have any questions about this information.

About your membership

This Membership Guide forms part of ***your*** contract with ***us***, along with ***your*** application form and ***your*** Membership Certificate. This is an annual contract.

The agreement between you and us

As a member of the Lifeline plan, ***you*** (the ***principal member***) have formed an agreement with ***BUPA International*** about your cover. Only ***you*** and ***BUPA International*** have legal rights under this agreement.

This means that only ***you*** and no other party may enforce the terms of this agreement, whether under the Contracts (Rights of Third Parties) Act 1999 or otherwise. ***We*** will of course allow anyone who is covered under ***your*** membership complete access to ***our*** complaints and dispute resolution process.

Your membership with ***us*** includes:

- ***your*** application form, if ***you*** completed one for you and for any ***dependants***, and any declarations that ***you*** made during the enrolment process
- ***your*** rules and benefits in the Membership Guide
- ***your*** Membership Certificate

The full name of ***your*** insurer is shown on ***your*** Membership Certificate.

When your cover starts

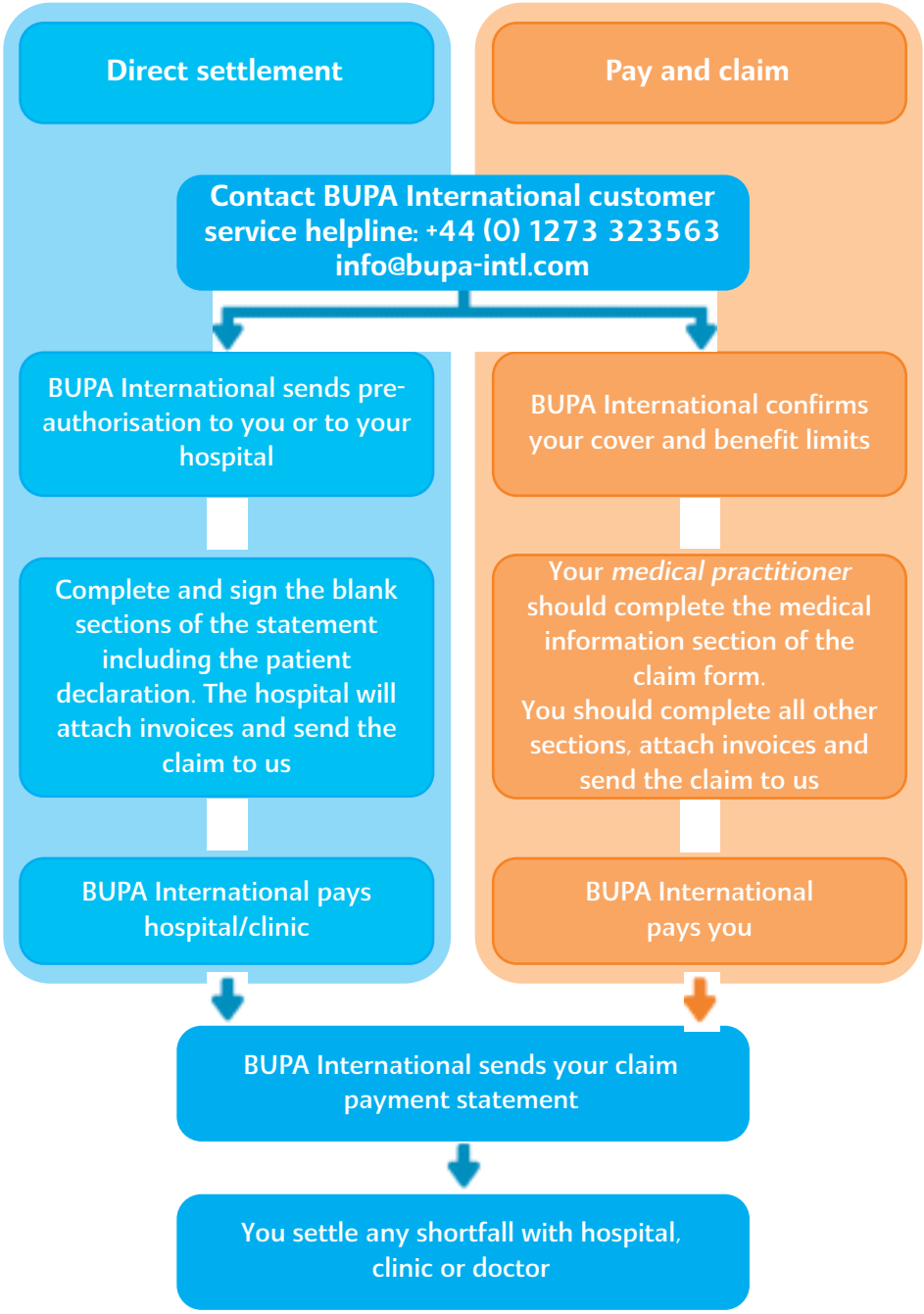
The start date of ***your*** membership is the 'effective from' date shown on ***your*** Membership Certificate.

If you move to a new country

You must inform ***us*** straight away if you change your country of residence.

Your new country may have different regulations about health insurance. ***You*** need to tell ***us*** of any change so that ***we*** can make sure that ***you*** have the right cover and that all local regulations are being met.

How to claim (summary)



2. What is covered?

This section contains your table of benefits and the accompanying notes. Before you look at these please read the important information below about the kind of costs that we cover.

2.1 Treatment that we cover

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

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

2.2 Conditions that we cover

Acute conditions

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

Please note that this definition above means that you do not have cover for ***treatment*** for ***chronic conditions*** (please see Section 3 for more information about ***chronic conditions***).

Acute and chronic conditions - how it works in practice

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

   but ***we*** will not pay for ongoing ***treatment*** or drugs to maintain your health or control the condition.
3. If you suffer an acute flare-up of a ***chronic condition we*** will pay for ***treatment*** you receive during this period.

Example: a ***chronic condition*** such as angina is usually controlled by medication. ***We*** will not pay for drugs, consultations or other ***treatment*** to control this condition. However, angina could lead to severe chest pains and the need for a heart bypass; this is an acute flare-up of a ***chronic condition***. In this situation ***we*** would pay costs associated with the heart by-pass according to the table of benefits (section 2.4) and the notes (section 2.5).

Please contact the customer services helpline if you have any questions about ***acute*** and ***chronic conditions.***

2.3 Reasonable and customary charges

We only pay costs when the charges made by the provider of services are reasonable and customary. By this ***we*** mean that the charges are the same as those made to ***our*** members by the majority of other service providers in the same country; and also that they are not more than the provider would normally charge.

Table of Benefits

2.4 Table of benefits

The table of benefits shows the benefits and limits that apply to your plan.
The notes that follow it in section 2.5 contain the detailed rules for each benefit. You also need to read Section 3 "What is not covered?" so that you understand the exclusions on your plan. A copy of the table of benefits can be found on the fold-out back cover of this guide.

How to read the table of benefits

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

Benefit limits

There are two kinds of benefit limit shown in this table. The "overall annual maximum" is the maximum we will pay for all benefits in total for each person, each ***membership year***. Some benefits also have a limit applied to them separately; for example Home Nursing.

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

Currencies

All the benefit limits in this table of benefits and notes are set out in three currencies: £Sterling, US$ and €Euros. The currency in which you pay ***us*** your subscriptions is the currency that applies to your membership for the purpose of the benefit limits.

For example, if you pay your subscriptions in £Sterling then the benefit limits given in £Sterling apply to your membership and US$ and €Euro limits do not apply to you.

If you are unsure which level of cover you have, the currency that applies to your membership, or whether you have an ***annual deductible***, you can check on ***our*** Membersworld website or contact the customer services helpline.

Table of Benefits

Overall annual maximum		Essential	Classic	Gold
£ Sterling		£500,000	£750,000	£1,000,000
$ US Dollar		$900,000	$1,200,000	$1,600,000
€ Euro		€750,000	€1,000,000	€1,500,000
Note 1: Out-patient treatment				
Out-patient ***surgical operations***	Note 1a	Paid in full	Paid in full	Paid in full
Wellness - mammogram, PAP test, prostate cancer screening or colon cancer screening (after one year's membership)	Note 1b	Not covered	We pay up to £Sterling 500, US$900 or €Euro 750 as applicable each ***membership year***	We pay up to £Sterling 500, US$900 or €Euro 750 as applicable each ***membership year***
Consultants' fees for office visits	Note 1c	Not covered	We pay up to £Sterling 3,000, US$ 4,800 or €Euro 4,500 each ***membership year***	We pay up to £Sterling 3,000, US$ 4,800 or €Euro 4,500 each ***membership year***
Pathology, x-ray and ***diagnostic tests***	Note 1d	Not covered		
Costs for ***treatment*** by ***therapists*** and ***complementary medicine practitioners***	Note 1e	Not covered		
Consultants' fees and ***psychologists'*** fees for ***psychiatric treatment*** (after two years' membership)	Note 1f	Not covered		
Costs for ***treatment*** by a ***family doctor***	Note 1g	Not covered	Not covered	
Prescribed drugs and dressings	Note 1h	Not covered	Not covered	We pay up to £Sterling 600, US$960 or €Euro 900 each ***membership year***
Accident-related dental ***treatment***	Note 1i	Not covered	Not covered	We pay up to £Sterling 400, US$700 or €Euro 600 each ***membership year***

Table of Benefits (continued)

Note 2: In-patient treatment	
Hospital accommodation	Note 2a
Surgical operations, including pre- and post-operative care	Note 2b
Nursing care, drugs and surgical dressings	Note 2c
Physicians' fees	Note 2d
Theatre charges and intensive care	Note 2e
Pathology, x-rays, ***diagnostic tests*** and physiotherapy	Note 2f
Prostheses and ***appliances***	Note 2g
Parent accommodation	Note 2h
Psychiatric treatment (after two years membership, lifetime maximum of 90 days)	Note 2i
Note 3: Further benefits	
Cancer ***treatment***	Note 3a
Maternity cover (after 10 months membership)	Note 3b
MRI, CT and PET scans	Note 3c
Transplant services	Note 3d
Local road ambulance	Note 3e
Home nursing after ***in-patient treatment***	Note 3f
In-patient cash benefit	Note 3g
HIV/AIDS drug therapy including ART (after five years' membership)	Note 3h
Hospice and palliative care	Note 3i
Healthline services	Note 3j
Note 4: Optional benefits (if purchased)	
USA cover	Note 4a
Assistance cover (Evacuation and Repatriation)	

Essential	Classic	Gold
Paid in full	Paid in full	Paid in full
Paid in full	Paid in full	Paid in full
Not covered	We pay up to £Sterling 3,000, US$5,500 or €Euro 4,500 each ***membership year***	We pay up to £Sterling 5,000, US$9,000 or €Euro 7,500 each ***membership year***
Paid in full	Paid in full	Paid in full
Paid in full	Paid in full	Paid in full
Paid in full	Paid in full	Paid in full
We pay up to £Sterling 100, US$160 or €Euro 150 each day up to a maximum of 10 days each ***membership year***	We pay up to £Sterling 100, US$160 or €Euro 150 each day up to a maximum of 20 days each ***membership year***	We pay up to £Sterling 100, US$160 or €Euro 150 each day up to a maximum of 30 days each ***membership year***
We pay £Sterling 75, US$120 or €Euro 110 each night up to 20 nights each ***membership year***	We pay £Sterling 75, US$120 or €Euro 110 each night up to 20 nights each ***membership year***	We pay £Sterling 75, US$120 or €Euro 110 each night up to 20 nights each ***membership year***
Not covered	We pay up to £Sterling 10,000, US$18,000 or €Euro 15,000 each ***membership year***	We pay up to £Sterling 10,000, US$18,000 or €Euro 15,000 each ***membership year***
We pay up to £Sterling 20,000, US$36,000 or €Euro 30,000 maximum benefit for the whole of your membership	We pay up to £Sterling 20,000, US$36,000 or €Euro 30,000 maximum benefit for the whole of your membership	We pay up to £Sterling 20,000, US$36,000 or €Euro 30,000 maximum benefit for the whole of your membership
Included	Included	Included
100% of costs in network 80% of costs out of network. Treatment must be pre-authorised	100% of costs in network 80% of costs out of network. Treatment must be pre-authorised	100% of costs in network 80% of costs out of network. Treatment must be pre-authorised

See Section 4 for details of the optional Assistance cover. Your Membership Certificate will show if you have purchased this cover. The overall annual maximum benefit limit does not apply.

Customer Services e: info@bupa-intl.com t: +44 (0) 1273 323563 www.bupa-intl.com/membersworld

2.5 Notes to the table of benefits

Each benefit described in this section is payable according to the limits set out in the table of benefits (Section 2.4 and back cover).

Note 1: Out-patient treatment:

This is ***treatment*** which does not normally require a patient to occupy a hospital bed. This section details the benefits payable for ***out-patient treatment*** only. If you are having ***treatment*** and you are not sure which benefit applies, please call ***us*** and ***we*** will be happy to help.

1a: Out-patient surgical operations

We pay for ***out-patient surgical operations*** when carried out by a ***consultant*** or ***family doctor***.

1b: Wellness - mammogram, PAP smear, prostate cancer screening or colon cancer screening (Classic and Gold only)

We pay up to the benefit limit for these preventive checks, after you have been a member of the Lifeline Classic or Gold plan for one year.

1c: Consultants' fees for consultations (Classic and Gold only)

This normally means a meeting with a ***consultant*** to assess your condition.

1d: Pathology, X-rays and diagnostic tests (Classic and Gold only)

We pay for:

- pathology, such as checking blood and urine samples for specific abnormalities,
- radiology, such as X-rays, and
- ***diagnostic tests***, such as electrocardiograms (ECGs)

when recommended by your ***consultant*** or ***family doctor*** to help determine or assess your condition.

1e: Costs for treatment by therapists and complimentary medicine practitioners (Classic and Gold only)

Note: for dieticians, ***we*** pay the initial consultation plus two follow-up visits when needed as a result of an eligible condition. Please note that obesity is not covered.

1f: Consultants' fees and psychologists' fees for psychiatric treatment (Classic and Gold only)

We will pay after you have been a member of the plan (or any BUPA plan which includes cover for ***psychiatric treatment***) for the whole of the two years leading up to the ***treatment***.

1g: Family doctor treatment (Gold only)

We pay for ***family doctor treatment***.

1h: Prescribed drugs and dressings

(Gold only)

We pay for the cost of drugs and dressings prescribed for you by your ***medical practitioner*** for eligible ***treatment***. ***We*** only pay for items which need a prescription.

1i: Accident-related dental treatment

(Gold only)

By accident-related we mean the ***treatment*** of any ***sound natural tooth*** due to dental trauma caused by an accident or injury.

This cover will only apply if the ***dental practitioner*** confirms that the teeth treated were ***sound natural teeth***, which were injured as the result of an accident, injury or dental trauma. This cover does not apply for the repair or provision of dental implants, crowns or dentures.

Treatment must be provided and completed within six months of the date of the accident or injury.

Note 2: Inpatient and day-case treatment

Important - for all in-patient and day-case treatment costs:

- it must be medically essential for you to occupy a ***hospital*** bed to receive the ***treatment***
- your ***treatment*** must be provided, or overseen, by a ***consultant***
- the ***hospital*** where you have your ***treatment*** must be recognised

Long in-patient stays: 10 days or longer

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

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

2a: Hospital accommodation

We pay charges for your ***hospital*** accommodation, including all your own meals and refreshments. ***We*** do not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics.

- ***We*** pay for accommodation in a room that is no more expensive than the ***hospital's*** single room with a private bathroom.

- ***We*** pay for the length of stay that is medically appropriate for the procedure that you are admitted for.

Examples: unless medically essential, ***we*** do not pay for day-case accommodation for ***out-patient treatment*** (such as an MRI scan), and we do not pay for in-patient accommodation for ***day-case treatment*** (such as a biopsy).

(Please also read 'Convalescence and rehabilitation' in the 'What is not covered?' section).

2b: Surgical operations, including pre- and post-operative care

We pay surgeons' and anaesthetists' fees for a ***surgical operation***, including all pre- and post-operative care.

Note:

- this benefit does not include follow-up consultations with your ***consultant***, as these are paid under benefit note 1c. This means that members with Essential cover do not have cover for follow-up consultations

2c: Nursing care, drugs and surgical dressings

We pay for nursing services, drugs and surgical dressings you need as part of your ***treatment*** in ***hospital***.

Note:

- ***we*** do not pay for drugs and surgical dressings you receive for ***out-patient treatment*** or use at home unless you have Lifeline Gold cover (see Note 3d in this section and 'Drugs and dressings' in the 'What is not covered?' section)

- ***we*** do not pay for nurses hired in addition to the ***hospital's*** own staff. In the rare case where a ***hospital*** does not provide nursing staff ***we*** will pay for the reasonable cost of hiring a qualified nurse for your ***treatment***.

2d: Physicians' fees

We pay physicians' fees for ***treatment*** you receive in ***hospital*** if this does not include a ***surgical operation***, for example if you are in ***hospital*** for ***treatment*** of a medical condition such as pneumonia.

If your ***treatment*** includes a ***surgical operation we*** will only pay physicians' fees if the attendance of a physician is medically necessary, for example, in the rare event of a heart attack following a ***surgical operation***.

2e: Theatre charges and intensive care

We pay for use of an operating theatre.

We pay for ***intensive care*** in an intensive care unit, intensive therapy unit, high dependency unit or cardiac care unit if:

- ***intensive care*** is routinely required after the treatment, such as after heart or brain surgery, or
- ***intensive care*** is medically essential due to

unexpected circumstances, in which case your ***consultant*** should contact us at the earliest opportunity.

2f: Pathology, X-rays, MRI, CT and PET scans, diagnostic tests and physiotherapy

We pay for:

- pathology, such as checking blood and urine samples
- radiology (such as X-rays)
- magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET), and
- ***diagnostic tests*** such as electrocardiograms (ECGs)

when recommended by your ***consultant*** to help determine or assess your condition when carried out in a ***hospital***.

We also pay for ***treatment*** provided by ***therapists*** (such as physiotherapy) if it is needed as part of your ***treatment*** in hospital.

2g: Prostheses (artificial body parts) and appliances

We pay for a ***prosthesis*** needed as part of your ***treatment***. By this, ***we*** mean an artificial body part or ***appliance*** which is designed to form a permanent part of your body and is surgically implanted for one or more of the following reasons:

- to replace a joint or ligament
- to replace one or more heart valves
- to replace the aorta or an arterial blood vessel
- to replace a sphincter muscle
- to replace the lens or cornea of the eye
- to control urinary incontinence (bladder control)
- to act as a heart pacemaker
- to remove excess fluid from the brain
- to reconstruct a breast following surgery for cancer when the reconstruction is carried out as part of the original treatment for the cancer and you have obtained our written consent before receiving the ***treatment***.

We also pay for the following ***appliances***:

- 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

2h: Parent accommodation

We pay for ***hospital*** accommodation for each night you need to stay with your child in the same ***hospital***. This is limited to only one parent each night.

Your child must be:

- aged under 18
- a ***BUPA International*** member receiving ***treatment*** for which he or she is covered under their plan.

2i: Psychiatric treatment

We pay for ***psychiatric treatment*** you receive in ***hospital*** after you have been a member of the plan (or any BUPA plan which includes cover for ***psychiatric treatment***) for two years before the ***treatment***.

We pay for a total of 90 days' ***psychiatric treatment*** in ***hospital*** during your lifetime. This applies to all BUPA plans you have been a member of in the past, or may be a member of in the future.

Example: if BUPA have paid for 45 days' ***psychiatric treatment*** in ***hospital*** under another BUPA plan, we will only pay for another 45 days' ***psychiatric treatment*** in ***hospital*** under this plan.

Please read 'Chronic conditions' in the 'What is not covered?' section.

Note 3 - Further benefits

Note 3 covers additional benefits provided by your membership of the Lifeline plan. These benefits may be in-patient or out-patient, and cover varies depending on whether you have Essential, Classic or Gold cover. Please check the table of benefits to see the limits that apply to your level of cover.

3a: Cancer treatment

We pay fees that are related specifically to planning and carrying out ***treatment*** for cancer. This includes tests and drugs (such as cytotoxic drugs or chemotherapy).

Note: this benefit does not include follow-up consultations with your ***consultant***, as these are paid under benefit Note 1a. This means that members with Essential cover do not have cover for follow-up consultations.

3b: Maternity cover (Classic and Gold only)

We pay maternity benefits only after you have been covered under the Classic or Gold plan for10 months.

By medical expenses related to maternity ***we*** mean, for example:

- ante-natal care such as ultrasound scans
- ***hospital*** charges, obstetricians' and midwives' fees for normal childbirth
- post-natal care required by the mother immediately following normal childbirth, such as stitches.
- secondary conditions brought about by pregnancy such as backache, high blood pressure, vaginal bleeding, nausea and vomiting.

Note: care for your baby

We pay for routine care for the baby, for up to seven days following birth, from the mother's maternity benefit.

Any non-routine care, if eligible, is paid from the baby's own in-patient benefit, not the mother's maternity benefit.

Your baby is also covered for up to seven days routine care following birth if your baby was born to a surrogate mother and you, as the intended parent, have been covered on the Lifeline Classic or Gold plan for10 months when the baby is born.

Please refer to Surrogate parenting in the 'What is not covered' section.

Note: maternity complications

We do not pay for maternity complications from your maternity benefit. However, ***we*** pay costs for ***treatment*** of the following complications from your in-patient or out-patient benefits, as appropriate:

- delivering a baby by caesarean section when medically essential, provided the mother has

been a member of this plan for at least 10 months before the delivery.
- miscarriage or when the foetus has died and remains with the placenta in the womb
- stillbirth
- abnormal cell growth in the womb (hydatidform mole)
- foetus growing outside the womb (ectopic pregnancy)
- heavy bleeding in the hours and days immediately after childbirth (post-partum haemorrhage)
- afterbirth left in the womb after delivery of the baby (retained placental membrane)
- complications following any of the above conditions

3c: MRI, CT and PET scans (head and body scanning)

We pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by your ***consultant*** or ***family doctor***.

3d: Transplant services

We pay for transplant services that you need as a result of an eligible condition. ***We*** pay medical expenses if you need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant. ***We*** also pay for bone marrow transplants (either using your own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy.

We do not pay for costs associated with the donor or the donor organ. Please see 'Donor organs' in the 'What is not covered?' section.

Lifeline Essential plan:
We do not pay for any ***out-patient treatment*** associated with a transplant, either before or after that transplant takes place, including consultations, ***diagnostic tests*** etc, or drugs prescribed for use as an out-patient, including anti-rejection drugs.

Lifeline Classic plan:
We do not pay for any drugs prescribed for use as an out-patient, including anti-rejection drugs.

Lifeline Gold plan:
Any drugs prescribed for use as an out-patient, including anti-rejection drugs are paid from your prescribed drugs and dressings benefit (see Note 1h).

3e: Local road ambulance

We pay for medically necessary travel by local road ambulance when related to eligible ***in-patient treatment***.

3f: Home nursing after in-patient treatment

We pay for home nursing after eligible ***in-patient treatment***.

We pay if the home nursing:
- is needed to provide medical care, not personal assistance
- is necessary, meaning that without it, you would have to stay in ***hospital***
- starts immediately after you leave ***hospital***
- is provided by a qualified nurse in your home, and
- is prescribed by your ***consultant***.

3g: In-patient cash benefit

This benefit is paid instead of any other benefit for each night you receive eligible ***in-patient treatment*** without charge. This benefit is not payable for ***in-patient treatment*** you receive related to normal pregnancy without any charge.

To claim this benefit, please ask the ***hospital*** to sign and stamp your claim form. Then send the completed form to ***us*** with a covering letter stating that you were treated with no charge. Please note that you need to ensure that the medical section of your claim form is completed by your ***consultant***.

3h: HIV/AIDS drug therapy including ART

(Classic and Gold only)

We pay for HIV/AIDS drug therapy after you have been a member of the plan for the whole of the five years leading up to the ***treatment***.

Note: ***we*** pay for ***treatment*** that is not drug therapy or ART from your in-patient or out-patient benefits if you have been a member of the plan for five years.

Note for Essential members: ***we*** pay for ***in-patient treatment*** of HIV/AIDS if you have been a member of the plan for five years. This does not include any drug therapy or ART.

3i: Hospice and palliative care

If you need in-patient, day-case or out-patient care or ***treatment*** following the diagnosis that your condition is terminal, when ***treatment*** can no longer be expected to cure your condition, ***we*** pay for your physical, psychological, social and spiritual care as well as ***hospital*** or hospice accommodation, nursing care and prescribed drugs. The amount shown on the table of benefits is the total amount ***we*** shall pay for these expenses during the whole of your membership of ***BUPA International***.

3j: Healthline services

This is a telephone advice line which offers help 24-hours a day, 365 days a year. Please call +44 (0) 1273 333911 at any time when you need to.

The following are some of the services that may be offered by telephone:

- general medical information from a health professional
- medical referrals to a physician or hospital
- medical service referral (i.e. locating a physician) and assistance arranging appointments
- inoculation and visa requirements information
- emergency message transmission
- interpreter, legal, and embassy referral.

Note: ***treatment*** arranged through this service may not be covered under your plan. Please check your cover before proceeding.

Note 4: USA cover (optional - if purchased)

Pre-authorisation

If you have purchased cover for the USA, then you must pre-authorise any ***treatment*** in this country with our US ***Service Partner***. Please contact them by calling 800 554 9299 (from inside the US), or +1 972 461 5103 (from outside the US). Any pre-authorised ***treatment*** costs incurred in the USA are covered according to the table of benefits and notes 1-3 above.

When you contact them, our ***Service Partner*** will be able to find you a ***hospital*** or clinic in the US provider network (see below).

US provider network

BUPA International's ***Service Partner*** in the US operates a national network of hospitals, clinics and ***medical practitioners***. This is the US provider network.

When eligible ***treatment*** takes place in the US using the US provider network, benefit is paid at 100%. When eligible ***treatment*** takes place in the US but outside the US provider network, benefit is paid at 80%.

If you are not sure whether your provider is part of the US provider network, please contact our US ***Service Partner***.

Please see "USA treatment" in "What is not covered?"

Customer Services e: info@bupa-intl.com t: +44 (0) 1273 323563 www.bupa-intl.com/membersworld

3. What is not covered?

There are certain conditions and treatments that we do not cover. If you are unsure about anything in this section, please contact us for confirmation before you go for your treatment.

The table below lists the exclusions with any comments that may apply, and the page number where you can find the full rule. Please note that this table is only a guide, and that **you must read the full rules to make sure that you understand your cover.**

No	Exclusion	Comments	See page
1	Addictive conditions and disorders		26
2	Ageing and puberty		26
3	Allergies and allergic disorders		26
4	Artificial life maintenance		26
5	Birth control		26
6	Chronic conditions		26
7	Conflict and disaster		27
8	Congenital conditions		27
9	Convalescence and rehabilitation		27
10	Cosmetic surgery		27
11	Deafness		28
12	Dental / oral treatment		28
13	Developmental problems		28
14	Donor organs		28
15	Drugs and dressings (outpatient)	Exclusion applies to Essential and Classic only	28
16	Experimental treatment		29
17	Eyesight		29
18	Family doctor treatment	Exclusion applies to Essential and Classic only	29
19	Footcare		29
20	Health Hydros, nature cure clinics etc.		29

No	Exclusion	Comments	See page
21	Hereditary conditions		29
22	HIV / AIDS		29
23	HRT and bone densitometry		29
24	Infertility treatment		30
25	Maternity	Exclusion applies to Essential only	30
26	Obesity		30
27	Physical aids and devices		30
28	Pre-existing conditions		30
29	Preventive and wellness treatment		31
30	Reconstructive or remedial surgery		31
31	Self-inflicted injuries		31
32	Sexual problems		31
33	Sexually transmitted diseases		31
34	Sleep disorders		31
35	Speech disorders		31
36	Surrogate parenting		31
37	Travel costs		32
38	Unrecognised physician, dental practitioner or hospital		32
39	USA treatment		32

Important - please read

Personal exclusions

- please check your Membership Certificate to see if you have any personal exclusions or restrictions on your plan. The exclusions in this section apply in addition to and alongside any such personal exclusions and restrictions.

Complications of excluded conditions

For all exclusions in this section, and for any personal exclusions or restrictions you may have, please note that:

- ***we*** do not pay for ***treatment*** of any complications arising from an excluded or restricted condition or ***treatment***. For example, we do not pay for cosmetic surgery or laser eye surgery, so if you suffer complications from these ***treatments***, ***we*** will not pay to treat the complications (see rules below for details)

- ***we*** also do not pay for any increased costs resulting from any excluded or restricted condition or ***treatment***. For example, if you have a personal exclusion for diabetes and you need to stay extra days in ***hospital*** because of your diabetes, ***we*** will not pay for these extra days.

Exceptions

- this section describes some circumstances where exceptions can be made to exclusions or restrictions. Where this is the case, benefit is payable up to the limits set out in your table of benefits in Section 2.

The following conditions and *treatments* are excluded from your plan:

1. Addictive conditions and disorders

Treatment for, or arising from, addictive conditions and disorders, or from any kind of substance misuse.

Example: we do not pay to help you to stop smoking

2. Ageing and puberty

Treatment to relieve symptoms caused by ageing, puberty, or other natural physiological cause.

Example: we do not pay for ***treatment*** related to the menopause

3. Allergies and allergic disorders

Treatment to de-sensitise or neutralise any allergic condition or disorder.

4. Artificial life maintenance

Including life support machine use, where such ***treatment*** will not result in your recovery or to restore you to your previous state of health

5. Birth control

Any type of contraception, sterilisation, termination of pregnancy or family planning.

6. Chronic conditions

A ***chronic condition*** is a disease, illness or injury that has at least one of the following characteristics:

- it continues indefinitely and has no known cure
- it comes back or is likely to come back
- it is permanent
- you need to be rehabilitated or specially trained to cope with it
- it needs long term monitoring, consultations, checkups, examinations or tests.

Examples: Common examples of ***chronic*** conditions are diabetes, asthma and hypertension. Acute conditions can also sometimes develop into chronic ones; an example of this could be backache.

7. Conflict and disaster

Treatment for any disease, illness or injury resulting from nuclear or chemical contamination, war, riot, revolution, acts of terrorism or any similar event, if one or more of the following apply:

- you have put yourself in danger by entering a known area of conflict where active fighting or insurrections are taking place
- you were an active participant
- you have displayed a blatant disregard for personal safety

8. Congenital conditions

Treatment received after the first 28 days following birth for any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not.

9. Convalescence and rehabilitation

Hospital accommodation when it is used solely or primarily for any of the following purposes:

- convalescence, ***rehabilitation***, supervision or any other purpose other than for receiving eligible ***treatment***, of a type which normally requires you to stay in ***hospital***.
- receiving general nursing care or any other services which do not require you to be in ***hospital***, and could be provided in a nursing home or other establishment that is not a ***hospital***
- receiving services from a ***therapist*** or ***complementary medical practitioner***.

10. Cosmetic surgery

Treatment undergone for cosmetic or psychological reasons to improve your appearance, such as a re-modelled nose, or facelift. This includes:

- ***treatment*** related to or arising from the removal of non-diseased, or surplus or fat tissue, whether or not it is needed for medical or psychological reasons.

Example: ***we*** do not pay for mastectomies performed for preventive reasons when there is no disease present

- any ***treatment*** or procedure to change the shape or appearance of your breast(s) whether or not it is needed for medical or psychological reasons, unless for reconstruction carried out within two years of surgery for breast cancer (see Reconstructive or remedial surgery in this section).

Examples: we do not pay for breast reduction for backache, or gynaecomastia (the enlargement of breasts in men)

11. Deafness

Treatment for or arising from deafness or partial hearing loss caused by a congenital abnormality, maturing or ageing.

12. Dental/oral treatment

Treatment for any dental or oral condition, This includes ***surgical operations*** for the ***treatment*** of bone disease when related to gum disease or damage, or ***treatment*** for, or arising from disorders of the tempro-mandibular joint.

Examples: ***we*** do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth, etc.

Exception: We pay for a ***surgical operation*** carried out by a consultant to:

- put a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident
- treat irreversible bone disease involving the jaw(s) which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage
- surgically remove a complicated, buried or impacted tooth root, for example in the case of an impacted wisdom tooth.

Gold only: Please see note 1i in the "What is covered?" section for details of your accident related dental benefit.

13. Developmental problems

Treatment for, or related to developmental problems, including:

- learning difficulties, such as dyslexia,
- behavioural problems, including attention deficit hyperactivity disorder (ADHD), or
- problems related to physical development, including (but not restricted to) short height

14. Donor organs

Treatment costs for, or as a result of the following:

- transplants involving mechanical or animal organs
- the removal of a donor organ from a donor
- the removal of an organ from you for purposes of transplantation into another person
- the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible diseases or illness.
- the purchase of a donor organ

15. Drugs and dressings for out-patient or take-home use (Essential and Classic only)

Any drugs or surgical dressings that are provided or prescribed for ***out-patient treatment***, or for you to take home with you on leaving hospital, for any condition.

Gold only: Please see Note 1h in "What is covered?" for details of your prescribed drugs and dressings benefit.

16. Experimental treatment

Treatment, including medication, which in our reasonable opinion is experimental or has not been proved to be effective, based on established medical practice, and which has not been approved as appropriate by a recognised body in the country in which you receive the ***treatment***.

Note: if you are unsure whether your ***treatment*** may be experimental, please contact ***us***. ***We*** reserve the right to ask for full clinical details from your ***consultant*** before approving any ***treatment***, in which case you must receive our written agreement before the ***treatment*** takes place.

17. Eyesight

Treatment to correct eyesight, unless required as the result of an injury or ***acute condition***.

Examples: ***we*** will not pay for routine eye examinations, contact lenses, spectacles or laser eye procedures. ***We*** will pay for ***treatment*** of a detached retina, glaucoma or cataracts.

18. Family doctor treatment (Essential and Classic only)

Treatment or services carried out by a ***family doctor***.

Gold only: Please see Note 1g in "What is covered?" for details of your ***family doctor*** benefit.

19. Footcare

Treatment for corns, calluses, or thickened or misshapen nails

20. Health hydros, nature cure clinics etc.

Treatment or services received in health hydros, nature cure clinics or any establishment that is not a ***hospital***.

21. Hereditary conditions

Treatment of abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of your family.

22. HIV and AIDS

Treatment for, or arising from, HIV or AIDS, including any condition that is related to HIV or AIDS, if your current period of membership is less than five years.

Classic and Gold only: please see Note 3h for details of your HIV / AIDS drug therapy benefit.

23. Hormone Replacement Therapy (HRT) and bone densitometry

HRT for any condition; and bone densitometry when this is used to assess a condition likely to be the result of the natural ageing process.

Note: if you are unsure whether your condition is likely to be the result of the natural ageing process, please contact ***us***. ***We*** will ask for full clinical details from your ***consultant*** before approving bone densitometry. If approved we will restrict cover to one initial scan, and one follow-up scan if this is carried out within three years of you starting ***treatment***, and within your current continuous membership.

24. Infertility treatment

Treatment to assist reproduction, including but not limited to IVF ***treatment***.

Note: ***We*** pay for reasonable investigations into the causes of infertility if:

- neither you nor your partner had been aware of any problems before joining, and
- you have both been members of this plan (or any BUPA 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.

25. Maternity (Essential Only)

Treatment for maternity, or for any condition arising from maternity, except the following conditions and ***treatments***:

- miscarriage, or when the foetus has died and remains with the placenta in the womb
- stillbirth
- abnormal cell growth in the womb (hydatidform mole)
- foetus growing outside the womb (ectopic pregnancy)
- heavy bleeding in the hours and days following childbirth (post-partum haemorrhage)
- afterbirth left in the womb after delivery of the baby (retained placental membrane)
- medically essential caesarean section delivery, provided the mother has been a member of this plan for 10 months before the delivery
- complications following any of the above conditions or ***treatments***

Classic and Gold only: please see Note 3b in "What is covered?" for details of your maternity benefit

26. Obesity

Treatment for, or required as a result of obesity.

27. Physical aids and devices

Any physical aid or device not defined as a ***prosthesis*** or ***appliance***.

Examples: we will not pay for hearing aids, spectacles, contact lenses, crutches or walking sticks.

28. Pre-existing conditions

Any ***treatment*** for a ***pre-existing condition***, related symptoms, or any condition that results from or is related to a ***pre-existing condition***, unless:

- ***we*** were given all the medical information that we asked for during your application for your current continuous period of membership, and
- ***we*** did not specifically exclude cover for the ***pre-existing condition*** on your membership certificate
- you did not know about the ***pre-existing condition*** before the 'effective from' date on the first Membership Certificate for your current continuous period of membership.

Note: If you have a personal exclusion for a condition that has been cured and does not require any more ***treatment***, we will consider removing the exclusion at your next renewal, if you ask ***us*** to. ***We*** may ask your ***medical practitioner*** for a medical report.

29. Preventive and wellness treatment

Health screening, including routine health checks and vaccinations, or any preventive ***treatment***.

Example: we do not pay for the removal of breast tissue when there is no cancer present

Classic and Gold only: Please see Note 1b in the "What is covered?" section for details of your wellness benefits.

30. Reconstructive or remedial surgery

Treatment required to restore your appearance after an illness, injury or previous surgery, unless:

- the ***treatment*** is a ***surgical operation*** to restore your appearance after an accident, or as the result of surgery for cancer, if either of these takes place during your current continuous membership of the plan
- the ***treatment*** is carried out as part of the original ***treatment*** for the accident or cancer
- you have obtained our written consent before the ***treatment*** takes place

31. Self-inflicted injuries

Treatment for, or arising from, an injury that you have intentionally inflicted on yourself, for example during a suicide attempt.

32. Sexual problems and gender issues

Treatment of any sexual problem including impotence (whatever the cause) and sex changes or gender reassignments.

33. Sexually transmitted diseases

Treatment for any sexually transmitted disease, including but not limited to, Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.

34. Sleep disorders

Treatment for sleep apnoea, snoring, or any other sleep-related breathing problem.

35. Speech disorders

Treatment for speech disorders, including stammering, unless the following all apply:

- the ***treatment*** is short term therapy which is medically necessary as part of active ***treatment*** for an ***acute condition*** such as a stroke
- the speech therapy takes place during and/or immediately following the ***treatment*** for the ***acute condition***
- the speech therapy is recommended by the ***consultant*** in charge of your ***treatment***, and is provided by a ***therapist***

in which case ***we*** may pay at our discretion.

36. Surrogate parenting

Treatment directly related to surrogacy. This applies:

- to you if you act as a surrogate, and
- to anyone else acting as a surrogate for you.

37. Travel costs for treatment

Any travel costs to receive ***treatment***, unless otherwise covered by

- local road ambulance benefit (See note 3e), or
- Assistance cover (See Section 4)

Example: we do not pay for taxis

38. Unrecognised physician or facility

- ***Treatment*** provided by a ***medical practitioner*** who is not recognised by the relevant authorities in the country where the ***treatment*** takes place as having specialised knowledge, or expertise in, the ***treatment*** of the disease, illness or injury being treated.
- ***Treatment*** in any ***hospital***, or by any ***medical practitioner*** or any other provider of services, to whom ***we*** have sent a written notice that ***we*** no longer recognise them for the purposes of ***our*** plans.
- ***Treatment*** provided by anyone with the same residence as you or who is a member of your immediate family.

39. USA treatment

If USA cover has not been purchased, then any ***treatment*** received in the USA.

If USA cover has been purchased, then ***treatment*** received in the USA when:

- arrangements for the ***treatment*** were not authorised by ***our*** agents in the USA
- ***BUPA International*** knows or suspects that you purchased cover for and travelled to the USA for the purpose of receiving ***treatment*** for a condition, when the symptoms of the condition were apparent to you before buying the cover. This applies whether or not your ***treatment*** was the main or sole purpose of your visit

4. Assistance Cover (optional if purchased)

This section contains the rules and information for Assistance Cover, an optional benefit which helps you if you need to travel to get the treatment that you need.

Note: There are two levels of Assistance Cover: Evacuation and Repatriation. Your certificate will show if you have Evacuation or Repatriation, but you can visit the Membersworld website or contact the customer services helpline if you are unsure.

What is Assistance Cover?

The Evacuation and Repatriation options both cover you for reasonable transport costs to the nearest medical facility where the ***treatment*** that you need is available, if it is not available locally. Repatriation also gives you the option of returning to your country of nationality.

We may not be able to arrange evacuation or repatriation in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area; for example from an oil rig or within a war zone.

4.1 Assistance Cover - general rules

The following rules apply to both the Evacuation and Repatriation levels of cover:

1. You ***must*** contact ***our*** appointed representatives for confirmation before you travel, on +44 (0) 1273 333911.
2. ***Our*** appointed representatives must agree the arrangements with you.
3. Assistance Cover is applicable for ***in-patient*** and ***day-case treatment*** only.
4. The ***treatment*** must be recommended by your ***medical practitioner*** and, for medical reasons, not available locally.
5. The ***treatment*** must be eligible under your plan.
6. You must have cover for the country you are being treated in, for example the USA.
7. You must have the appropriate level of Assistance Cover in place before you need the ***treatment***.
8. Evacuation or Repatriation will not be eligible if you were aware of the symptoms of your condition before applying for Assistant Cover.

Doctors from ***BUPA International's*** appointed representatives will discuss all relevant factors with your own doctor before authorising travel. Evacuation or Repatriation will not be authorised if this would be against medical advice.

4.2 How to arrange your Evacuation or Repatriation

Arrangements for evacuation will be made by ***our*** appointed representatives and must be confirmed in advance by calling + 44 (0) 1273 333911. You must provide ***us*** with any information or proof that we may reasonably ask you for to support your request. We will only pay if all arrangements are agreed in advance by ***BUPA International's*** appointed representatives.

4.3 Evacuation cover: what we will pay for

If you have Evacuation cover it will be shown on your Membership Certificate. If you are still unsure you can visit ***our*** Membersworld website or contact the customer services helpline.

- ***We*** will pay in full for your reasonable transport costs for ***day-case*** or ***in-patient treatment***.
- ***We*** will only pay for evacuation to the nearest place where the required ***treatment*** is available. This could be to another part of the country that you are in, and may not be your home country.
- ***We*** will pay for the reasonable travel costs for another ***BUPA International*** member to accompany you, but only if it is medically necessary.
- ***We*** will also pay for the reasonable costs of your, and the accompanying member's, return journey to the place you were evacuated from. All arrangements for your return should be approved in advance by ***BUPA International*** or ***our*** appointed representatives and the journey must be made within fourteen days of the end of the ***treatment***. ***We*** will pay for either:
  - the reasonable cost of the return journey by the most direct route available by land or sea, or
  - the cost of an economy class air ticket by the most direct route available, whichever is the lesser amount.

Note: we do not pay for any other costs related to the evacuation such as hotel accommodation or taxis. Costs of any ***treatment*** you receive are not payable under Evacuation cover, but are payable from your medical cover as described in your table of benefits and the "What is covered?" section of this guide. Please also note that for medical reasons the member receiving ***treatment*** may travel in a different class from their companion.

4.4 Repatriation cover: what we will pay for

If you have Repatriation cover it will be shown on your Membership Certificate. If you are still unsure you can visit ***our*** Membersworld website or contact the customer services helpline. Repatriation cover also includes Evacuation cover - see 4.3 above.

- ***We*** will pay in full for your reasonable transport costs for ***day-case*** or ***in-patient treatment***.
- ***We*** will pay for repatriation to your specified country of nationality.
- ***We*** will pay for one repatriation for each illness or injury per lifetime.
- ***We*** will pay the reasonable costs for a relative or your partner to accompany you to your specified country of nationality if we have authorised this in advance of the repatriation.

- ***We*** will also pay an allowance of up to £Sterling25, US$40 or €37 per day for up to 10 days to cover the living expenses of the person accompanying you.
- ***We*** will pay for you and the person accompanying you to return to where you were repatriated from. All arrangements for your return must be approved in advance by ***BUPA International*** or ***our*** appointed representatives and you must make the return journey within fourteen days of the end of the ***treatment*** you were repatriated for. ***We*** will pay either:
- the reasonable cost of the return journey by the most direct route available by land or sea, or
- the cost of a scheduled return economy class air ticket by the most direct route available, whichever is the lesser amount.

Note: ***we*** do not pay for any other costs related to the repatriation such as hotel accommodation or taxis. Costs of any ***treatment*** you receive are not payable under Repatriation cover, but are payable from your medical cover as described in your table of benefits and the "What is covered?" section of this guide. Please also note that for medical reasons the member receiving ***treatment*** may travel in a different class from their companion.

5. Pre-authorisation

This section contains rules and information about what pre-authorisation means and how it works.

What pre-authorisation means

If ***we*** pre-authorise your ***treatment***, this means that ***we*** will pay up to the limits of your plan provided that all of the following requirements are met:

- the ***treatment*** is eligible ***treatment*** that is covered by your plan
- you have an active membership at the time that ***treatment*** takes place
- your subscriptions are paid up to date
- the ***treatment*** carried out matches the ***treatment*** authorised
- you have provided a full disclosure of the condition and ***treatment*** required
- you have enough benefit entitlement to cover the cost of the ***treatment***
- your condition is not a pre-existing condition (see Section 3, "What is not covered?")
- the ***treatment*** is medically necessary
- the ***treatment*** takes place within 31 days after pre-authorisation is given.

Treatment we can pre-authorise

We can pre-authorise ***in-patient*** and ***day-case treatment***, and MRI or CT scans.

Length of stay (in-patient treatment)

Your pre-authorisation will specify an approved length of stay for ***in-patient treatment***. This is the number of days in ***hospital*** that ***we*** will cover you for.

If your ***treatment*** will take longer than this approved length of stay, then you or your ***consultant*** must contact ***us*** for an extension to the pre-authorisation.

Important rules

Please note that pre-authorisation is only valid if all the details of the authorised ***treatment***, including dates and locations, match those of the ***treatment*** received.

If there is a change in the ***treatment*** required, if you need to have further ***treatment***, or if any other details change, then you or your ***consultant*** must contact ***us*** to pre-authorise this separately.

We make ***our*** decision to approve your ***treatment*** based on the information given to ***us***. ***We*** reserve the right to withdraw ***our*** decision if additional information is withheld or not given to ***us*** at the time the decision is being made.

6. Making a claim

At times of ill health, you want to concentrate on getting well. We will do everything we can to make your claim as simple and straightforward as possible.

6.1 How to make a claim

Claim forms

Your claim form is important as it gives ***us*** the information that ***we*** need to process your claim. If it is not fully completed ***we*** may have to ask for more information. This can delay payment of your claim.

You must complete a new claim form:
- for each member
- for each condition
- for each inpatient or day-case stay, and
- for each currency of claim.

If a condition continues over six months, ***we*** will ask for a further claim form to be completed.

What to send us

You need to return the completed form to ***us*** by post, with the original invoices, as soon as possible. This must be within six months of receiving the ***treatment*** for which you are claiming. Invoices sent to ***us*** after six months will not normally be paid.

Requests for further information

We may need to ask you for further information to support your claim. If ***we*** do, you must provide this. Examples of things ***we*** might ask for include:

- medical reports and other information about the ***treatment*** for which you are claiming
- the results of any medical examination performed at ***our*** expense by an independent ***medical practitioner*** appointed by ***us***
- written confirmation from you as to whether you think you can recover the costs you are claiming from another person or insurance company.

If you do not provide the information that ***we*** ask for, ***we*** may not pay your claim in full.

Important

When making a claim please note:

- you must have received the ***treatment*** while covered under your membership
- payment of your claim will be under the terms of your membership and up to the benefit levels shown, that apply to you at the time you receive the ***treatment***
- ***we*** will only pay for ***treatment*** costs actually incurred by you, not deposits or advance invoices
- ***we*** will only pay for ***treatment*** costs that are reasonable and customary
- ***we*** do not return original documents such as invoices or letters. However, ***we*** will be pleased to return certified copies if you ask ***us*** when you submit your claim.

Confirmation of your claim

We will always send confirmation of how ***we*** have dealt with a claim. For child dependants (those aged under 18 years), we will write to the ***principal member***. If the claim is for ***treatment*** received by the ***principal member***, or an adult ***dependant*** (those aged over 18 years), ***we*** will write directly to the individual concerned.

6.2 How your claim will be paid

Wherever possible, ***we*** will follow the instructions given to ***us*** in the "Payment details" section of the claim form.

Who we will pay

We will only make payments to the member who received the ***treatment***, the provider of the ***treatment***, the ***principal member*** of the membership or the executor or administrator of the member's estate. ***We*** will not make payments to anyone else.

Payment method and bank charges

We will make payment either by cheque or by electronic transfer. To receive payment by electronic transfer, ***we*** need the full bank account, SWIFT code, bank address details and (in Europe only) IBAN number to be provided on the claim form.

Any bank administration charges or fees are your responsibility.

Payment currency and conversions

We can pay in the currency in which ***you*** pay your subscriptions, the currency of the invoices you send ***us***, or the currency of your bank account.

We cannot pay you in any other currency.

Sometimes, the international banking regulations do not allow ***us*** to make a payment in the currency you have asked for. If so, ***we*** will send a payment in the currency of ***your*** subscriptions.

If ***we*** have to make a conversion from one currency to another ***we*** will use the exchange rate that applies on either the date on which the invoices were issued or the last date of the ***treatment***, whichever is later.

The exchange rate used will be the average of the buying and selling rates across a wide range of quoted rates by the banks in London on the date in question. If the date is not a working day ***we*** will use the exchange rate that applies on the last working day before that date.

6.3 Other claim information

Discretionary payments

We may, in certain situations, make discretionary or 'ex gratia' payments towards your ***treatment***. If ***we*** make any payment on this basis, this will still count towards the overall maximum amount ***we*** will pay under your membership. Making these payments does not oblige ***us*** to pay them in the future.

We do not have to pay for ***treatment*** that is not covered by your plan, even if we have paid an earlier claim for a similar or identical ***treatment***.

Claiming for treatment when others are responsible

You must complete the appropriate section of the claim form if you are claiming for ***treatment*** that is needed when someone else is at fault, for example in a road accident in which you are a victim. If so, you will need to take any reasonable steps ***we*** ask of you to:

- recover from the person at fault (such as through their insurance company) the cost of the ***treatment*** paid for by ***BUPA International***, and
- claim interest if you are entitled to do so.

Note: Subrogation

In the event of any payment of any claim under your membership, ***BUPA International*** or any person or company that it nominates may be ***subrogated*** to all rights of recovery of the member and any person entitled to the benefits of this coverage.

The member shall sign and deliver all documents and papers and do whatever else is necessary to secure such ***subrogated*** rights to ***BUPA International*** or its nominated party. The member shall do nothing after the claim to prejudice such rights.

Claiming with joint or double insurance

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

7. Annual deductibles

Please read this section if you have asked to include an annual deductible on your plan.

Important - please remember that:

- the ***annual deductible*** applies separately to each person included on ***your*** membership
- as ***we*** may need to collect amounts from ***you*** by direct debit or credit card, ***you must*** have a valid direct debit agreement or credit card authority with us at all times. (***We*** may suspend or terminate ***your*** cover if ***you*** do not have such an agreement or authority in place while ***you*** have an ***annual deductible*** on ***your*** plan)
- even if the amount you are claiming is less than the amount of the ***annual deductible***, you should still submit a claim to ***us***
- this is an ***annual deductible***. Therefore, if your first claim is towards the end of your ***membership year***, and ***treatment*** continues over your ***renewal date***, the ***annual deductible*** is payable separately for ***treatment*** received in each ***membership year***.

What is an annual deductible?

The ***annual deductible*** is the total value that your eligible claims must reach each ***membership year*** before ***we*** will start to pay any benefit.

For example, if you have an ***annual deductible*** of £Sterling500, the total value of your eligible claims must reach £Sterling500 before ***we*** will pay any benefit.

The ***annual deductible*** applies separately to each person on ***your*** membership.

The amount of the ***annual deductible*** will be shown on your Membership Certificate. If you are unsure whether your cover includes an ***annual deductible*** please contact ***our*** customer services helpline.

At any point you can check the amount of your remaining ***annual deductible***, by contacting ***our*** customer services helpline.

How an annual deductible works

If a claim is smaller than your remaining ***annual deductible***, you must still submit it to us as normal. ***We*** will not pay any benefit, but the claim will count towards

reaching your ***annual deductible***. ***We*** will send you a statement informing you how much is left.

If an eligible claim exceeds your remaining ***annual deductible***, we will pay the amount of the claim less the remaining ***annual deductible***.

Once your ***annual deductible*** is reached, ***we*** will pay all eligible claims in full, up to the benefit limits of your plan.

How claims are paid to you

If you submit a claim and have asked ***us*** to pay you:

- benefits will be paid less the amount of the ***annual deductible***
- ***we*** will send you a statement showing how your claim has been settled, including any amounts set against the ***annual deductible***.

-How claims are paid direct to your medical provider

If you have asked ***us*** to make a payment direct to your medical provider:

- ***we*** will send payment to the provider for the full amount of the eligible claim, ***without*** deducting any ***annual deductible***.
- ***we*** will then collect any ***annual deductible*** from you using the direct debit mandate or credit card authority, depending on which is ***your*** usual method of payment
- ***we*** will also send you a statement showing the amount of the ***annual deductible*** that BUPA International will be collecting from your account.

You are responsible for paying the ***annual deductible*** in all circumstances.

8. Paying subscriptions and other charges

8.1 Paying subscriptions

You have to pay subscriptions to ***us*** in advance for ***you*** and ***your dependants*** throughout your membership. The amount ***you*** have agreed to pay, and the method of payment ***you*** have chosen are shown on ***your*** invoice.

Your subscriptions must be paid in the currency of ***your*** contract, as shown on ***your*** invoice.

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

If ***you*** are unable to pay your subscriptions for any reason please contact the customer services helpline.

8.2 Paying other charges

In addition to paying subscriptions, there may be other charges that ***you*** also have to pay to ***us***, depending on the laws of ***your*** residency country. These may include Insurance Premium Tax (IPT), or other taxes, levies or charges relating to ***your*** cover under the plan.

If they apply to ***you***, they will be shown on ***your*** invoice, and included in the total that you have to pay.

These charges may apply from the 'effective date' of ***your*** membership (see 9.1) or ***your annual renewal date***. ***You*** must pay any such charges to ***us*** when ***you*** pay ***your*** subscriptions, unless otherwise required by law.

8.3 Changes to subscriptions and other charges

Each year on ***your renewal date***, ***we*** may change how ***we*** calculate ***your*** subscriptions, how ***we*** determine the subscriptions, what ***you*** have to pay or the method of payment.

Please note that subscriptions generally rise when ***you*** renew ***your*** cover. There are many factors which directly affect subscriptions, such as age or the country in which you are resident, and inflation in the worldwide cost of health care.

Any changes that ***we*** make will only apply from ***your renewal date***.

The amount ***you*** have to pay to ***us*** in respect of IPT or other taxes, levies or charges, may also change at any time if there is a change in the rate, or if any new tax, levy or charge is introduced.

If ***we*** do make any changes to ***your*** subscriptions or to other charges, ***we*** will write to tell ***you*** about the changes. If ***you*** do not want to accept them, ***you*** can end ***your***

membership without the changes being introduced, provided that ***you*** do so:

- within 28 days of the date on which the changes take effect, or
- within 28 days of ***us*** telling you about the changes, whichever is later.

Please remember that any bank administration charges or fees are your responsibility.

Customer Services e: info@bupa-intl.com t: +44 (0) 1273 323563 www.bupa-intl.com/membersworld

9. Your membership

This section contains the rules about your membership, including when it will start and end, renewing your plan, how you can change your cover and general information

9.1 Starting and renewing your membership

When your cover starts

Your membership starts on the 'effective date' shown on the first membership certificate that ***we*** sent ***you*** for ***your*** current continuous period of BUPA International Lifeline membership.

When cover starts for others on your membership

If any other person is included as a ***dependant*** under ***your*** membership, their membership will start on the 'effective date' on the first membership certificate ***we*** sent ***you*** for ***your*** current continuous period of ***BUPA International*** Lifeline membership which lists them as a ***dependant***. Their membership can continue for as long as ***you*** remain a member of the plan.

If ***your*** membership ceases, ***your dependants*** can then, of course, apply for membership in their own right.

Renewing your membership

Your membership can be renewed automatically every year on ***your renewal date***, subject to acceptance of ***our*** renewal terms and section 9.4, by continuing to pay ***your*** subscriptions and any other payments due under ***your*** agreement with ***us***.

If ***you*** do not wish to renew your membership, ***you*** must inform ***us*** in writing as soon as ***you*** receive your renewal documents and prior to ***your renewal date***.

If ***we*** decide to discontinue your plan, you may be offered membership of another ***BUPA International*** plan as an alternative. If you transfer within one month, without a break in your cover, ***we*** will not add any special restrictions or exclusions to your cover under ***your*** new plan that are personal to you, other than those which apply to you under this plan.

Please read 'If we make changes' in Section 9.4

9.2 Ending your membership

When your membership will end

Your membership will automatically end:

- if ***you*** do not pay any of ***your*** subscriptions on, or before, the date they are due. However, ***we*** may allow ***your*** membership to continue without ***you*** having to complete a new medical history, if ***you*** pay the outstanding subscriptions in full within 30 days. If ***you*** are unable to pay ***your*** subscriptions for any reason, please contact the customer service helpline

- if ***you*** do not pay the amount of any IPT, taxes, levies or charges that ***you*** have to pay under ***your*** agreement with us on or before the date they are due

- upon the death of the ***principal member***. If the ***principal member*** dies the next named ***dependant*** on the membership certificate may apply to ***BUPA International*** to become a ***principal member*** of the plan in his or her own right and include the other ***dependants*** under their membership. If they apply to do this within 28 days, ***BUPA International*** will, at its discretion, not add any further special restrictions or exclusions to the ***dependant's*** cover that are personal to them in addition to those which applied to the ***dependant*** under the plan when the ***principal member*** died.

Country of residence / citizenship

You must tell ***us*** if ***your country of residence*** or ***your*** country of citizenship changes. ***We*** may need to end ***your*** membership if the change results in a breach of restrictions governing the provision of health care cover to local nationals, residents or citizens.

Current examples of countries which have such restrictions include the USA, Kenya and Germany. The details of the regulations vary from country to country, and may change at any time.

Important

BUPA International can end a person's membership and that of all the other people listed on the membership certificate if there is reasonable evidence that any person concerned has misled, or attempted to mislead ***us***. By this, ***we*** mean giving false

information or keeping necessary information from ***us***, or working with another party to give ***us*** false information, either intentionally or carelessly, which may influence ***us*** when deciding:

- whether ***you*** (or they) can join the plan
- what subscriptions ***you*** have to pay
- whether we have to pay any claim.

How to end your membership

You can end ***your*** membership, or that of any of ***your dependants***, from the first day of a month by writing to ***us***. ***You*** cannot backdate the cancellation of ***your*** membership.

Your right to cancel

You may cancel ***your*** membership of the plan for any reason by writing to ***us*** within 28 days of receiving ***your*** first Membership Certificate. In that case ***you*** will be entitled to a full refund of all subscriptions paid, subject to no claims having been made.

You may also cancel the membership of any of ***your dependants*** for any reason by contacting us within 28 days of receiving ***your*** first Membership Certificate that names them as a dependant.

In that case ***you*** will be entitled to a full refund of all ***your*** subscriptions paid relating to them, subject to no claims having been made on their behalf.

Refunding subscriptions

If ***your*** membership ends for any reason, ***we*** will refund any subscriptions ***you*** have paid which relate to a period after it ends. However, ***we*** shall be entitled to deduct from any refund money which ***you*** owe ***us***.

9.3 Making changes to your cover

Your contract is an annual one, and ***you*** can therefore only change ***your*** level of cover from ***your*** renewal date.

Changing your level of cover

If ***you*** want to change ***your*** level of cover, please contact the customer service helpline before renewal to discuss ***your*** options.

If you want to increase your level of cover ***we*** may ask ***you*** to complete a medical history questionnaire form, and/or to agree to certain exclusions or restrictions to ***your*** cover before ***we*** accept ***your*** application.

If ***you*** have any concerns about ***your*** subscriptions, or if your circumstances have changed, please contact ***us*** so that we can try to help.

Adding dependants

You may apply to include any of ***your dependants*** under ***your*** membership providing ***you*** fill in a Lifeline Amendment form.

New-born children can be included under ***your*** membership from their date of birth, provided ***you*** fill in and send ***us*** a Lifeline Amendment form within three months of the child's birth.

Please read 'Amending your Membership Certificate' in Section 9.4.

9.4 If we make changes

We may change the benefits and rules of ***your*** membership on ***your renewal date***.
These changes could affect, for example:

- how much your subscriptions will be
- how often you have to pay them
- the cover you receive.

Please read Section 8.1 'Paying subscriptions'.
Any changes ***we*** make will only apply from ***your renewal date***, regardless of when the change is made.

We will not add any personal restrictions or exclusions to someone's cover for medical conditions that started after they joined the plan, provided:

- they gave ***us*** the information we asked them for before joining, and
- they have not applied for an increase in their cover.

If ***we*** do make any changes to ***your*** plan, ***we*** will write to tell ***you*** about the changes. If ***you*** do not want to accept them, ***you*** can end your membership without the changes being introduced, provided that you do so:
- within 28 days of the date on which the changes take effect, or
- within 28 days of ***us*** telling you about the changes, whichever is later.

Amending your Membership Certificate
We will send ***you*** a new Membership Certificate if ***we*** need to record any changes which ***you*** have requested, or ***we*** are entitled to make; for example adding a dependant, or changing the way ***you*** pay ***your*** subscriptions.

Your new Membership Certificate will replace any earlier version ***you*** possess as from the issue date shown on the new Membership Certificate.

9.5 General information

Other parties
No other person is allowed to make or confirm any changes to ***your*** membership on ***our*** behalf, or decide not to enforce any of ***our*** rights.

No change to ***your*** membership will be valid unless it is confirmed in writing. Any confirmation of your cover will only be valid if it is confirmed in writing by ***BUPA International***.

If you change your correspondence address
Please contact ***us*** as soon as reasonably possible, as ***we*** will send any correspondence to the address ***you*** last gave ***us***.

Correspondence
Letters between ***us*** must be sent by post and with the postage paid. ***We*** do not return original documents, with the exception of official documents such as birth or death certificates. However, if you ask ***us*** at the time you send any original documents to ***us***, such as invoices, ***we*** can provide certified copies.

Applicable law
Your membership is governed by English law. Any dispute that cannot otherwise be resolved will be dealt with by courts in the UK.

If any dispute arises as to interpretation of this document then the English version of this document shall be deemed to be conclusive and taking precedence over any other language version of this document. This can be obtained at all times by contacting the customer services helpline.

10. Making a complaint

We're always pleased to hear about aspects of your membership that you've particularly appreciated, or that you have had problems with. If something does go wrong, here is a simple procedure to ensure your concerns are dealt with as quickly and effectively as possible.

10.1 Getting in touch

The ***BUPA International*** helpline is always the first number to call if you have any comments or complaints. Please call ***us*** on +44 (0) 1273 323563 anytime, 24 hours a day, 365 days a year. Alternatively you can email info@bupa-intl.com, fax ***us*** at +44 (0) 1273 820517 or write to ***us*** at:

BUPA International
Russell Mews
Brighton
BN1 2NR
UK

We want to make sure that members with special needs are not excluded in any way. For hearing and speech impaired members who have a textphone, please call +44 (0) 1273 866557.

We can also offer a choice of Braille, large print or audio for correspondence and marketing literature.

Please let ***us*** know which you would prefer.

10.2 Making a Complaint

If ***we*** have not been able to resolve the problem and you wish to take your complaint further, please write to the Head of Customer Relations at

BUPA International
Russell Mews
Brighton
BN1 2NR
UK

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

- write to them at South Quay Plaza, 183 Marsh Wall, London, E14 9JR, UK
- call them on 0845 080 1800 (from inside UK only), +44 (0) 207 964 1000,
- or find details at their website: www.financial-ombudsman.org.uk.

Please let ***us*** know if you want a full copy of our complaints procedure.

If something has gone wrong, ***we*** want to do everything ***we*** can to put it right. But none of these procedures affects your legal rights.

Confidentiality

The confidentiality of patient and member information is of paramount concern to the companies in the BUPA group. To this end, BUPA fully complies with Data Protection Legislation and Medical Confidentiality Guidelines. BUPA sometimes uses third parties to process data on its behalf. Such processing, which may be undertaken outside the EEA, is subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by the Data Protection Act.

11. Glossary

This explains what we mean by various words and phrases in this Membership Guide. Words written in bold and italic are particularly important as they have specific meanings.

Acute conditions:	A disease, illness or injury that is likely to respond quickly to ***treatment*** which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.
Annual deductible:	The amount you have to pay towards the cost of the ***treatment*** that you receive each ***membership year*** that would otherwise have been covered under your membership. The amount of your ***annual deductible*** is shown on your Membership Certificate. The ***annual deductible*** applies separately to each person covered under your membership.
Appliance:	A knee brace which is an essential part of a repair to a cruciate (knee) ligament, or a spinal support which is an essential part of surgery to the spine.
BUPA International:	BUPA Insurance Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited.
Chronic conditions:	A disease, illness or injury which has at least one of the following characteristics: • it continues indefinitely and has no known cure • it comes back or is likely to come back • it is permanent • you need to be rehabilitated or specially trained to cope with it • it needs long term monitoring, consultations, checkups, examinations or tests.

Complementary medicine practitioner:	An acupuncturist, chiropractor, homoeopath or osteopath who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which the ***treatment*** is received.
Consultant:	A surgeon, anaesthetist or physician who: • is legally qualified to practice medicine or surgery following attendance at a recognised medical school, and • is recognised by the relevant authorities in the country in which the ***treatment*** takes place 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.
Country of residence:	any country where you are considered by the relevant authorities to be resident.
Day-case treatment:	***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-case psychiatric ***treatment***.
Dental practitioner:	A person who: • is legally qualified to practice dentistry, and • is permitted to practice dentistry by the relevant authorities in the country where the dental treatment takes place.
Dependants:	The other people named on your Membership Certificate as being members of the plan and who are eligible to be members, including newborn children.
Diagnostic Tests:	Investigations, such as x-rays or blood tests, to find the cause of your symptoms.

Family doctor:	A person who: • is legally qualified in medical practice following attendance at a recognised medical school to provide medical treatment which does not need a consultant's training, and • is licensed to practice 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.
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 consultants can provide.
In-patient treatment:	***Treatment*** which for medical reasons normally means that you have to stay in a ***hospital*** bed overnight or longer.
Intensive care:	***Treatment*** in an intensive care unit (ICU), intensive therapy unit (ITU), high dependency unit (HDU), or coronary care unit (CCU), which gives constant monitoring after an operation or illness.
Medical practitioner:	***A complementary medicine practitioner, consultant, dental practitioner, family doctor, psychologist or therapist*** who provides active ***treatment*** of a known condition.
Membership year:	The period beginning on ***your*** start date or renewal date and ending on the day before your next ***renewal date***. By start date we mean the 'effective from' date on ***your*** first membership certificate for ***your*** current continuous period of membership.
Out-patient treatment:	***Treatment*** given at a ***hospital***, consulting room, doctors' office or out-patient clinic where you do not go in for ***day-case*** or ***in-patient treatment***.
Principal member:	The person who has taken out the membership, and is the first person named on the Membership Certificate. Please refer to '***you/your***'.

Pre-existing condition:	Any disease, illness or injury for which: • you have received medication, advice or ***treatment***; or • you have experienced symptoms whether the condition has been diagnosed or not in the four years before the start of your current continuous period of cover.
Prosthesis:	An artificial body part which is designed to form a permanent part of your body. We only pay for those ***prostheses*** listed in Note 2f.
Psychiatric treatment:	***Treatment*** of mental conditions, including eating disorders.
Psychologist:	A person who is legally qualified and is permitted to practice 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 in which the ***treatment*** takes place
Rehabilitation:	***Treatment*** aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke.
Renewal date:	Each anniversary of the date you joined the plan. (If however ***you*** are a member of a ***BUPA International*** Lifeline group plan with a common ***renewal date*** for all members, ***your renewal date*** will be the common renewal date for the group. We tell you the group renewal date when you join.)
Service Partner:	A company or organisation that provides services on behalf of ***BUPA International***. These services may include approval of cover and location of local medical facilities.
Sound natural tooth:	A tooth with no decay, no filling on more than two surfaces, no gum disease associated with bone loss, no root canal therapy, that is not a dental implant and that functions normally in chewing and speech.

Specified country of nationality:	The country you gave on your application form. This is the country to which you will be returned if you have purchased Repatriation cover.
Subrogated:	The assumption of the member's right by ***BUPA International*** to recover from an at fault party the costs of any claims paid by ***BUPA International*** for treatment to the member.
Surgical operation:	A medical procedure involving an incision into the body.
Therapists:	A physiotherapist, occupational therapist, orthoptist, dietician or speech therapist who is legally qualified and is permitted to practice 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 an ***acute condition***, disease, illness or injury.
United Kingdom/UK:	Great Britain and Northern Ireland.
We/us/our:	***BUPA International***
You/your:	When printed in bold italic type - ie ***you/your*** this means you, the principal member, only. When printed in plain type - ie you/your we mean you, the ***principal member*** and your ***dependants***. Please refer to ***Principal member*** and ***Dependants*** in this section.

12. Medical words and phrases

Here are some everyday descriptions of some medical terms used in this Membership Guide.

Cytotoxic drugs:	Drugs that are used specifically to kill off cancerous cells in the body.
Diseased tissue:	Unhealthy or abnormal cells in the human body.
Ectopic pregnancy:	When a foetus is growing outside the womb.
Hormone Replacement Therapy:	Hormone replacement therapy (HRT) is the use of synthetic or natural hormones to treat a hormone deficiency. Most commonly, this is used in the ***treatment*** of symptoms accompanying the menopause.
Pathology:	Test carried out to help determine or assess a medical condition, for example blood tests.
Post-partum haemorrhage:	Heavy vaginal bleeding in the hours and days immediately after childbirth.
Retained placental membrane:	when the afterbirth is left in the womb after delivery of the baby.
Sleep apnoea:	Temporarily stopping breathing during sleep.

Notes

Notes

Customer Services e: info@bupa-intl.com t: +44 (0) 1273 323563 www.bupa-intl.com/membersworld

Summary Benefit Table

Overall annual maximum	Essential	Classic	Gold
£ Sterling	£500,000	£750,000	£1,000,000
$ US Dollar	$900,000	$1,200,000	$1,600,000
€ Euro	€750,000	€1,000,000	€1,500,000
Out-patient treatment			
Out-patient ***surgical operations***	Paid in full	Paid in full	Paid in full
Wellness - mammogram, PAP test, prostate cancer screening or colon cancer screening (after one year's membership)	Not covered	£500 / US$900 / €750	£500 / US$900 / €750
Consultants' fees for office visits	Not covered	£3,000 / US$4,800 / €4,500	£3,000 / US$4,800 / €4,500
Pathology, x-ray and ***diagnostic tests***	Not covered		
Costs for ***treatment*** by ***therapists*** and ***complementary medicine practitioners***	Not covered		
Consultants' fees and ***psychologists'*** fees for ***psychiatric treatment*** (after two years' membership)	Not covered		
Costs for ***treatment*** by a ***family doctor***	Not covered	Not covered	
Prescribed drugs and dressings	Not covered	Not covered	£600 / US$960 /€900
Accident-related dental ***treatment***	Not covered	Not covered	£400 / US$700 /€600
In-patient treatment			
Hospital accommodation	Paid in full	Paid in full	Paid in full
Surgical operations, including pre- and post-operative care			
Nursing care, drugs and surgical dressings			
Physicians' fees			
Theatre charges and ***intensive care***			
Pathology, x-rays, ***diagnostic tests*** and physiotherapy			
Prostheses and ***appliances***			
Parent accommodation			
Psychiatric treatment (after two years membership)			
Further benefits			
Cancer ***treatment***	Paid in full	Paid in full	Paid in full
Maternity cover	Not covered	£3,000 / US$5,500 /€4,500	£5,000 / US$9,000 /€7,500
MRI, CT and PET scans	Paid in full	Paid in full	Paid in full
Transplant Services			
Local Road Ambulance			
Home nursing after ***in-patient treatment***	£100 / US$160 /€150 per day up to 10 days	£100 / US$160 /€150 per day up to 20 days	£100 / US$160 /€150 per day up to 30 days
In-patient cash benefit	£75 / US$120 /€110 per night up to 20 nights each ***membership year***		
HIV/AIDS drug therapy including ART (after five years' membership)	Not covered	£10,000 / US$18,000 /€15,000	£10,000 / US$18,000 /€15,000
Hospice and palliative care	£20,000 / US$36,000 / €30,000 for the whole of your membership		
Healthline services	Included	Included	Included
Optional benefits (if purchased)			
USA cover	100% of costs in network. 80% out of network		
Assistance cover	Full refund	Full refund	Full refund

All limits are annual, unless otherwise stated. This is only a summary of your benefits, for full details see Section 2 "What is covered?"

THE WORLD OF BUPA

bupa.co.uk

BUPA International offers you

Global medical plans for
individuals and groups
Assistance, repatriation and evacuation cover
24 hour multi-lingual helpline

Call +44 (0) 1273 208181

bupa-intl.com

Your calls will be recorded and may be monitored.

BUPA International

THE QUEEN'S AWARDS FOR ENTERPRISE 2005

IN/2220/2006