

International Health and Hospital plan

Bupa 

**International Health and Hospital Plan
Hong Kong**

Valid from July 2023 • EUR/GBP/USD



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Your plan is administered by **Bupa Global** on behalf of Bupa (Asia) Limited, **your** insurer.

You can contact your insurer by writing to:

Bupa (Asia) Limited
6/F, Tower 2,
The Quayside,
77 Hoi Bun Road,
Kwun Tong,
Kowloon,
Hong Kong

Remember we can offer a second medical opinion service

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

Welcome

Within this membership guide, **you'll** find easy to understand information about **your** plan.

This includes:

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

This membership guide must be read alongside **your** membership certificate and **your** application for cover, as together they set out the terms and conditions of **your** membership and form **your** plan documents. To make the most of **your** plan, please read the 'Table of Benefits', 'Exclusions' and '**Your** Membership' sections carefully to get a full understanding of **your** cover.

Please keep **your** membership guide in a safe place. If **you** need another copy, **you** can call **us**, or view and print it online at:
<https://membersworld.bupaglobal.com>

Bold words

Words in bold have particular meanings in this membership guide. Please check their definition in the Glossary before **you** read on. **You** will find the Glossary in the back of this membership guide.

Contact us

Open 24 hours a day, 365 days a year

You can access details about **your** plan any time of the day or night through MembersWorld.
Alternatively **you** can call **us** anytime for advice, support & assistance by people who understand **your** situation.

Healthline* +852 2531 8503

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

- general medical information
- finding local medical facilities
- arranging and booking appointments
- access to a second medical opinion
- travel information
- security information
- information on inoculation and visa requirements
- **emergency** message transmission
- interpreter and embassy referral

You can ask **us** to arrange medical evacuations and repatriations, if covered under **your** plan, including:

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

We believe that every person and situation is different and focus on finding answers and solutions that work specifically for **you**.

Our assistance team will handle **your** case from start to finish, so **you** always talk to someone who knows what is happening.

General enquiries

MembersWorld is the first place to go for information about:

- Cover details
- Pre-authorisation
- Claims
- Membership & payment queries

It's often the quickest way to contact **us** too:
<https://membersworld.bupaglobal.com>

Alternatively:

Phone: +852 2531 8503

Email: service.hk@bupaglobal.com

Post: Bupa (Asia) Limited,
6/F, Tower 2, The Quayside,
77 Hoi Bun Road, Kwun Tong,
Kowloon, Hong Kong

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

Your calls may be recorded or monitored

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

Contact details changed?

It's very important that **you** let **us** know when **you** change **your** contact details (correspondence address, email or telephone). **We** need to keep in touch with **you** so **we** can provide **you** with important information about **your** plan or **your** claims. Simply log onto MembersWorld or call, email or write to **us**.

Easier to read information

Braille, large print or audio

We want to make sure that members with special needs are not excluded in any way. **We** also offer a choice of Braille, large print or audio for **our** letters and literature. Please let **us** know which **you** would prefer.

Making a complaint

We're always pleased to hear about aspects of **your** plan that **you** have particularly appreciated, or that **you** have had problems with.

If something does go wrong, this membership guide outlines a simple procedure to make sure **your** concerns are dealt with as quickly and effectively as possible. Please see the 'Making a Complaint' section for more details.

If **you** have any comments or complaints, often the quickest way to contact **us** is via MembersWorld.

Alternatively **you** can contact **us** via one of the following methods:

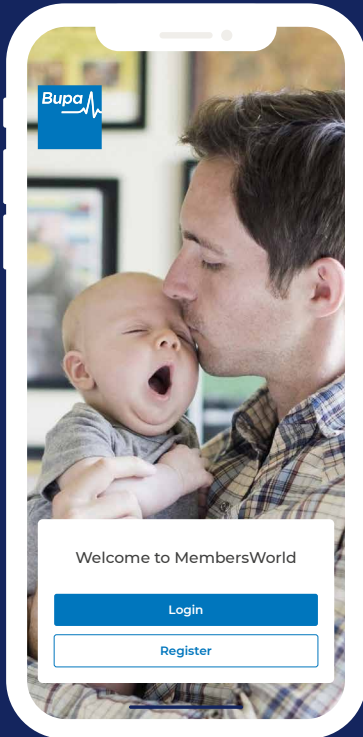
Phone: +852 2531 8503

Email: service.hk@bupaglobal.com

Post: Bupa (Asia) Limited,
6/F, Tower 2, The Quayside,
77 Hoi Bun Road, Kwun Tong,
Kowloon, Hong Kong

Welcome to Membersworld

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



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

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

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

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

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



How to access MembersWorld

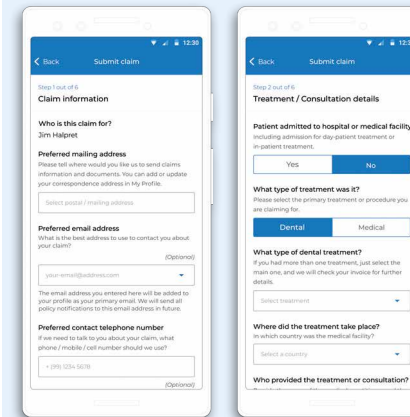
You can access and register online at <https://membersworld.bupaglobal.com> with **your** favourite web browser or via **our** app.

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



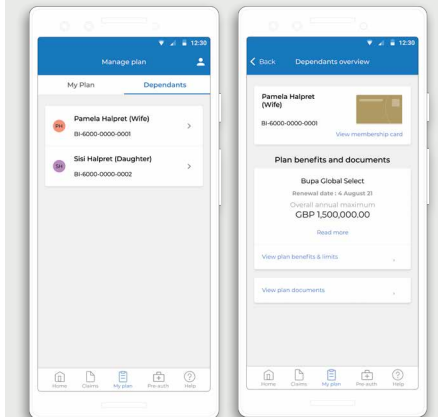
Claims and pre-authorisations

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



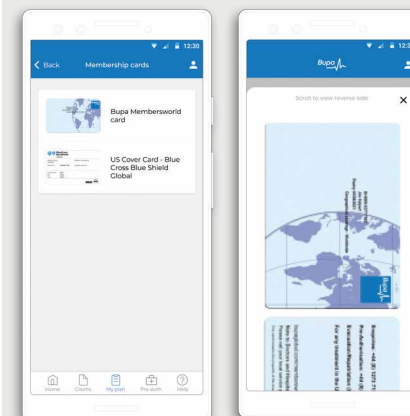
Dependants

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



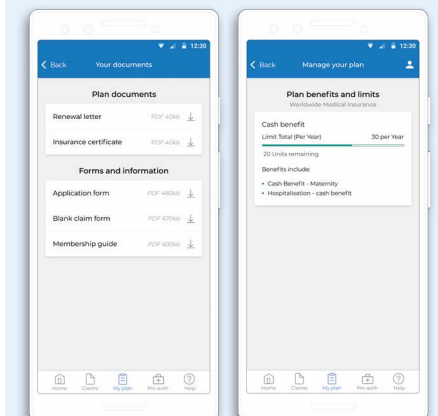
Membership cards

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



Policy documents

- View and download documents for your plan



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

Wellbeing Services

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

Your Wellbeing

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

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

Second Medical Opinion*

As a **Bupa Global** customer, **you** can access a second medical opinion from leading international **specialists**.

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

To request a second medical opinion, complete an online referral form via the MembersWorld website, or contact the **Bupa Global** Customer Service team on **+852 2531 8503** or email service.hk@bupaglobal.com

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

Global Virtual Care*

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

Features include (depending on local regulations):

- Video and telephonic consults
- **Doctor's** notes
- Selfcare
- Referrals
- Prescriptions

Access virtual consultations with a doctor any time of the day or night by signing-in to the MembersWorld app. If **you** haven't registered yet, go to the MembersWorld page to get started.

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



Bupa Global retains the right to change the scope of these services.

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

Pre-authorisation

The importance of pre-authorisation

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

Why should I pre-authorise treatment?

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

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

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

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

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

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

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

How do I pre-authorise my treatment?

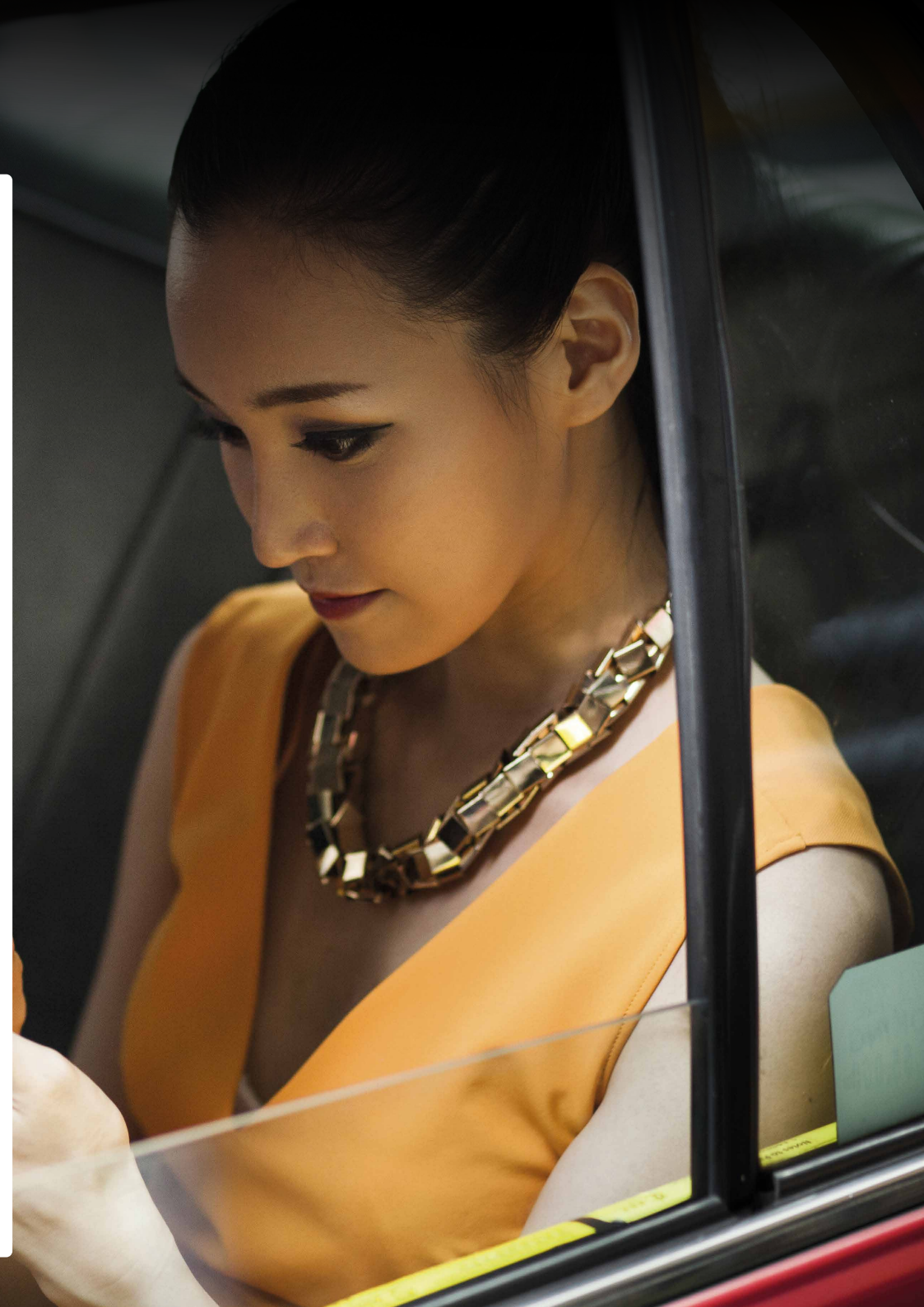
Login to the MembersWorld app, go to <https://membersworld.bupaglobal.com> or contact **us** by phone or email. When **we** have the details, **we** will send **you** and the provider a pre-authorisation statement.

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

Yes. Just follow the process again.

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

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



The claiming process

If **you** need assistance with a claim **you** can

- Go online at <https://membersworld.bupaglobal.com>
- Call **us** on **+852 2531 8503**
- Email service.hk@bupaglobal.com

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

How to make a claim

The quickest way to submit **your** claim is to log on to **your** MembersWorld account and submit **your** claim electronically. **You** have the choice of submitting an on-line claim or uploading any completed claim form.

Make sure **we've** got all the information as the biggest delay to paying a claim is normally incomplete, missing or ineligible information.

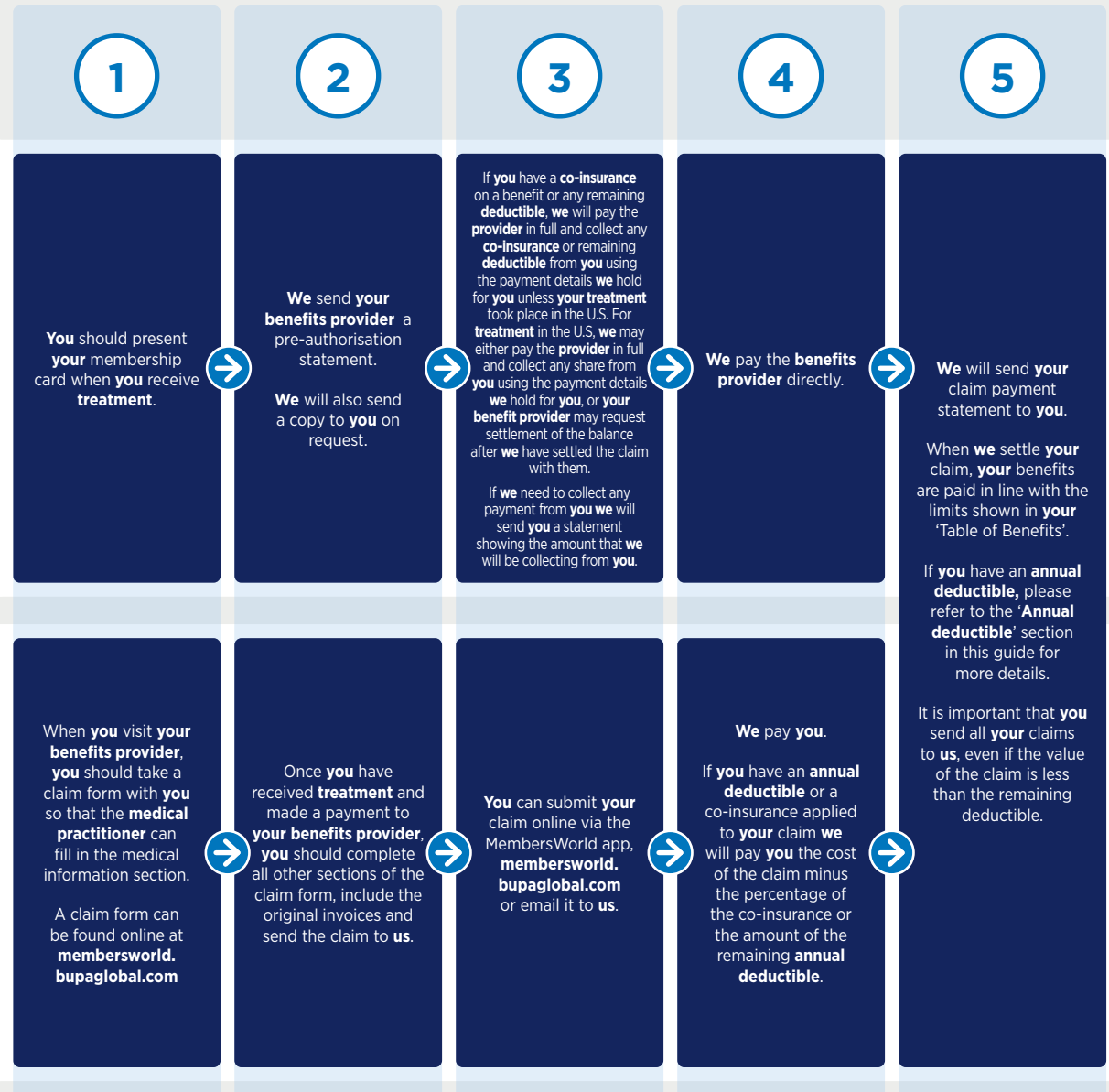
Make sure **you** have given **your** correct bank details. Reimbursement by bank transfer is by far the quickest way to receive **your** payment.

Direct Settlement

Direct settlement is where the provider of **your treatment** claims directly from **us**, making things easier for **you**.

Pay and Claim

The alternative is for **you** to pay and then claim back the costs from **us**.



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Choice of Deductible

Choose your deductible

The deductible is the contribution you make towards the cost of your treatment each policy year before receiving payment.

EUR: Nil / 350 / 1,050 / 4,000 / 8,000 / 16,000
GBP: Nil / 250 / 750 / 2,750 / 5,500 / 11,000
USD: Nil / 400 / 1,600 / 5,000 / 10,000 / 20,000

You can choose to take out your plan with or without a deductible, in any of the three currencies.
Taking out a deductible lowers your premium.
The deductible does not apply to Medical Evacuation and Repatriation and/or Dental and Optical modules.

Table of Benefits

Please note that the Table of Benefits is part of the **Terms and Conditions**. It is therefore necessary to read both the Table of Benefits and the **Terms and Conditions** (including Glossary) carefully.

Words written in bold in the Table of Benefits are "defined terms" which are specific terms relevant to your cover. Please check their meaning in the Glossary at the end of this **membership** guide.

All amounts are in EUR/GBP/USD.

The currency chosen for the **insurance** at point of **application** is the currency all your payments will be based on. This means that eg. when your contract currency is EUR all your payments will be based on the EUR **benefit limits** stated in the below Table of Benefits although you might have been treated in eg. UK or the U.S.

Hospital Plan

Payments under the Hospital Plan are effected according to the Table of Benefits below. If you have chosen a **deductible**, please note that the **benefit limits** for the benefits listed in the Table of Benefits will be reduced by any remaining **deductible**. Once your **deductible** has been reached, all covered expenses will be paid in line with your **benefit limits**. One joint **deductible** applies per person per policy year for Hospital Plan, Module 1 and Module 2 (if chosen).

For the Hospital Plan and any additional modules the payments will not in any event exceed the following amounts or the overall annual maximum per person per policy year of EUR 3,600,000 /GBP 3,000,000/ USD 4,400,000

Hospital Services — during Hospitalisation	Hospital plan
Private room (see also Glossary: ' Hospital accommodation ') Intensive care room	100%
Room and board for a parent or legal guardian accompanying a child dependant (also Glossary: ' Hospital accommodation ') Surgery	100%
Initial reconstruction surgery , immediate or delayed, following an injury or illness (excluded corrective reconstruction surgery for enhancement of appearance and replacement of implant/ prosthesis)	100%
Medical treatment , laboratory tests, X-rays, scans	100%
Medicine for use during hospitalisation and relevant only for the insured condition being treated	100%
Prescribed out-patient medicine up to 7 days after discharge from hospital (medicine must be licensed for the condition which was treated while hospitalised), maximum per policy year	EUR 900 / GBP 600 / USD 1,000
Pacemaker	100%
Mental health treatment provided by recognised mental health providers	100%

Pre-examinations that are medically necessary in order to perform the **surgery** or **treatment** which is to take place during **hospitalisation** are covered up to 30 days prior to **hospitalisation**.

Check-ups that are medically necessary in order to verify that the **customer** is recovering successfully from the **surgery** or **treatment** received while hospitalised are covered up to 180 days after **hospitalisation**.

Physiotherapy following **surgery** is covered with up to 10 sessions.

Hospital Plan (continued)

Cancer treatment	
Once cancer has been diagnosed this benefit includes fees that are related specifically to planning and carrying out active treatment for cancer . This includes tests, diagnostic imaging, consultations and prescribed medicines (when receiving anti-hormonal drug as sole treatment for cancer, only the anti-hormonal drug expenses are covered)	100%
If your treatment involves advanced therapy medicinal products (ATMP) , this will be paid from the ATMP benefit.	

Advanced therapy medicinal products (ATMPs)	
We pay for ATMP treatment if it is: ○ administered by a specialist in the country where you receive it, and; ○ approved by the licensing authority in the country where you receive it, for your condition, stage of disease and stage of treatment that you have, and; ○ endorsed by an independent specialist appointed by Bupa Global who confirms it: ○ as medically appropriate, based on established medical practice, or ○ is provided under a registered and ethically approved study (in this case we will not apply the 'experimental or unproven treatment' exclusion). Please contact us for pre-authorisation before proceeding with treatment.	100%, one course of treatment for each condition per lifetime

Out-patient Treatment in a Hospital or Clinic	Hospital Plan
Surgery*	100%
Dialysis (including home dialysis), intravenous drug infusion which is only available as an infusion (must be pre-authorised by the Company)	100%
Endoscopic examinations	100%

*Pre-examinations that are medically necessary in order to perform the **treatment/surgery** are covered up to 30 days prior to **treatment/surgery**. Check-ups that are medically necessary in order to verify that the **customer** is recovering successfully from the **treatment/surgery** are covered up to 180 days after **treatment/surgery**. Physiotherapy following **treatment/surgery** is covered with up to 10 sessions.

Other **out-patient treatment** is reimbursed under Module 1 - Non-**Hospitalisation** Benefits

Childbirth* (subject to a 12 month waiting period)	Hospital Plan	Hospital Plan incl. Module 1 Non-Hospitalisation Benefits
Delivery and non-medically essential caesarean section delivery incl. pre- and postnatal treatment for mother and child. Maximum per delivery**	Covered 100% up to EUR 5,725 / GBP 3,925 / USD 7,150	Covered 100% up to EUR 9,675 / GBP 6,650 / USD 12,100
Medically essential caesarean section, incl. pre- and postnatal treatment for mother and child. Maximum per delivery**	Covered 100% up to EUR 10,625 / GBP 7,325 / USD 13,200	Covered 100% up to EUR 12,650 / GBP 8,575 / USD 15,400
**see also art. 7.1.3		
Delivery and caesarean section following infertility treatment. Excluding pre- and postnatal treatment for mother and child. (see also art. 12.2 f), maximum	Covered 100% up to EUR 5,725 / GBP 3,925 / USD 7,150	Covered 100% up to EUR 7,150 / GBP 4,850 / USD 8,800

***Deductible**, if chosen, also applies to childbirth benefit. Only the amount of one full annual **deductible** will be applied to maternity claims for one pregnancy, even if the course of pregnancy spans two policy years.

Hospital Plan (continued)

Organ Transplant	
Organ transplant	100%
Per diagnosis and course of treatment per lifetime, to include all related costs up to the financial maximum	EUR 450,000 / GBP 315,000 / USD 500,000
The insurance policy must be valid throughout the course of treatment .	
The procurement of the organ must be pre-authorised by the Company	
Emergency Room Treatment	
Emergency room treatment in connection with an acute illness or accident	100%
Local medical transport	
Ground transport to and from hospital when it is medically necessary that special medical services and/or medical equipment are provided	100%
In-patient Rehabilitation	
We pay for rehabilitation, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. We do not pay for room and board for rehabilitation when the treatment being given is solely physiotherapy. We pay for rehabilitation, only when you have received our pre-authorisation before the treatment starts, for up to 90 days' treatment in each membership year. For in-patient treatment one day is each overnight stay and for day-case treatment, one day is counted as any day on which you have one or more appointments for rehabilitation treatment. We only pay for rehabilitation where it: ○ starts within six weeks of in-patient treatment which is covered by your membership (such as trauma or stroke), and ○ arises as a result of the condition which needed the in-patient treatment or is needed as a result of such treatment given for that condition Note: in order to give pre-authorisation, we must receive full clinical details from your consultant; including your diagnosis, treatment given and planned, and proposed discharge date if you receive rehabilitation.	Covered 100% Maximum per day EUR 330 / GBP 220 / USD 355
Home Nursing	
For expenses incurred for medically prescribed assistance in your private home by a certified nurse (must be pre-authorised by the Company)	100%
Maximum per day for maximum 40 days per policy year	EUR 130 / GBP 84 / USD 135

Hospital Plan (continued)

Hospice and palliative care	
Hospice and palliative care, maximum per lifetime	EUR 30,500/ GBP 27,000/ USD 34,000
Hospital Cash Benefit (see also Glossary)	
If room, board and treatment are received free of charge or at a minor admission/service fee at a public hospital, per night maximum	EUR 90 / GBP 60 / USD 100
Maximum 60 nights per policy year (must be pre-authorised by the Company)	
Emergency Dental Treatment	
Acute emergency dental treatment due to serious accident requiring hospitalisation	100%
In case of doubt, the decision will be left with the Company's dental consultant	

Module 1 Non-Hospitalisation Benefits

Payments under this module are according to the Table of Benefits below. If you have chosen a **deductible**, please note that the **benefit limits** for the benefits listed in the Table of Benefits will be reduced by any remaining **deductible**. Once your **deductible** has been reached, all covered expenses will be paid in line with your **benefit limits**. One joint **deductible** applies per person per policy year for Hospital Plan, Module 1 and Module 2 (if chosen).

Payments will not in any event exceed the following amounts or the annual maximum limit of EUR 35,000/GBP 25,000/USD 35,000.

General Practitioners and Specialists*	
GP consultations, per consultation	EUR 220 / GBP 175 / USD 235
Chinese doctor consultation (if charged separately), per consultation	EUR 30 Maximum per policy year of EUR 300 GBP 22 Maximum per policy year of GBP 220 USD 30 Maximum per policy year of USD 300
Eye and ear specialists /other specialists , per consultation	EUR 220 / GBP 175 / USD 235
Psychiatrists, per consultation	EUR 220 / GBP 175 / USD 235
Psychologist and psychotherapist*	
Psychologist and psychotherapist , per consultation	EUR 220 / GBP 175 / USD 235

*A combined maximum of 15 consultations within a 30-day period for GP/**Specialists** and **Psychologist/Psychotherapist**

Module 1

Non-Hospitalisation Benefits (continued)

Therapists	
Dietetic guidance, speech therapy per consultation Maximum four consultations per policy year	EUR 50 / GBP 40 / USD 50
Physiotherapist, occupational therapist, per consultation	EUR 95 / GBP 70 / USD 95
Maximum per policy year	EUR 1,050 / GBP 700 / USD 1,200
Chiropractor/osteopath (including Chinese bonesetter) all inclusive, per consultation	EUR 65 Maximum per policy year EUR 1,050 GBP 50 Maximum per policy year GBP 700 USD 65 Maximum per poicy year USD 1,200
Maximum per policy year	EUR 1,050 / GBP 700 / USD 1,200
Full health screening, all inclusive, per year	
Full health screening, all inclusive, per year	EUR 900 / GBP 800 / USD 1,000
Examinations and other Medical Assistance	
Laboratory test, analysis, maximum	100%
X-ray	EUR 450 / GBP 305 / USD 500
ECG	EUR 450 / GBP 305 / USD 500
Scan, per examination	EUR 1,020 / GBP 780 / USD 1,200
Injection and vaccination, per injection/vaccination	EUR 85 / GBP 65 / USD 100
Acupuncture and homeopathic treatment , performed by complementary medicine practitioners when they are appropriately qualified and registered to practice in the country where treatment is received. This includes the cost of both the consultation and treatment , including any complementary medicine prescribed or administered as part of treatment . Should any complementary medicines or treatments be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate visit	EUR 55 / GBP 35 / USD 60

Module 2

Medicine and Appliances

Payments under this module are according to the list below. If you have chosen a **deductible**, please note that the **benefit limits** for the benefits listed in the Table of Benefits will be reduced by any remaining **deductible**. Once your **deductible** has been reached, all covered expenses will be paid in line with your **benefit limits**. One joint **deductible** applies per person per policy year for Hospital Plan, Module 1 and Module 2 (if chosen).

Hearing Aids	
Prescribed hearing aids, per appliance , maximum	Covered 50% up to EUR 300 / GBP 200 / USD 325
Maximum two appliances are reimbursed per policy year up to maximum	Covered 50% up to EUR 600 / GBP 400 / USD 650
Other Appliances	
Slings and bandages	100%
Arch support	100%
Medical appliances	100%
Medicine	
Prescribed medicine and traditional Chinese medicine	100%
Traditional Chinese medicine administered by a traditional Chinese practitioner (with the exception of the treatment listed in art 12.2 r)	Maximum per policy year EUR 375/GBP 260/USD 450 for traditional Chinese medicine
Limited to recognised traditional Chinese practitioners registered to practice locally	
Medicine and other appliances are reimbursed up to an annual maximum of	EUR 3,000 / GBP 2,000 / USD 3,300

Module 3

Medical Evacuation and Repatriation

Medical Evacuation and Repatriation covers transportation to the nearest appropriate place of **treatment** if you have a serious illness or injury.

Medical Evacuation and Repatriation	
Transportation expenses by aeroplane or helicopter	100%
Accompanying person	100%
Return journey to residential address abroad/home country within three months after completion of treatment	100%
Statutory arrangements in case of death, such as embalming and zinc coffin Transportation of the urn/coffin	100%

Expenses are covered up to the overall annual maximum of your policy

In all circumstances, **we** must be notified before the transport takes place, either directly or through the attending **specialist**.

Medical Evacuation and Repatriation must be pre-authorised by the **Company**

Modules 4A and 4B Dental and Optical

Payments under these two modules are effected at 50-80%, but they will not in any event exceed the following amounts or the respective annual maximums of Module 4A: EUR 5,000/GBP 3,500/USD 5,000 and Module 4B: EUR 7,500/GBP 5,000/USD 7,500.

Dental Treatment	Module 4A	Module 4B
Examinations, maximum	Covered 80% up to EUR 30 / GBP 25 / USD 30	Covered 80% up to EUR 50 / GBP 40 / USD 50
Tooth cleaning, maximum	Covered 80% up to EUR 50 / GBP 30 / USD 50	Covered 80% up to EUR 70 / GBP 40 / USD 70
Fillings per tooth, maximum	Covered 80% up to EUR 80 / GBP 55 / USD 80	Covered 80% up to EUR 130 / GBP 80 / USD 130
Root treatment per tooth, maximum	Covered 80% up to EUR 380 / GBP 245 / USD 380	Covered 80% up to EUR 540 / GBP 370 / USD 540
Tooth extractions per tooth, maximum	Covered 80% up to EUR 75 / GBP 40/ USD 75	Covered 80% up to EUR 145 / GBP 90 / USD 145
Surgery , maximum	Covered 80% up to EUR 160 / GBP 110 / USD 180	Covered 80% up to EUR 465 / GBP 320 / USD 520
X-ray, maximum	Covered 80% up to EUR 60 / GBP 30 / USD 60	Covered 80% up to EUR 70 / GBP 50 / USD 70
Anaesthesia, maximum	Covered 80% up to EUR 30 / GBP 20 / USD 30	Covered 80% up to EUR 50 / GBP 40 / USD 50

Special Dental Treatment	Module 4A	Module 4B
Bridgework Crowns Dental implants Periodontitis Orthodontics (tooth adjustment) (subject to a 24 month waiting period) Dentures	Covered 50% Maximum per policy year for special dental treatment EUR 2,650 / GBP 2,000 / USD 2,650	Covered 50% Maximum per policy year for special dental treatment EUR 3,650 / GBP 2,750 / USD 3,650

Modules 4A and 4B
Dental and Optical (continued)

Glasses and Contact Lenses	Module 4A	Module 4B
One pair of glasses (excl. frames) per policy year, maximum	Covered up to 80% up to EUR 160 / GBP 100 / USD 160	Covered up to 80% up to EUR 220 / GBP 150 / USD 220
Contact lenses, per policy year, maximum	Covered up to 80% up to EUR 100 / GBP 60 / USD 100	Covered up to 80% up to EUR 130 / GBP 80 / USD 130

Frames and sunglasses are not covered

Eye check	Module 4A	Module 4B
Eye check performed by optician/optometrist, maximum per policy year	EUR 240 / GBP 150 / USD 240	EUR 240 / GBP 150 / USD 240

Terms and Conditions

Words written in bold in the **Terms and Conditions** are "defined terms" which are specific terms relevant to your cover. Please check their meaning in the Glossary at the end of this **membership** guide.

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Glossary

Art. 1

Acceptance of the insurance

1.1: The **insurance** policy is insured and underwritten by Bupa (Asia) Limited., hereinafter called the **Company** and administered by the **Company** and **Bupa Global**. The **Company** shall decide whether the **insurance** can be accepted. In order for the **insurance** to be accepted and the **Company** to become the insurer, the **application** must be approved by the **Company** and the necessary premium paid to the **Company**.

1.2: In order for the **insurance** to be accepted by the **Company** on **standard terms**, the **applicant** must be of sound health at the time of acceptance and must not suffer nor have suffered from any recurring disease, illness, injury, bodily infirmity or physical disability (see also glossary term '**pre-existing conditions**'), and the **applicant** must not have attained 60 years of age at the time of acceptance.

If the conditions in Art. 1.2 are not met and the **applicant** has not attained 80 years of age at the time of acceptance, the **Company** may offer the **insurance** on **special terms**. If the **Company** decides to offer the **insurance** on **special terms**, the **policyholder** will receive an **insurance certificate** in which these terms are stated.

1.2.1: All underwriting and issuance of **insurance certificates** are made by the **Company**. The **Company** may choose to have data processed in or outside the EU.

1.3: In the event of a change in the **applicant's** state of health after the **application** has been signed and before the **Company's** approval thereof, the **applicant** shall be under the obligation to notify the **Company** of such change immediately.

1.4: The currency chosen for the **insurance** cannot be changed after the **Company's** acceptance of the **application**.

Art. 2

Original date of joining

2.1: The **insurance** shall be valid as of the date on which the **application** is approved by the **Company**. The **Company** may agree on another date with the **policyholder**.

Art. 3

Waiting periods in connection with new insurance contracts and extension of cover

3.1: When a new **insurance** contract is entered into, the right to payment under the new **insurance** contract shall only take effect four weeks after the **original date of joining** of the **insurance**. However, this does not apply when the **policyholder** can prove simultaneous transference

from an equivalent insurance with another international health insurance company.

3.1.1: In the event of **acute serious illness** and **serious injury**, the right to payment shall, however, take effect concurrently with the **original date of joining** of the **insurance**.

3.1.2: In addition, the **waiting periods** listed below shall apply for the **insurance** contract:

a) for expenses incurred in connection with pregnancy and childbirth and consequences thereof, the right to payment shall only take effect 12 months after the **original date of joining** of the **insurance**.

b) for expenses incurred for orthodontics the right to payment shall only take effect 24 months after the **original date of joining** of the **insurance**.

3.2 This contract lasts one year. The **policyholder** can ask to make changes to the **deductible** and to optional modules. To do this they must give the **Company** one month's notice. Any changes take effect on the next **policy anniversary**. The currency the **policyholder** chose cannot change. The premium will be lower if they:

- add or increase a **deductible** or
- remove an option.

The premium will be higher if they:

- remove or reduce a **deductible** or
- add an option.

3.3 To improve their cover, they will need to complete a medical history form. This means that **we** may add new special restrictions or exclusions to your new cover. These are personal to you.

3.4: Any improved cover has a **waiting period** of four weeks. During the **waiting period**, the previous cover applies. If a benefit has a **waiting period** of longer than four weeks, that longer **waiting period** applies.

3.4.1: **We** won't apply the four-week **waiting period** if you have:

- an **acute serious illness**, or
- a **serious injury**.

Art. 4

Who is covered by the insurance?

4.1: The **insurance** shall cover the **customer(s)** named in the **insurance certificate**, including children registered therein.

4.2: Children under 10 years of age can be insured at no extra cost with identical coverage of the paying adult if the requirements for acceptance on **standard terms**, see also Art. 1.2, are met. A maximum of two children at no extra cost per paying adult, and a total maximum of four children at no extra cost per **insurance** apply.

4.2.1: Cover at no extra cost for children shall furthermore be subject to:

- the child being registered with the **Company**, and
- one of the **customers** having legal custody of the child, and
- the child being registered at the same address as the **customer** having legal custody of the child.

4.3: An **application** must be submitted for each person the **policyholder** wishes to add to the **insurance**, including newborn children.

4.3.1: If the **insurance** of one of the parents has been valid for a minimum of 12 months, newborn children of the parent can be insured, irrespective of Art. 1.2, without submitting an **application**, see also however, Art. 12.2 f). A copy of the birth certificate must, however, be submitted within three months after the birth.

If the birth certificate is not submitted to the **Company** within three months after the birth, a Medical Questionnaire must be submitted for the child who has to undergo the standard underwriting procedure according to Art. 1.2. Registration of the child will take place from the date the Medical Questionnaire has been signed.

4.3.2: In case of adoption and for children born as a result of infertility treatment and/or born by a surrogate, the **customer** must submit a Medical Questionnaire for such children.

Art. 5 Where is cover provided?

5.1: The **insurance** shall provide worldwide cover unless otherwise stated in the **insurance certificate**.

Art. 6 What is covered by the insurance?

6.1: The **insurance** shall cover the medical expenses incurred by the **customer** in accordance with the cover chosen and the applicable Table of Benefits. The benefits for which expenses are covered and the **benefit limits** are stated in the Table of Benefits.

6.2: Payment shall be paid following **our** approval of the expenses as being covered by the **insurance** after the receipted and itemised invoices, provided with the **membership** number and a claim form, have been received by **us**. (see also 'Quick Reference Guide').

6.3: Once the covered expenses have met the annual **deductible**, the amount payable will be paid. If your claim is for an amount higher than the value of your **deductible** or remaining **deductible**, we will pay for covered expenses after the **deductible** has been met in full. Once your **deductible** has been reached, all covered expenses will be paid in line with your **benefit limits**. The **deductible** shall apply per person per policy year.

6.3.1: In case of an accident where three or more **family members** insured with the **Company** are involved, only one **deductible**, the highest, is applied.

6.4: Medical practitioners performing **treatment** must have authorisation in the country of practice. Medical providers and facilities must also be authorised (see also art. 12.2 n).

6.5: In no event shall the amount of payment exceed the amount shown on the invoice. If the **customer** receives payment from the **Company** in excess of the amount to which he/she is entitled, the **customer** shall be under the obligation to repay the **Company** the excess amount immediately, otherwise the **Company** will set off the excess amount in any other account between the **customer** and the **Company**.

6.6: Payments shall be limited to the usual, **reasonable and customary** charges in the area or country in which the **treatment** is provided.

6.7: Any discount which has been negotiated directly between the **Company** and providers will be specifically used by the **Company** for the overall benefit of the **customers** within the **insurance** product as a whole.

6.8: Any ex-gratia payments are at the **Company's** discretion. If the **Company** makes a payment to which the **customer** is not entitled under the **insurance**, this will still count toward the annual maximum cover per person per policy year.

6.8.1 The **Company** is not required to pay for any **treatment** or condition that is not covered by the **customer's insurance** cover, even if the **Company** has paid an earlier claim for similar or identical **treatments** or conditions, including where such earlier payment was made at the **Company's** error.

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

customer should speak to the group health **insurance** administrator for more information.

Art. 7 Hospital Plan

7.1: The Hospital Plan must be taken out before any other optional module(s) can be added. The following terms shall also apply:

7.1.1: The Hospital Plan shall cover the medical expenses incurred by the **customer's hospitalisation** in accordance with the **deductible** chosen and the applicable **benefit limits** as stated in the Table of Benefits. It is required that the **customer** is hospitalised in order to get payment under this plan.

7.1.2: The **Company** shall be notified immediately of any stays in hospital in accordance with Art. 13.3.

7.1.3: Maternity benefits are covered in accordance to the **benefit limits** listed in the Table of Benefits and include routine postnatal care for the newborn. Routine postnatal care includes **treatment** of physiological jaundice if not caused by an underlying disease and the newborn's hospital stay does not exceed the mother's hospital stay.

Art. 8 Module 1 Non-Hospitalisation Benefits

8.1: If the **insurance** has been extended to include Module 1, the following terms shall also apply:

8.1.1: Module 1 can only be taken out as a supplement to the Hospital Plan.

8.1.2: Module 1 shall cover the **customer's** expenses in accordance with the **deductible** chosen and the applicable **benefit limits** as stated in the Table of Benefits.

8.1.3: Any invoice for expenses incurred by **out-patient treatment** shall be reported by submitting the receipted and itemised invoices provided with the **membership** number and claim form to **us**. **Specialists'** invoices must also include a diagnosis of the illness being treated.

Art. 9 Module 2 Medicine and Appliances

9.1: If the **insurance** has been extended to include Module 2, the following terms shall also apply:

9.1.1: Module 2 can only be taken out as a supplement to the Hospital Plan.

9.1.2: Module 2 shall cover the expenses in accordance with the **deductible** chosen and the applicable **benefit limits** as stated in the Table of Benefits.

9.1.3: Any invoice for expenses incurred by **out-patient** medicine and **appliances** shall be reported by submitting the receipted and itemised invoices provided with the **membership** number and claim form to **us**. Invoices for medicine should also be accompanied by a copy of the prescription.

Art. 10 Module 3 Medical Evacuation and Repatriation

10.1: If the **insurance** has been extended to include Module 3, the following terms shall also apply:

10.1.1: Module 3 can only be taken out as a supplement to the Hospital Plan.

10.1.2: Module 3 shall cover the reasonable expenses incurred for the **customer's** medical evacuation/repatriation in the event of **acute serious illness**, **serious injury** or death in accordance with the applicable **benefit limits** as stated in the Table of Benefits.

10.1.3: Cover shall be provided subject to the attending specialist and the **Company's** medical consultant agreeing on the necessity of transferring the **customer** and agreeing whether the **customer** should be transferred to his/her **country of residence**/home country or to the nearest appropriate place of **treatment**. In case of disagreement, the decision of the **Company's** medical consultant shall prevail.

The evacuation expenses for an eligible transportation are only covered if the transportation is arranged or pre-authorised by the **Company**.

10.1.4: The expenses for transportation covered under the **insurance**, but not arranged by the **Company**, shall only be compensated with an amount equivalent to the expenses the **Company** would have incurred, had the **Company** arranged the transportation.

10.1.5: The **insurance** shall cover reasonable and necessary transportation expenses for one person accompanying the **customer**.

10.1.6: Only one transportation is covered in connection with one course of an illness.

10.1.7: Module 3 shall only apply if the illness is covered under the **insurance**.

10.1.8: In the event that the **customer** is evacuated/repatriated for the purpose of receiving **treatment**, he/she and the accompanying person, if any, shall be reimbursed for the expenses for a return journey to the **customer's** place of residence/home country. The return journey shall be made within three months after **treatment** has been completed. Cover shall only be provided for travel expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

10.1.9: In the event that the **customer** has received **treatment** covered by the **insurance**, but now has reached the **terminal phase**, he/she and the accompanying person, if any, shall be reimbursed for the expenses of the return journey to the **customer's** place of residence.

10.1.10: In the event of death, expenses shall be reimbursed for home transportation of the deceased and for statutory arrangements such as embalming and a zinc coffin.

The next of kin have the following options:

a) cremation of the deceased and home transportation of the urn or

b) home transportation of the deceased.

10.1.11: The **Company** cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition

beyond the **Company's** control.

Art. 11 Modules 4A and 4B Dental and Optical

11.1: If the **insurance** has been extended to include Module 4, the following terms shall also apply:

11.1.1: Module 4 can only be taken out as a supplement to the Hospital Plan.

11.1.2: Module 4 shall cover the **customer's** expenses for dental **treatments** and glasses and lenses in accordance with the applicable **benefit limits** as stated in the Table of Benefits.

11.1.3: Any invoice for expenses incurred by dental **treatment** and glasses and lenses shall be reported by submitting the receipted and itemised invoices provided with the **membership** number and claim form to **us**.

Art. 12 Exceptions to cover

12.1: The **insurance** shall not cover expenses incurred for any disease, illness or injury known to the **policyholder** and/or the dependant at the time of **application**, unless agreed upon with the **Company**.

12.2: Furthermore, the **Company** shall not be liable for any expenses which concern, are due to or are incurred as a result of:

a) non-medically essential or cosmetic **surgery** and **treatment**, **treatment** of keloid scars and/or scar revision, even if the scar is causing a functional problem,

b) **treatment** for, or required as a result of obesity,

c) any harmful or hazardous use of alcohol, drugs and/or medicines: **treatment** for or arising directly or indirectly, from the deliberate, reckless (including where the **customer** has displayed a blatant disregard for his/her personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and in any event, from the illegal use of any such substance,

d) contraception, including sterilisation,

e) induced abortion unless medically prescribed,

f) any kind of infertility test and/or **treatment**, including hormone **treatment**, insemination or examinations and any procedures related hereto, including expenses for pregnancy, pre- and postnatal **treatments** of the mother and the newborn child/children. An **application** must therefore be submitted for children born as a result of infertility **treatment** and/or born by a surrogate mother. The **application** will undergo the standard underwriting procedure, according to Art. 1.

g) sexual problems and gender issues: sexual problems, such as impotence, whatever the cause, or sex changes or gender re-assignments,

h) hospital stay when it is used solely or primarily for any of the following purposes: receiving general nursing care or any other services which do not require the **customer** to be in a hospital and could be provided in a nursing home or other establishment that is not at hospital; receiving services which would not normally require trained medical professionals (eg help in walking and bathing) and pain management,

i) **treatment** by naturopaths or homoeopaths and naturopathic or homoeopathic medications and other alternative methods of **treatment**, unless specified in the Table of Benefits,

j) health certificates,

k) **treatment** of diseases during military service,

l) **treatment** for sickness or injuries directly or indirectly caused by the **customer** putting him/herself in danger by entering a **known area of conflict** as listed below:

war, invasion, acts of a foreign enemy, hostilities (whether war has been declared or not), civil war, terrorist acts, rebellion, revolution, insurrection, civil commotion, military or usurped power, martial law, riots or the acts of any lawfully constituted authority, or army, naval or air services operations whether war has been declared or not,

m) nuclear reactions or radioactive fallout,

n) **treatment** performed by an **unrecognised medical practitioner, provider or facility**,

o) **treatment** or **surgery** to correct refractive errors in the eyesight (due to eg myopia, hyperopia/hypermotropia, astigmatism and presbyopia) such as laser **treatment**, refractive keratotomy and photorefractive keratectomy, clear lens extraction, or accommodative intraocular lenses,

p) any **experimental or unproven treatment**, including diagnostic investigation, testing or **treatment** (including medicine) which is experimental due to lack of **acceptable current clinical evidence**,

q) any **treatment** or medicine which is not proven to be effective based on **acceptable current clinical evidence**,

r) any of the following traditional Chinese medicines: cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American Ginseng; Radix Ginseng Silvestris; antelope horn powder; placenta hominis; Agaricus blazei murill; musk; and pearl powder, rhinoceros horn and substances from Asian Elephant, Sun Bear, and Tiger or other endangered species,

s) in-patient **treatment** for more than 90 continuous days for permanent neurological damage or when the **customer** is in a **persistent vegetative state**. This article only applies to **insurances** with an **original date of joining** on or after 1 January 2017.

t) Artificial Life Maintenance, including mechanical ventilation, when the patient is in a state of profound unconsciousness and/or with no sign of awareness or a functioning mind, where such **treatment** will not or is not expected to result in the **customer's** recovery or restore the **customer** to the **customer's** previous state of health. This means, eg cover is not provided when the **customer** is unable to feed and breathe independently and requires percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days. This article only applies to **insurances** with an **original**

date of joining on or after 1 January 2017.

u) any genetic testing, unless medically necessary

- as the result of the test will directly impact the **treatment** of an existing covered disease, or
- for prenatal testing due to suspicion of fetal abnormality.

Art. 13

How to report a claim

13.1: **We** want it to be simple for you to make a claim. **We** try to pay providers directly but sometimes this isn't possible.

13.2: Before **we** can pay a claim, **we** need to make sure that it is a valid claim. The claim form gives **us** the information that **we** need to check that your claim is valid. Please make sure that you complete the form. If not, **we** may have to ask for more information. This can take time and delay any payment. An incomplete claim form is the most common reason for delayed payments. You can:

- complete a claim form in MembersWorld, or
- contact **us** and **we** will send you one.

You must make a separate claim for each:

- member
- condition
- in-patient or day-patient stay, and
- currency of claim.

If you need **treatment** for more than six months, **we** can ask you to complete a new claim form.

13.2.1: **We** need to receive the completed form, with any invoices, receipts and prescriptions related to the claim. This must be within two years of receiving the **treatment**. **We** do not pay claims that **we** receive more than two years after **treatment** unless there is a good reason why you couldn't make the claim earlier.

13.3: **We** may ask for more information about your claim. For example:

- medical reports or other information about your **treatment**

- the results of any medical examination by a medical practitioner who **we** appointed and that **we** paid for.

If you don't give **us** the information **we** ask for, **we** may not be able to pay your claim.

13.4: **We** only pay for **treatment**:

- you have while you are on the policy
- up to the benefit levels that apply at the time you have it
- costs that are **reasonable and customary**.

We can't return original **documents** to you - for example invoices. However, when you make a claim, you can send **us** copies. If you do send an original **document**, **we** can send you a copy if you ask **us**.

13.5: If you are aged 18 or over, **we'll** explain to you how **we** have dealt with your claim. For dependants aged 17 and under, **we** will write to the **policyholder**.

13.6: Where possible, **we** follow the instructions in the 'Payment details' section of the claim form.

13.6.1: **We** only make payments to the:

- member who received the **treatment**
- provider of the **treatment**
- **policyholder**
- executor or administrator of the member's estate.

13.6.2: **We** pay a dependant only if:

- they received the **treatment**
- they are aged 18 or over, and
- **we** have their bank details.

We do not make payments to anyone else.

13.6.3: Payment method

We can:

- transfer payment to your bank account. This is quick and secure. However, **we** can send a payment only if **we** know details of where to send the payment, for example the full account

number, SWIFT code, bank address and (in Europe only) IBAN number.

- pay by cheque. You should cash a cheque within six months. If you have an out-of-date cheque, please contact **us** and **we** will replace it.

If your bank charges you for a transfer **we** make, **we** will try to refund this as well. **We** do not pay any other bank charges, for example currency exchange fees.

13.6.4: **We** will reimburse you in the currency:

- in which **we** receive the premium
- of the invoices you send **us**, or
- of your bank account.

Sometimes banking rules may not let **us** pay in the currency you would like. So, **we** will pay in the currency **we** receive the premium in. Very rarely, paying in a certain currency may be illegal or expose **us** (or the **Bupa Group**) to United Nations sanctions. If so:

- **we** may not be able to pay you immediately, or
- will pay you in a currency which **we** are allowed to and able to.

13.6.5: The exchange rate **we** use will be Reuters closing spot rate set at 16.00 UK time on the UK working day before the invoice date. If there is no invoice date, **we** will use your **treatment** date.

13.7: What do **we** do to detect and prevent fraud? **We** can check your details with:

- fraud prevention agencies
- other insurers, and
- other relevant third parties.

13.7.1: If you give **us** false or inaccurate information and **we** suspect fraud, **we** may record this with a fraud prevention agency. **We** and other organisations may also use these records to:

- help make decisions about cover for you and members of your plan

- help make decisions on other **insurance** proposals and claims for you and members of your plan/group
- trace debtors, recover debt, prevent fraud and to manage your **insurance** plans
- establish your identity
- undertake credit searches and other fraud searches.

13.8: If a claim on the policy is fraudulent in any way, **we** can:

- refuse to pay it and any later claim
- recover any payments **we** have already made for it and for any later claim.

13.8.1: If the **customer** makes a fraudulent claim, **we** can cancel the policy. This will be from the date of that claim.

13.8.2: If a dependant makes a fraudulent claim, **we** can cancel their cover. This will be from the date of that claim.

13.8.3: In either case **we** don't have to refund any premium already paid to **us**.
What is an example of a fraudulent claim?

- making a false or exaggerated claim
- giving **us** false information. For example forged, falsified or manipulated **documents**
- not giving **us** information which **we** need to assess a claim
- refusing to give **us** information which **we** have reasonably asked for to assess a claim. For example, medical history reports, proof of payment and original invoices.

Art. 14

Cover by third parties

14.1: You may need to claim for **treatment** that you need because someone else is at fault. An example would be if you were a victim in a car crash. You will need to complete the relevant section of the claim form. You will also need to take any reasonable steps **we** ask of you to help **us**:

- recover from the person at fault the cost of the **treatment** **we** paid for. This could be through their **insurance company**.

- claim interest if you are entitled to do so.

14.1.1: When **we** receive an itemised statement from another insurer and a copy of the invoices the **Company** will apply the amount reimbursed by that other insurer to write down the existing **deductible** and/or co-insurance on the **customer's Bupa Global health insurance** plan(s) if the reimbursed benefits would have been covered by **Bupa Global**.

In order to have the **deductible** written down with the amount covered by the local insurer, it is a requirement that the **deductible** has not already been used in connection with earlier claims. **Bupa Global** does not correct previous payments in order to assess expenses related to a local insurer.

14.1.2: In these circumstances, the **Company** will coordinate payments with other companies and the **Company** will not be liable for more than its rateable proportion.

14.1.3: If the claim is covered in whole or in part by any scheme, programme or similar, funded by any Government, the **Company** shall not be liable for the amount covered.

14.1.4: Where there is cover by another insurance policy or healthcare plan, **we** must be told when claiming payment, and the cover under this **insurance** will be secondary to any other insurance policy or healthcare plan.

14.2: **We** may make a claim in your name. You must give **us** any help **we** reasonably need to make that claim. For example:

- giving **us** any **documents** or witness statements
- signing court **documents**, and
- having a medical examination.

You must not:

- take any action
- settle any claim or
- do anything which has a negative effect on **our** right to claim in your name.

14.3: If you have other **insurance** for costs you have claimed from **us**, you must:

- tell **us** about this when you make a claim from **us**
- complete the appropriate section of the claim form.

We will only pay **our** share of the costs.

Art. 15 Payment of premium

15.1: Premiums are determined by the **Company** and shall be payable in advance. The **Company** adjusts the premiums once a year as from the **policy anniversary** on the basis of changes in the cover and/or the loss experience in the **insurance** class during the previous calendar year.

15.2: The premium is age-related and will therefore also be adjusted on the first **policy anniversary** after the **customer's** birthday.

15.3: The initial premium shall fall due on the **original date of joining**. The **policyholder** may choose between quarterly, semi-annual and annual payment.

15.4: Changes in the terms of payment can only be made at 30 days' notice by email, letter or phone prior to the **policy anniversary**.

15.5: The premium is due on the **due date** stated in the premium notice.

15.6: The **policyholder** shall be responsible for punctual payment of the premium to the **Company**. If the premium has not been received by the **Company** on the **due date**, the **Company's** liability shall cease.

15.7: The **policyholder's** attention is drawn to Art. 6.5 regarding payment of outstanding amounts.

15.8: Other charges, such as Insurance Premium Tax (IPT), or other taxes, levies or charges, depending on the laws of the **policyholder's country of residence** may apply. If they apply to the **policyholder's insurance** premium, they will be included within the total that has to be paid on the premium notice. The charges may apply each time when the premium payment is due, from the

original date of joining, the anniversary of the **original date of joining** or the date of registration of a new **customer** on the policy. The **policyholder** must pay these charges to **us** when paying the premiums or when adding a new **customer** to the policy, unless otherwise required by law.

Art. 16 Information necessary to the Company

16.1: The **policyholder** and/or the dependant shall be under the obligation to notify the **Company** by email, letter or phone of any changes of name or address, change in residency, and changes in health insurance cover with another company, including a consolidated company. The **policyholder** is required to immediately notify the **Company** if any of the **customers** become a permanent resident of the U.S., as described under Article 17.7. The **Company** must also be notified in the event of death of the **policyholder** or a dependant. The **Company** shall not be liable for the consequences if the **policyholder** and/or the dependant fails to notify the **Company** in such events.

16.2: The **policyholder** and/or the dependant shall also be under the obligation to provide the **Company** with all information reasonably required for the **Company's** handling of the **policyholder's** and/or the dependant's claims against the **Company**, including provision of original invoices upon request from the **Company**.

16.3: In addition, the **Company** shall be entitled to seek information about the **customer's** state of health and to contact any hospital or **specialist** who is treating or has been treating the **customer** for physical or mental illnesses or disorders. Furthermore, the **Company** shall be entitled to obtain any medical records or other written reports and statements concerning the **customer's** state of health.

16.4: The **Company** fully complies with applicable data protection legislation (see also Art. 21.1). Generally, **we** therefore cannot disclose any personal or sensitive information (eg. medical information) nor discuss cases with anyone not authorised by the **customer** in question. It is therefore recommended that the **customer** authorises any person he or she wants to share

information with. A third party authorisation form will be provided by the **Company** on request.

Art. 17 Assignment, cancellation, termination and expiry

17.1: Without the prior written consent of the **Company**, no party shall be entitled to create a charge on or assign the rights under the **insurance**.

17.2: The **insurance** is automatically renewed on each **policy anniversary**.

17.2.1: The **insurance** may be terminated by the **policyholder** with effect from 30 days' prior notice by email, letter or phone. The **insurance** shall be effective for 12 months as a minimum.

17.2.2: The **policyholder** can cancel the **insurance**, and that of any additional dependants covered under the **insurance**, within 28 days of receiving the first policy **documents**. Should the **policyholder** wish to cancel the **insurance** upon receipt of the first policy **documents**, the **policyholder** needs to do that in writing (by letter, fax or email) or by phone. The address and contact information can be found on the back page of this **membership** guide. If the **policyholder** or any additional dependants have not made any claims, the **Company** will refund any premium payment already paid.

17.3: Where upon taking out the **insurance** or subsequently, the **policyholder** and/or the dependant has fraudulently changed original **documents** or disclosed incorrect information or withheld facts which may be regarded as being of importance to the **Company**, the **insurance** contract shall be void and shall not be binding on the **Company**.

17.4: Where upon taking out the **insurance** or subsequently, the **policyholder** and/or the dependant has disclosed incorrect information, the **insurance** contract shall be void, and the **Company** shall not be liable if the **Company** would not have accepted the **insurance** if the correct information had been disclosed. If the **Company** would have accepted the **insurance** but on other terms, the **Company** shall be liable to the extent to which the **Company** would have undertaken the obligations in accordance with the

agreed premium.

17.4.1: In the event that the **insurance** contract is considered void, according to Art. 17.3 or Art 17.4, the **Company** shall be entitled to a service charge which is set as a specified percentage of the premium paid.

17.5: Where upon taking out the **insurance**, the **policyholder** and/or the dependant neither knew nor should have known that the information disclosed by him/her was incorrect, the **Company** shall be liable as if such incorrect information had not been disclosed.

17.6: The **Company** can stop or suspend an **insurance** product at three months' notice prior to the **policy anniversary**, and offer the **customer** an equivalent **insurance** cover.

17.7: The **policyholder** is required to immediately notify the **Company** by email, letter or phone if any of the **customers** become a permanent resident of the U.S., failing which the **Company** may terminate the **insurance** with immediate effect or (where permitted to continue the **insurance** until such date) with effect from the **policy anniversary**. The **Company** may terminate the **insurance** with immediate effect or (where permitted to continue the **insurance** until such date) with effect from the **policy anniversary**, if the law of the country in which the **customer** is located, or the **customer's country of residence** or nationality, or any other law which applies to the **Company** or this **insurance**, prohibits the provision of healthcare cover by the **Company** to local nationals, residents or citizens.

Without limitation to the foregoing, the **insurance** shall not be renewed at the next **policy anniversary** if the **policyholder** becomes a permanent resident of the U.S., and, if a **customer** who is not the **policyholder** becomes a resident of the U.S., their cover under the **insurance** shall not be renewed at the next **policy anniversary**. 'Permanent resident' shall mean a person residing in the U.S. who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in the U.S., and 'U.S.' shall include the Commonwealth of Puerto Rico for this purpose.

This Art. 17.7 only applies to **insurances** with an **original date of joining** after 31 December 2015.

17.8: Sanction clause

The **Company** will not provide cover nor pay claims under this **insurance** policy if the **Company's** obligations (or the obligations of the **Company's** group companies and administrators) under the laws of any relevant jurisdiction, including UK, European Union, the United States of America, or international law, prevent the **Company** from doing so. The **Company** will normally tell the **policyholder** if this is the case unless this would be unlawful or would compromise the **Company's** reasonable security measures. This **insurance** policy does not provide cover to the extent that such cover would expose the **Company** (or the **Company's** group companies and administrators) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, UK or United States of America, or under other relevant international law. This Art. 17.8 only applies to **insurances** with an **original date of joining** on or after 1 January 2016.

17.9: The **Company's** liability in connection with the **insurance**, including liability for payment for medical expenses for ongoing **treatment**, after-effects or consequential damages in connection with an injury or illness incurred or treated during the **insurance** period, shall automatically cease upon expiry, cancellation or termination of the **insurance**.

Accordingly, upon expiry, cancellation or termination of the **insurance**, a **customer's** right to claim payment shall cease. Claims for payment of medical expenses incurred during the **insurance** period must be filed within six months of the date of expiry, cancellation or termination of the **insurance** in order to be eligible for payment.

Art. 18 Complaints

18.1: How can I make a complaint?

- call **us**: +852 2531 8503
- email: service.hk@bupaglobal.com
- write to: Bupa (Asia) Ltd, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong.

You can also ask for a copy of **our** complaints process.

18.2: Taking it further

If **we** can't settle your complaint, you may be able to refer it to the Insurance Claims Complaints Bureau:

- write to: The Insurance Claims Complaints Bureau, 29/F, Sunshine Plaza, 353 Lockhart Road, Wanchai, Hong Kong
- call them: 2520 1868
- email: iccb@iccb.org.hk

For more details go to: www.iccb.org.hk

Art. 19 Applicable law

19.1: The policy is governed by the laws of Hong Kong. Any dispute that cannot otherwise be resolved will be dealt with by courts in Hong Kong. If any dispute arises as to the interpretation of this **document**, then the English version of this **document** shall be deemed to be conclusive and taking precedence over any other language version of this **document**.

Art. 20 No Third Parties Rights

20.1: Any person or entity who is not the **policyholder** under this **insurance** shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Chapter 623, Laws of Hong Kong) to enforce any terms of this **insurance**.

Art. 21 Confidentiality

21.1: The confidentiality of patient and **customer** information is of paramount concern to the companies in the **Bupa Group**. To this end, **Bupa Global** fully complies with applicable data protection legislation and medical confidentiality guidelines. Please see the **Bupa Global** Privacy Notice above the glossary section.

Privacy notice

Bupa (Asia) Limited (the "**Company**")

Personal Information Collection Statement ("Statement") relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

In compliance with the Ordinance, the **Company** would like to inform you of the following:

1. From time to time, it is necessary for you, or other members covered under your policy (each a "Member"), to supply the **Company** with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for **insurance** or financial products and services from the **Company**, or when you apply to make changes to your policy, or when you renew a policy.

2. Failure to supply personal information requested by the **Company** may result in the **Company** being unable to process your **Application** and/or provide products, services and other related services to you, or the Member.

3. During the course of your relationship with the **Company**, further personal information relating to you, or the Member, may also be collected in the ordinary course of **our** business, for example, when you lodge **insurance** claims with the **Company** in relation to yourself or the Member.

4. The **Company** may collect, use or disclose personal information relating to you, or the Member, for the following purposes:

a) processing, assessing and determining any **Applications** for **insurance** products and services;

b) offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of **insurance** benefits or insured Members;

c) any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the **Company** including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any **application** or claim) processing, assessing, determining, settling or responding to such claims;

d) performing any functions and activities related to the products and/or services provided by the **Company** including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements;

e) provision and design of products and services of the **Company**;

f) exercising the **Company's** rights in connection with provision of **insurance** products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;

g) communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Statement;

h) enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the **Company's** rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and

i) making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the **Company**.

5. Personal information collected or held by the **Company** relating to you, or the Member, will be kept confidential but the **Company** may transfer such personal information inside or outside the Hong Kong Special Administrative Region, for the purposes specified in paragraph (4) and (6) to the

following classes of transferees:

a) the **Company's** group companies ("Group **Company**");

b) any **insurance** adjusters, agents and brokers;

c) any re-**insurance** companies authorised by the **Company**;

d) employers (for members of corporate policy only);

e) healthcare professionals and hospitals;

f) any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the **Company** in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other **insurance** companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the **insurance** industry; the police and databases or registers (and their operators) used by the **insurance** industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);

g) any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the **Company's** rights or business; and

h) any person to whom the **Company** is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the **Company** including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.

6. Only with your consent or with your indication of no objection, the **Company** may use your personal information collected from time to time, including name, contact details, gender, health and family status, to provide you with marketing communications (including by email, SMS or instant messenger) relating to the following products and services:

a) **Insurance**, medical, healthcare, wellness, personal development, beauty, lifestyle, entertainment, financial, and related services and products;

b) rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products; and

c) donations and contributions for charitable and/or non-profit making purposes.

The **Company** will not disclose personal information relating to you, to third parties for them to use for their own direct marketing purposes without your consent.

For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 6, the **Company** may still communicate with you regarding the administration, features and **renewal** of your **insurance** policy.

7. Under and in accordance with the terms of the Ordinance, you have the following rights:

a) to check whether the **Company** holds personal information relating to you or the Member and to access such personal information;

b) to require the **Company** to correct any personal information relating to you or the Member which is inaccurate;

c) to ascertain **our** policies and practices in relation to personal data and to be informed of the kind of personal data held by the **Company**, and

d) to request the **Company** to cease using your personal information for direct marketing purposes.

Requests can be made in writing to the **Company's** Data Protection Officer at the following address:

Data Protection Officer
6/F, Tower 2, The Quayside,
77 Hoi Bun Road, Kwun Tong, Kowloon,
Hong Kong

8. In accordance with the terms of the Ordinance, the **Company** has the right to charge a reasonable fee for the processing of any personal information access or correction request.

9. For any enquiries about this Statement, please do not hesitate to contact **our** Customer Service Team at +852 2531 8503.

10. Nothing in this Statement shall limit the rights of **customers** under the Ordinance.

11. In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail.

Glossary

This Glossary with definitions is part of the **Terms and Conditions**.

Defined term	Description
Acceptable current clinical evidence:	International medical and scientific evidence which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people and clinical trials which are not registered.
Active treatment for cancer	Active treatment for cancer is chemotherapy, radiotherapy and immunotherapy.
Acute serious illness:	An “ acute serious illness ” shall be determined to exist only after review and agreement by both the attending specialist and the Company’s medical consultant.
Advanced therapy medicinal products (ATMPs)	Treatments that are based on genes, tissues or cells, for example Chimeric Antigen Receptor (CAR) T-cell treatment .
Appliances:	Durable medical equipment that: ○ can be used more than once ○ is not disposable ○ is used to serve a medical purpose ○ is not used in the absence of a disease, illness or injury ○ is fit for use in the home.
Applicant:	A person named on the Application Form and the Medical Questionnaire as an applicant for insurance .
Application:	The Application Form and Medical Questionnaire.
Benefit limits:	The maximum amount of money which will be paid by way of payment of medical expenses as further detailed in the Table of Benefits.
Bupa Global:	Bupa (Asia) Limited (a limited liability company incorporated in Hong Kong, company number 103048, registered office at 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong) – the sole insurer of this insurance plan.

Defined term	Description
Bupa Group	Bupa Global , Bupa Insurance Services Limited and all other companies in the Bupa Group , and those companies which provide any administration of this policy on behalf of Bupa Global .
Company , the (incl. we/us/our)	Bupa (Asia) Limited
Country of residence:	The country where the customer is living/spending most of his/her time. This should be the country in which the relevant authorities (such as tax authorities) will consider the customer to be resident for the duration of the insurance .
Customer:	The policyholder and/or all other insured persons as listed in the valid insurance certificate .
Deductible:	The total amount of money noted in the insurance certificate which each customer agrees to pay each policy year before being reimbursed by the Company .
Documents:	Any written information related to the insurance including invoices, insurance certificates and the like.
Due date:	Date on which a premium is due to be paid.
End date:	The date indicated on the insurance certificate that the policy is renewed, marking the end of the insurance period but not the end of the insurance cover.

Defined term	Description
Experimental or unproven treatment:	Clinical tests, treatments , equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy. This includes: ○ any test, treatment, equipment, medicine, device or procedure that is not considered to be in standard clinical use but is (or should, in Bupa’s reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy. ○ any tests, treatment, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by Bupa Global in line with its criteria for standard clinical use. Standard clinical use includes: ○ treatment agreed to be “best” or “good practice” in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved though the UK Cancer Drugs Fund), Royal Colleges or equivalent national specialist bodies in the country of treatment; ○ the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or Bupa’s in-house Clinical Effectiveness team) indicate that the treatment is safe and effective; ○ where the treatment has received full regulatory approval by the licensing authority (e.g. U.S. Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency) in the

	location where the customer has requested treatment , and is duly licensed for the condition and patient population being requested (please note – full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or ○ tests, treatments, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which treatment is requested. Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not considered appropriate evidence to demonstrate a test, treatment , equipment, medicine, device or procedure should be used in standard clinical use. Where licensing authority approval to market tests, treatment , equipment, medicines, devices or procedures does not, in Bupa’s reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.
Family members:	Persons of a family relationship (related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
Hospital accommodation:	Coverage of a room that is no more expensive than the hospital’s standard single room with a private bathroom. Charges for the customer’s standard meals and refreshments are also covered. The charges will be paid for the length of stay that is medically appropriate for the procedure the customer is admitted for and any accompanying relative (if covered under the insurance plan).

Defined term	Description
Hospital cash benefit:	This benefit is paid instead of any other benefit for each night you receive eligible in-patient treatment without charge or at a minor admission/service fee at a public hospital. To claim this benefit, the customer needs to ask the hospital to sign and stamp a letter or claim form stating that the customer was treated with no charge or at a minor admission/service fee.
Hospitalisation:	Surgery or medical treatment in a hospital or clinic as an in-patient when it is medically necessary to occupy a bed overnight.
Insurance certificate:	Policy details showing the type of insurance purchased, deductible and any special terms .
Insurance:	The Terms and Conditions and insurance certificate representing the insurance contract with the Company and setting out the scope of the insurance terms, the premium payable, deductible and benefit limits .
Known area of conflict:	Known area of conflict is a country or part of a country, which the customer's resident country's Foreign Ministry classify in the red category (or equivalent category) and warns its people not to go. If in doubt, the advice of the UK government's website prevails.
Membership:	Your insurance with Bupa Global .
Mental health treatment:	Treatment of mental conditions, including eating disorders.
Original date of joining:	The date on which the insurance commences, unless otherwise stated in the terms and conditions .
Out-patient:	Treatment provided at a hospital, out-patient clinic or associated facility where it is not medically necessary to occupy a bed overnight.

Defined term	Description
Persistent vegetative state	○ state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and ○ the person does not respond to stimuli such as calling their name, or touching. The state must have remained for at least four weeks with no sign of improvement, when all resasonable attempts have been made to alleviate this condition.
Policy anniversary:	Each anniversary of the date the policyholder joined the insurance .
Policyholder:	The person identified as the policyholder on the Application Form .
Pre-existing condition:	The medical history, including the illnesses and conditions listed in the Medical Questionnaire or declared in your application ., which may affect the Company's decision to insure or not to insure or to impose special terms
Psychologist and psychotherapist:	A person who is legally qualified and is permitted to practice as such in the country where the treatment is received.
Reasonable and Customary	The 'usual', or 'accepted standard' amount payable for a specific healthcare treatment , procedure or service in a particular geographical region, and provided by benefit providers of comparable quality and experience. These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by our experience of usual, and most common, charges in that region.
Recognised mental health providers:	Psychiatrist, psychologist and psychotherapist .
Renewal:	The automatic renewal of the insurance as per the policy anniversary .

Defined term	Description
Serious injury:	A " serious injury " shall be determined to exist only after review and agreement by both the attending specialist and the Company's medical consultant.
Special terms:	Restrictions, limitations or conditions applied to the Company's standard terms as detailed in the insurance certificate .
Specialist:	A surgeon, anaesthetist or physician who: ○ is legally qualified to practise medicine or surgery following attendance at a recognised medical school, and ○ is recognised by the relevant authorities in the country in which the treatment is received as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated. By 'recognised medical school' we mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.
Standard terms:	The Company's standard insurance terms with no special restrictions, limitations or conditions.
Start date:	The date indicated on the insurance certificate on which the insurance period starts.
Subrogation:	The insurer's right to enforce a remedy which the customer has against a third party and the insurer's right to require the customer to repay the insurer if the insurer has paid expenses recouped by the customer from a third party.
Surgery:	A medical procedure that involves the use of instruments or equipment which are inserted into the body.
Terminal phase:	When the advent of death is highly probable and medical opinion has rejected active therapy in favour of the relief of symptoms and support of both patient and family. This decision must be confirmed by the Company's medical consultants.

Defined term	Description
Terms and Conditions:	The terms and conditions of the insurance purchased.
Treatment:	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.
Unrecognised medical practitioner, provider or facility:	An unrecognised medical practitioner, provider or facility includes: ○ treatment provided by a medical practitioner, provider or facility 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 by any medical practitioner, provider or in any facility to whom we have sent a written notice that we no longer recognise them for the purposes of our plans. ○ treatment provided by the customer, any family members or anyone with the same residence as the customer, or an enterprise owned by one of the above mentioned persons An updated list of unrecognised medical providers can be downloaded as a pdf file here: www.bupaglobal.com/en/facilities/finder
Waiting period:	A period of time from the original date of joining where the insurance provides no cover unless as per specification in Art. 3.

