Insured and locally administered by

Internationally administered by

LIFELINE

From 1 January 2014

Insured and locally administered by

Internationally administered by

YOUR MEMBERSHIP PACK

This document is made up of three booklets; please keep it in a safe place. We may send you amended versions when your plan renews if we make any changes. You can download updated versions at any time from the MembersWorld website or contact us to request a new copy.

CONTENTS

1. QUICK REFERENCE GUIDE

This booklet contains a summary of all your important contact information; the sort of information you are likely to use on a regular basis.

2. HOW TO USE YOUR PLAN

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

3. TABLE OF BENEFITS

This booklet talks about your cover in detail, including; what is covered, what is not covered and details of USA cover (if applicable).

Sales enquiries:
Oman Insurance Company
+(971) 800 4746
health@tameen.ae

Registered in accordance with
UAE Federal Law No. 6, 2007
(Registration No. 9)

General services:
Inside UAE:
800 0444 0492
Outside UAE:
+44 (0) 1273 323 563
Medical related enquiries:
+44 (0) 1273 333 911
Your calls may be recorded or monitored.

Bupa Global
Victory House
Trafalgar Place
Brighton
BN1 4FY
United Kingdom

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

bupa-intl.com

UAE-GENE-QREF-1407.1

WHAT YOU NEED, THE WAY YOU NEED IT

1. Quick Reference Guide

This booklet summarises all of your important contact information.

Insured and locally administered by

Internationally administered by

IMPORTANT MEMBERSHIP DOCUMENTS

The 'How to use **your** plan' and 'Table of benefits' booklets must be read alongside **your** Membership Certificate and **your** application for cover, as together they set out the terms and conditions of **your** membership and form **your** plan documentation.

HOW TO USE YOUR PLAN

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

TABLE OF BENEFITS

This booklet talks about **your** cover in full detail, including; what is covered, what is not covered and details of USA cover (if **you** have included this on **your** plan).

QUICK REFERENCE GUIDE

This booklet contains a summary of all **your** important contact information; the sort of information **you** are likely to use on a regular basis.

YOUR WEBSITE MEMBERSWORLD

To make your life easier and save you time and hassle, MembersWorld is an exclusive and secure members website. You can log on to MembersWorld from anywhere in the world to manage your cover and access a comprehensive library of information and expert advice.

Some of the benefits waiting for you online:

- you can check cover and pre-authorise in-patient and day-case treatment
- no need to carry documents around with you - access your documents 24 hours a day anywhere in the world
- know exactly when new documents are ready by signing up to receive SMS text alerts
- purchased your policy via a broker? You can now allow them access to view your policy information (except claim related documents)
- specify a preferred address for claim reimbursements - useful if you have multiple addresses or are travelling
- if you want a second medical opinion, simply complete the online form and one of our third party medical consultants will be in contact with you
- Webchat - instant access, 24 hours a day, to our experienced advisers, who will be able to chat with you in real time, wherever you are and whatever your needs

There are many more benefits online; log in to see for yourself - it's just six easy steps.

START

ONE

Select 'register now'

TWO

Enter your membership number and personal details

THREE

Choose your login name (please note: login and password are case sensitive)

FOUR

Choose your password

FIVE

Choose a security question

SIX

Click on 'submit your details'

FINISH

That's it...
You're registered!

CONTACT US

OPEN 24 HOURS A DAY, 365 DAYS A YEAR

GENERAL ENQUIRIES - OMAN INSURANCE COMPANY

email: health@tameen.ae*
web: www.tameen.ae
tel: +(971) 4 233 7777
tel: +(971) 4 233 7775

GENERAL ENQUIRIES - BUPA GLOBAL

Your Bupa Global customer services helpline

- you can check cover and pre-authorise in-patient and day-case treatment when outside of the UAE
- you can check cover for eligibility when inside the UAE
- membership and payment queries

tel inside UAE: 800 0444 0492
tel outside UAE: +44 (0) 1273 323 563
fax: +44 (0) 1273 820 517

CORRESPONDENCE

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

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

FURTHER HELP

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

* 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.

HEALTHLINE +44 (0) 1273 333 911

SOME OF THE SERVICES THAT MAY BE OFFERED BY OUR TELEPHONE ADVICE LINE

- Check cover and pre-authorise treatment
- General medical information and advice from a health professional
- Find local medical facilities
- Medical referrals to a physician or hospital
- Medical service referral (ie locating a physician) and assistance arranging appointments
- Inoculation and visa requirements information
- Emergency message transmission
- Interpreter and embassy referral

PRE-AUTHORISATION FAX:
+44 (0) 1273 866 301

HOW IT WORKS FOR YOU

PLEASE REMEMBER TO PRE-AUTHORISE YOUR TREATMENT

If we pre-authorise your treatment, this means that we will pay up to the limits of your plan provided that all the following requirements are met: the treatment is eligible treatment that is covered by your plan, you have an active membership at the time that treatment takes place, your subscriptions are paid up to date, the treatment carried out matches the treatment authorised, you have provided a full disclosure of the condition and treatment required, you have enough benefit entitlement to cover the cost of the treatment, your condition is not a pre-existing condition, the treatment is medically necessary, and the treatment takes place within 31 days after pre-authorisation is given. Please check the 'How to use your plan' book for more details.

CALL: **+44 (0) 1273 333 911**

FAX: **+44 (0) 1273 866 301**

Or via our secure MembersWorld website.

Important rules: please note that pre-authorisation is only valid if all the details of the authorised treatment, including dates and locations, match those of the treatment received. If there is a change in the treatment required, if you need to have further treatment, or if any other details change, then you or your consultant must contact us to pre-authorise this separately. We make our decision to approve your treatment based on the information given to us. We reserve the right to withdraw our decision if additional information is withheld or not given to us at the time the decision is being made.

This is a summary. Please ensure you read the full details in the 'How to use your plan' and 'Table of benefits' booklets, and your Membership Certificate, included in your membership pack.

HOW TO CLAIM

Contact our customer service helpline: from inside UAE: 800 0444 0492;
outside UAE: +44 (0) 1273 323 563
or info@bupa-intl.com

Direct Settlement	Pay and Claim
We will send pre-authorisation to you or to your hospital/clinic	We confirm your cover and benefit limits
Complete and sign the blank sections of the statement including the patient declaration. The hospital/clinic will attach invoices and send the claim to us	Your medical practitioner should complete the medical information section of the claim form. You should complete all other sections, attach invoices and send the claim to us
We pay hospital/clinic	We pay you

We send your claim payment statement to you

You settle any shortfall with hospital, clinic or doctor

This is a summary. Please ensure you read the full details in the 'How to use your plan' and 'Table of benefits' booklets, and your Membership Certificate, included in your membership pack.

MAKING A COMPLAINT

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

If you have any comments or complaints, you can call us on: Inside the UAE: toll-free number 800 823 2872 or Outside the UAE: +44 (0) 1273 323 563 24 hours a day, 365 days a year.

This is a summary. Please ensure you read the full details in the 'How to use your plan' and 'Table of benefits' booklets, and your Membership Certificate, included in your membership pack.

Sales enquiries:
Contact Oman Insurance Company:
+(971) 4233 7777
health@tameen.ae

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

Bupa Global
Victory House
Trafalgar Place
Brighton
BN1 4FY
United Kingdom

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

bupa-intl.com

UAE-LIFE-MEMB-1407.1

LIFELINE

2. How to use your plan

This booklet explains the terms and conditions of the Lifeline Plan. Detailed information such as pre-authorising treatment, making a claim and moving country can be found in this booklet.

Insured and locally administered by

Internationally administered by

WELCOME

Please keep **your** booklet in a safe place. If **you** need another copy, **you** can call +44 (0) 1273 323 563 or view and print it online at: www.bupa-intl.com/membersworld

Your International Lifeline plan is administered by **Bupa Global** on behalf of **Oman Insurance Company** (**OIC**), **your** insurer. **You** can contact **your** insurer by writing to:

Oman Insurance Company (P.S.C)
Health Department
PO Box 5209
Dubai, UAE

Tel: +(971) 4 233 7777
Fax +(971) 4 233 7775
Email*: health@tameen.ae
Or visit **our** website: www.tameen.ae

Bold words

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

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

IMPORTANT MEMBERSHIP DOCUMENTS

The 'How to use **your** plan' and 'Table of benefits' booklets must be read alongside **your** membership certificate and **your** application for cover, as together they set out the terms and conditions of **your** membership and form **your** plan documentation.

HOW TO USE YOUR PLAN

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

TABLE OF BENEFITS

This booklet talks about **your** cover in full detail, including; what is covered, what is not covered and details of USA cover (if **you** have included this on **your** plan).

QUICK REFERENCE GUIDE

This booklet contains a summary of all **your** important contact information; the sort of information **you** are likely to use on a regular basis.

CONTENTS

5 **Your** Lifeline Plan in the UAE

6 How to use **your OIC Network** Access card in the UAE

9 How to use **your Bupa Global** membership card

11 About your membership

12 Pre-authorisation

14 Making a claim

18 Assistance cover

21 Annual deductibles

23 Paying subscriptions and other charges

25 Your membership

31 Making a complaint

32 Glossary

36 Medical words and phrases

YOUR LIFELINE PLAN IN THE UNITED ARAB EMIRATES (UAE)

Oman Insurance Company (**OIC**) has a **network** over 1,200 healthcare providers in the UAE (excluding Abu Dhabi*), and **Bupa Global** has expertise in health insurance administration all over the world. This collaboration between the two companies ensures that members get full access to medical **treatment** throughout the UAE.

Accessing **OIC's network** of healthcare providers enables **you** to receive direct settlement when receiving eligible **treatment** at one of the providers in the **OIC network**.

*Due to regulations, **you** must pay and claim for all **treatment** in Abu Dhabi. If **you** reside or work in Abu Dhabi and require **treatment** there, please contact **Bupa Global** Customer Services first on: +44 (0) 1273 323 563

Who is eligible?

You will have access to direct settlement for eligible in-patient and **day-case treatment** in the **OIC network** of providers in the UAE if **you** are covered under one of the following International Lifeline plans:

- Lifeline Essential
- Lifeline Classic
- Lifeline Gold

How do I get access?

You need to complete the UAE Local **Network** Access Request form in **your** welcome pack and return it to **Bupa Global**. **You** will then be sent an **OIC Network** Access card that enables **you** access to and direct settlement for eligible **treatment** at the **OIC network** of **hospitals** and providers in the UAE.

What next?

Once **you** receive **your OIC Network** Access card, please read the 'How to use **your OIC Network** Access card in the UAE' section. For **treatment** outside of the UAE, read the 'How to use **your Bupa Global** membership card' section.

If **you** are not eligible for, or choose not to apply for an **OIC Network** Access card, please read the 'How to use **your Bupa Global** membership card' section for all **treatment**.

HOW TO USE YOUR OIC NETWORK ACCESS CARD IN THE UAE

This section and all information in dark blue in this booklet provides information on how to use **your OIC Network** Access card in the UAE.

Claims for **treatment** received within **OIC Network** in the UAE will be managed by **OIC**, whilst claims for **treatment** received outside the UAE will be managed by **Bupa Global**.

Please note, **you** should only use **your OIC Network** Access card in the UAE. If **you** are travelling outside of the UAE, please read 'How to use **your Bupa Global** membership card' section for details on how to use **your Bupa Global** membership card.

Membership Cards

For treatment in the UAE

When **you** have completed and returned **your** UAE Local **Network** Access Request form, **you** will receive an **OIC Network** Access card. When **you** receive **treatment** anywhere within the UAE, **you** should present this card.

If **you** lose **your OIC Network** Access card or **you** forget to bring it with **you** when **you** receive **treatment** in the UAE, then the **treatment** provider may not agree to direct settlement of **your** claim. However, provided **your treatment** is covered, **you** can still pay the **treatment** provider and then claim with an **OIC** reimbursement claim form. Please read 'How to Claim' below for further details.

For treatment outside the UAE

You should present the **Bupa Global** membership card that **you** received when **you** joined the plan when **you** receive **treatment** outside the UAE. This card includes **your** name and membership number. If **you** lose either of **your** membership cards then please contact **us** immediately. For details on how to claim in the UAE, read 'Making a claim' further on in this section. For details on how to claim outside the UAE, read the 'Making a claim' section further on in this booklet.

Returning your OIC Network Access card

You must return **your OIC Network** Access card in the following situations:

- if **your** residency is changed to an address outside the UAE
- if **your** level of cover changes
- if **your** membership ends

Please also read 'Ending **your** membership' in the 'Your membership' section.

Getting treatment in the UAE

Through this International Lifeline Plan and **OIC Network** Access card **you** will have access to **OIC's network** of over 1,200 UAE healthcare providers, including **hospitals**, clinics, laboratories and pharmacies. This is the UAE provider **network**, which is continually being developed to offer **you** access to appropriate healthcare. If **you** receive **in-patient treatment** at a UAE **network** provider using **your OIC Network** Access card, **your** medical provider will pre-authorise **your treatment** with **OIC** and submit their bill for any eligible **treatment** to **OIC** for payment.

Please read the following section, which lists the 'pay and claim' benefits. 'Pay and claim' means **you** must pay for the eligible **treatment** and then submit a claim for reimbursement to **OIC** for **treatment** in the UAE (or to **Bupa Global** for **treatment** outside the UAE). Please see 'Making a claim' below for further details.

Direct settlement is limited to eligible **in-patient treatment** only. If **you** receive **out-patient treatment**, **you** will be asked to 'pay and claim'. In addition, some further benefits are excluded from direct settlement within the **OIC Network** and for these benefits, **you** will be asked to 'pay and claim'.

Pre-authorisation

We want to make paying for **your treatment** as easy as possible. After all, when **you** aren't feeling well, the last thing **you** need is to have to worry about form filling and paying bills. Pre-authorisation by **your** in-**network** healthcare provider can take all of that stress away from **you**. **We** then pay **your** healthcare provider directly (direct settlement) and **you** do not need to be troubled. In-patient and **day-case treatment** must be pre-authorised.

We will not be able to pre-authorise **your treatment** if it is not covered. Please contact **Bupa Global** on +44 (0) 1273 333 911 if **you** are unclear about why **we** could not pre-authorise **your treatment**.

How does it work?

- Make sure **you** have **your OIC Network** Access card with **you** when **you** go for **treatment**, otherwise **you** may have to pay yourself and submit a claim for reimbursement.
- Give **your** card to **your** in-**network** healthcare provider or pharmacist when **you** arrive.
- The information needed is on the card. When necessary they will contact **OIC** directly for pre-authorisation.
- **OIC** will confirm whether the **treatment you** are having is covered and that **your** membership is in order, issue a pre-authorisation and arrange for direct settlement wherever possible.
- If **your** cover does not include direct settlement for the **treatment you** need, or **your treatment** is with a non-**network** provider, **you** will be asked to pay yourself and submit a claim for reimbursement. Please see below for details as to how to do this.

Making a claim

Direct settlement

If **your treatment** is eligible for direct settlement **you** will not need to submit a claim.

Instead, **your** healthcare providers will submit the claim and **we** will settle the bills directly with them on **your** behalf.

If you need to make a claim

If **you** have received any **treatment** marked 'pay and claim', or have received **out-patient treatment you** will need to make a claim. **OIC** reimbursement claim forms are available on request from **OIC**, and are also available from providers.

If **you** need to submit a claim, this should be sent to the following address:

Bupa Global Claims Administration
Oman Insurance Company (P.S.C)
Health Department
PO Box 5209
Dubai
UAE

HOW TO USE YOUR OIC NETWORK ACCESS CARD IN THE UAE

Direct settlement is not available for **out-patient treatment**.

THE FOLLOWING BENEFITS ARE ONLY 'PAY AND CLAIM':
Out-patient **surgical operations**
Wellness — mammogram, PAP test, prostate cancer screening or colon cancer screening (after one year's membership)
Costs for **treatment** by **therapists** and **complementary medicine practitioners**.
Consultants' and **psychologists'** fees for **psychiatric treatment**
Pathology, X-rays and **diagnostic tests**
Consultants' fees for consultations
Family doctor treatment
Prescribed drugs and dressings
Accident-related dental **treatment**
HIV/AIDS drug therapy including ART (after five years' membership)
Home nursing after **in-patient treatment**

HOW TO USE YOUR BUPA GLOBAL MEMBERSHIP CARD

Step 1: Where to get treatment

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

Participating hospitals

To help **you** find a facility, **we** have also developed a global **network** of over 7,500 medical centres, called participating **hospitals** and clinics. The list is updated regularly, so please visit www.bupa-intl.com for the latest information. **We** can normally arrange direct settlement with these facilities (see Step 3 below).

Getting treatment in the USA

You must call **our Service Partner** on 800 554 9299 (from inside the US), or +1 800 554 9299 (from outside the US) to arrange any **treatment** in the USA.

Step 2: Contact us

If **you** know that **you** may need **treatment**, please contact **us** first. This gives **us** the chance to check **your** cover, and to make sure that **we** can give **you** the support of **our** global **networks**, **our** knowledge and **our** experience.

Pre-authorising in-patient treatment and day-case treatment

You must contact **us** whenever possible before **in-patient treatment** or **day-case treatment**, for pre-authorisation. This means that **we** can confirm to **you** and to **your hospital** that **your treatment** will be covered under **your** plan.

Pre-authorisation puts **us** directly in touch with **your hospital**, so that **we** can look after the details while **you** concentrate on getting well. The 'Pre-authorisation' section contains all of the rules and information about this.

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

- what condition are **you** suffering from?
- when did **your** symptoms first begin?
- when did **you** first see **your family doctor** about them?
- what **treatment** has been recommended?
- on what date will **you** receive the **treatment**?
- what is the name of **your consultant**?
- where will **your** proposed **treatment** take place?
- how long will **you** need to stay in **hospital**?

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

Step 3: Making a claim

Please read the 'Making a claim' section for full details of how to claim. Here are some guidelines and useful things to remember.

What to send

We must receive a fully completed claim form and the original invoices for **your treatment**, within six months of the **treatment** date.

If this is not possible, please write to **us** with the details and **we** will see if an exception can be made.

Your claim form

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

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

How we make payments

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

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

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

Tracking a claim

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

Confirmation of your claim

When **your** claim has been assessed and paid, **we** will send a statement to **you** to confirm when and how it was paid, and who received the payment. Again, please contact **us** if **you** have any questions about this information. If you subscribe to our secure MembersWorld website, you can view your documents online, upload your claims and view your claims statement.

ABOUT YOUR MEMBERSHIP

Oman Insurance Company is working together with **Bupa Global** to bring **you** the International Lifeline Plan, which is **insured** by **Oman Insurance Company**, and administered by **Bupa Global**.

This booklet forms part of **your** contract with **us,** along with **your** application form and **your** membership certificate. This is an annual contract.

The agreement between you and us

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

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

The following must be read together as they set out the terms and conditions of **your** membership:

- **you**, the **principal member's** application for cover: this includes any quote request, applications for cover for **you** and **your dependants** (if any) and the declarations that **you**, the **principal member** made during the application process
- **your** rules and benefits in the 'How to use **your** plan' booklet and 'Table of benefits' booklet within **your** membership pack
- **your** membership certificate

The full name of **your** insurer is shown on **your** membership certificate.

When your cover starts

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

If you move to a new country or change your specified country of nationality

You, the **principal member** must tell **us** straight away if **your specified country of residence** or **your specified country of nationality** changes. **Your** new country may have different regulations about health insurance. **You**, the **principal member** need to tell **us** of any change so that **we** can make sure that **you** have the right cover.

PRE-AUTHORISATION

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

What pre-authorisation means

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

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

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

Treatment we can pre-authorise

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

Direct settlement/pay and claim

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

We aim to arrange direct settlement with them, wherever possible. Please note: as limits apply to **out-patient treatment we** cannot guarantee payment on any remaining outstanding claims that have not already been processed for the same membership period.

Direct settlement is easier for **us** to arrange if **you** pre-authorise **your treatment** first, or if **you** use a participating **hospital** or clinic.

Length of stay (in-patient treatment)

Your pre-authorisation will specify an approved length of stay for **in-patient treatment**. This is the number of nights in **hospital** that **we** will cover **you** for. If **your treatment** will take longer than this approved length of stay, then **you** or **your consultant** must contact **us** for an extension to the pre-authorisation.

Treatment in the USA

All **in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans in the USA must be pre-authorised. If **you** are going to receive any of these **treatments**, ask **your** medical provider to contact **Bupa Global** for pre-authorisation. All the information they need is on **your** membership card.

We have made special arrangements if you need to have **treatment** or be hospitalised or visit a doctor in the USA**.** These include access to a select **network** of quality medical providers and direct settlement of all covered expenses when **you** receive **treatment** in a **network hospital**.

Treatment which has not been pre-authorised

If **you** choose not to get **your treatment** in the USA pre-authorised, **we** will only pay 50 percent towards the cost of covered **treatment**.

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

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

Out of network treatment

If **your treatment** in the USA has been pre-authorised, but **you** choose not to go to a **network hospital**, **we** will only pay 80 percent towards the cost of covered **treatment**.

There may be times when it is not possible for **you** to be treated at a **network hospital**. These include:

- where there is no **network hospital** within 30 miles of **your** address, and
- when the **treatment you** need is not available in the **network hospital**

In these cases, **we** will not ask **you** to share the cost of **your treatment**.

Important rules

Please note that pre-authorisation is only valid if all the details of the authorised **treatment**, including dates and locations, match those of the **treatment** received. If there is a change in the **treatment** required, if **you** need to have further **treatment**, or if any other details change, then **you** or **your consultant** must contact **us** to pre-authorise this separately. **We** make **our** decision to approve **your treatment** based on the information given to **us. We** reserve the right to withdraw **our** decision if additional information is withheld or not given to **us** at the time the decision is being made.

MAKING A CLAIM

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

If **you** are an **OIC Network** Access card holder looking to make a claim for **treatment** in the UAE, please read the '**Your** Lifeline plan in the UAE' section of this guide. If **you** are making a claim for **treatment** outside of the UAE, please follow the directions below.

How to make a claim

Claim forms

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

You must complete a new claim form:

- for each member
- for each condition
- for each in-patient or day-case stay, and
- for each currency of claim

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

What to send us

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

Requests for further information

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

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

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

Please also read about correspondence in the '**Your** membership' section.

Important

When making a claim please note:

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

False information

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

- giving false information
- keeping necessary information from **us,** or
- working with another party to give false information either intentionally or carelessly and which may influence **us** in deciding:
- whether **you** (or they) can join the plan
- what subscription has to be paid, or
- whether **we** have to pay any claim

We shall have the right, where appropriate and at **our** sole and absolute discretion to end **your** membership, including the membership of any additional people included in **your** plan and seek to recover any claim payments which have previously been made. **We** may refund any subscriptions **you** have paid which relate to a period after **your** membership ends. However, **we** are entitled to deduct money **you** may o**we us** from any refund. **We** may also refer the case for legal action and/or law enforcement agencies.

We may alternatively:

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

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

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

Confirmation of your claim

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

How your claim will be paid

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

Who we will pay

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

Payment method and bank charges

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

We will instruct **our** bank to recharge the administration fee relating to the cost of making the electronic transfer to **us** but **we** cannot guarantee that these charges will always be passed back for **us** to pay. In the event that **your** local bank makes a charge for a wire transfer **we** will aim to refund this as well. Any other bank charges or fees, such as for currency exchange, are **your** responsibility, unless they are charged as a result of **our** error.

Cheques are no longer valid if they are not cashed within 12 months. If **you** have an out-of-date cheque, please contact customer services, who will be happy to arrange a replacement.

Payment currency and conversions

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

We cannot pay **you** in any other currency.

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

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

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

Other claim information

Discretionary payments

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

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

Overpayment of claims

If **we** overpay **you** for **your** claim, **we** reserve the right to deduct the overpaid amount from future claims or seek repayment from **you**.

Claiming for treatment when others are responsible

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

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

Note: Subrogation

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

Claiming with joint or double insurance

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

ASSISTANCE COVER

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

Note: there are two levels of Assistance cover: Evacuation and Repatriation. **Your** membership certificate will show if **you** have Evacuation or Repatriation but **you** can visit the MembersWorld website or contact the customer services helpline if **you** are unsure.

What is Assistance cover?

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

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

Assistance cover–general rules

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

- **you** must contact **our** appointed representatives for confirmation before **you** travel, on +44 (0) 1273 333 911
- **our** appointed representatives must agree the arrangements with **you**
- Assistance cover is applicable for **in-patient treatment** and **day-case treatment** only
- the **treatment** must be recommended by **your consultant** or **family doctor** and, for medical reasons, not available locally
- the **treatment** must be eligible under **your** plan
- **you** must have cover for the country **you** are being treated in, for example the USA
- **you** must have the appropriate level of Assistance cover in place before **you** need the **treatment**

Evacuation or Repatriation will not be eligible if **you** were aware of the symptoms of **your** condition before applying for Assistance cover.

We will not approve a transfer which in **our** reasonable opinion is inappropriate based on established clinical and medical practice, and **we** are entitled to conduct a review of **your** case, when it is reasonable for **us** to do so. Evacuation or Repatriation will not be authorised if this would be against medical advice.

How to arrange your Evacuation or Repatriation

Arrangements for Evacuation or Repatriation will be made by **our** appointed representatives and must be confirmed in advance by calling + 44 (0) 1273 333 911. **You** must provide **us** with any information or proof that **we** may reasonably ask **you** for to support **your** request. **We** will only pay if all arrangements are agreed in advance by and **Bupa Global** appointed representatives.

Evacuation cover: what we will pay for

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

- **We** will pay in full for **your** reasonable transport costs for **in-patient treatment** or **day-case treatment**. It may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy.
- **We** will only pay for Evacuation to the nearest place where the required **treatment** is available. This could be to another part of the country that **you** are in, and may not be **your** home country.
- **We** will pay for the reasonable travel costs for another member to accompany **you**, but only if it is medically necessary.
- **We** will also pay for the reasonable costs of **your**, and the accompanying member's, return journey to the place **you** were evacuated from. All arrangements for **your** return should be approved in advance by **Bupa Global** or **our** appointed representatives and the journey must be made within fourteen days of the end of the **treatment**.

We will pay for either:

- the reasonable cost of the return journey by the most direct route available by land or sea, or
- the cost of an economy class air ticket by the most direct route available, whichever is the lesser amount
- **we** will pay reasonable costs for the transportation only of **your** body, subject to airline requirements and restrictions, to **your** home country, in the event of **your** death while **you** are away from home. **We** do not pay for burial or cremation, the cost of burial caskets etc, or the transport costs for someone to collect or accompany **your** remains

Note: **we** do not pay for any other costs related to the evacuation such as hotel accommodation or taxis. Costs of any **treatment you** receive are not payable under Evacuation cover, but are payable from **your** medical cover as described in the 'What is covered?' section of **your** 'Table of benefits' booklet.

Please also note that for medical reasons the member receiving **treatment** may travel in a different class from their companion.

Repatriation cover: what we will pay for

If **you** have Repatriation cover it will be shown on **your** membership certificate. If **you** are still unsure **you** can visit **our** MembersWorld website or contact the customer services helpline. Repatriation cover also includes Evacuation cover — see above.

- **We** will pay in full for **your** reasonable transport costs for **in-patient treatment** or **day-case treatment**.
- **We** will pay for repatriation to **your specified country of nationality** or **your specified country of residence**.
- **We** will pay for one repatriation for each illness or injury per lifetime.
- **We** will pay the reasonable costs for a relative or **your** partner to accompany **you** to **your specified country of nationality** or **your specified country of residence** if **we** have authorised this in advance of the repatriation.
- **We** will also pay an allowance of up to GBP 25, USD 50 or EUR 37 per day for up to 10 days to cover the living expenses of the person accompanying **you**.
- **We** will pay for **you** and the person accompanying **you** to return to where **you** were repatriated from. All arrangements for **your** return must be approved in advance by **Bupa Global** or **our** appointed representatives and **you** must make the return journey within fourteen days of the end of the **treatment you** were repatriated for.

We will pay either:

- the reasonable cost of the return journey by the most direct route available by land or sea, or
- the cost of a scheduled return economy class air ticket by the most direct route available, whichever is the lesser amount
- **we** will pay reasonable costs for the transportation only of **your** body, subject to airline requirements and restrictions, to **your** home country, in the event of **your** death while **you** are away from home. **We** do not pay for burial or cremation, the cost of burial caskets etc, or the transport costs for someone to collect or accompany **your** remains

Note: **we** do not pay for any other costs related to the repatriation such as hotel accommodation or taxis. Costs of any **treatment you** receive are not payable under Repatriation cover, but are payable from **your** medical cover as described in the 'What is covered?' section of **your** 'Table of benefits' booklet.

Please also note that for medical reasons the member receiving **treatment** may travel in a different class from their companion.

ANNUAL DEDUCTIBLES

Please read this section if **you** have an **annual deductible** on **your** plan.

Please note that **you** cannot have access to the **OIC network** of providers if **you** have a deductible on **your** plan.

Important – please remember that:

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

What is an annual deductible?

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

For example, if **you** have an **annual deductible** of GBP 500, the total value of **your** eligible claims must reach GBP 500 before **we** will pay any benefit.

The **annual deductible** applies separately to each person on **your**, the **principal member's** membership.

The amount of **your annual deductible** will be shown on **your** membership certificate, which **you** can view online at **our** MembersWorld website. If **you** are unsure whether **your** cover includes an **annual deductible**, please contact **our** customer services helpline.

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

How an annual deductible works

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

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

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

How claims are paid to you

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

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

How claims are paid direct to your medical provider

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

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

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

PAYING SUBSCRIPTIONS AND OTHER CHARGES

All references to '**you**' and '**your**' in this section refer to **you**, the **principal member** only, unless stated otherwise.

Paying subscriptions

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

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

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

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

Paying other charges

In addition to paying subscriptions, there may be other charges that **you** also have to pay to **us,** depending on the laws of **your** residency country. These may include Insurance Premium Tax (IPT), or other taxes, levies or charges relating to **your** cover under the plan. If they apply to **you**, they will be included within the total that **you** have to pay on **your** invoice. The charges may apply from the 'effective date' of **your** membership or **your** annual **renewal date**. **You** must pay any such charges to **us** when **you** pay **your** subscriptions, unless otherwise required by law.

If subscriptions and other charges are not paid

If **you** do not pay subscriptions and other charges in full by the date they are due, **you** and **your dependant's** membership may be suspended and claims submitted whilst there are subscriptions and charges due will not be paid.

You and **your dependant's** membership may also be suspended if **you** do not settle in full any **annual deductible** payable by **you** for a claim which has been paid direct to **you** and **your dependant's** medical provider. Claims submitted whilst repayment of an **annual deductible** is due will not be paid.

Changes to subscriptions and other charges

Each year on **your renewal date**, **we** may change how **we** calculate **your** subscriptions, how **we** determine the subscriptions, what **you** have to pay or the method of payment. Please note that subscriptions generally rise when **you** renew **your** cover. There are many factors which directly affect subscriptions, such as age or the country in which **you** are resident, and inflation in the worldwide cost of healthcare.

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

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

If **we** do make any changes to **your** subscriptions or to other charges, **we** will write to tell **you** about the changes. If **you** do not want to accept them, **you** can end **your** membership without the changes being introduced, provided that **you** do so:

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

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

YOUR MEMBERSHIP

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

Starting and renewing your membership

When your cover starts

Your membership starts on the 'effective date' shown on the first membership certificate that **we** sent **you**, the **principal member** for **your** current continuous period of **Bupa Global** Lifeline membership.

When cover starts for others on your membership

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

If **you**, the **principal member's** membership ceases, **your dependants** can then, of course, apply for membership in their own right.

Renewing your membership

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

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

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

Please read 'If **we** make changes' in this section.

Ending your membership

When your membership will end

Your membership will automatically end:

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

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

If you move to a new country or change your specified country of nationality

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

The details of regulations vary from country to country and may change at any time. In some countries **we** have local partners who are licensed to provide insurance cover but which are administered by **Bupa Global**. This means that customers experience the same quality **Bupa Global** service.

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

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

Important – please read

We can end a person's membership and that of all the other people listed on the membership certificate if there is reasonable evidence that any person concerned has misled, or attempted to mislead **us.** By this, **we** mean giving false information or keeping necessary information from **us,** or working with another party to give **us** false information, either intentionally or carelessly, which may influence **us** when deciding:

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

How to end your membership

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

Your right to cancel

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

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

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

Refunding subscriptions

If **your** membership ends for any reason, **we** will refund any subscriptions **you**, the **principal member** have paid which relate to a period after it ends. However, **we** shall not be obliged to refund any subscriptions paid by **you** during the term of **your** cover if **we** have paid any claims made by **you** or a **dependant**, whether **you** are at fault or not, during the current period of cover.

Please read 'Claiming for **treatment** when others are responsible' in the 'Making a claim' section.

Death

Upon death of a **principal member** or a **dependant** **we** should be notified in writing within 28 days. Their membership will be ended and **we** will refund any subscriptions paid which relate to a period after it ends if no claims have been filed on their behalf.

Making changes to your cover

You, the **principal member's** contract is an annual one, and **you** can therefore only change **your** level of cover from **your renewal date**.

Changing your level of cover

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

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

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

Adding dependants

You, the principle member may apply to include **your dependants** under **your** membership providing **you** fill in an Additional Members form. Newborn children can only be included on **your** membership from their date of birth on completion of an Additional Members form provided:

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

If a newborn child is not eligible to be included from birth, **you** can apply to cover them from the 91st day and they may be underwritten.

Newborn children who have been born as a result of **assisted reproduction technologies**, **ovulation induction treatment**, adopted or born to a surrogate or being enrolled on their own membership can be included from their 91st day on completion of an Additional Members or Application form.

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

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

Please read 'Maternity' and 'Newborn care' benefits in your 'Table of benefits' booklet.

Please read 'Amending **your** membership certificate' in this section.

If we make changes

We may change the benefits and rules of **your** membership on **your renewal date**.

These changes could affect, for example:

- how much **you**, the **principal member's** subscriptions will be
- how often **you**, the **principal member** have to pay them
- the cover **you** receive

Please read 'Paying subscriptions' in the 'Paying subscriptions and other charges' section.

Any changes **we** make will only apply from **your renewal date**, regardless of when the change is made.

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

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

If **we** do make any changes to **your** plan, **we** will write to tell **you**, the **principal member** about the changes. If **you**, the **principal member** do not want to accept them, **you** can end **your** membership without the changes being introduced, provided that **you** do so:

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

Amending your membership certificate

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

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

General information

Other parties

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

No change to **your** membership will be valid unless it is confirmed in writing.

Any confirmation of **your** cover will only be valid if it is confirmed in writing by **us**.

If you change your correspondence address

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

Correspondence

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

Applicable law

Your membership is governed by the laws of the United Arab Emirates (UAE). Any dispute that cannot otherwise be resolved will be dealt with by courts in the UAE.

If any dispute arises as to interpretation of this document then the Arabic version of this document shall be deemed to be conclusive and taking precedence over any other language version of this document. The Arabic version of this document can be obtained at any time by contacting **our** customer services helpline.

Liability

Neither OIC nor Bupa Global shall be responsible for any loss, damage, illness and/or injury whatsoever, that may occur as a result of any action carried out directly or through a third party, to assist in the provision of services covered by these rules.

Sanction Clause

Neither **OIC** or **Bupa Global** shall provide cover or be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **OIC** and/or **Bupa Global** to any sanction, prohibition or restriction under United Nations resolutions, or trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America, United Arab Emirates and/or all other jurisdictions where **OIC** and/or **Bupa Global** transacts its business.

MAKING A COMPLAINT

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

If something does go wrong, **we** have a simple procedure to ensure **your** concerns are dealt with as quickly and effectively as possible.

If **you** have any comments or complaints, **you** can call the **Bupa Global** customer helpline on +44 (0) 1273 323 563, 24 hours a day, 365 days a year. Alternatively, **you** can email or write to the Head of Customer Relations via www.bupa-intl.com/membersworld or

Bupa Global
Victory House
Trafalgar Place
Brighton
BN1 4FY
United Kingdom

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

Taking it further

If **we** have not been able to resolve the problem and **you** wish to take **your** complaint further, please call the customer services helpline on +44 (0) 1273 323 563 or write to the Head of Customer Relations at:

Oman Insurance Company (P.S.C)
Health Department
PO Box 5209
Dubai
UAE

Confidentiality

The confidentiality of personal health information is of paramount concern to both **OIC** and **Bupa Global**. To this end, **OIC** and **Bupa Global** fully comply with applicable data protection legislation and medical confidentiality guidelines. In addition, the rights of individuals under the **UK** Data Protection Act will be afforded to **you**.

GLOSSARY

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

DEFINED TERM	DESCRIPTION
Acceptable 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, or clinical trials which are not registered.
Active treatment:	**Treatment** from a **medical practitioner** of a disease, illness or injury that leads to **your** recovery, conservation of **your** condition or to restore **you** to **your** previous state of health as quickly as possible.
Appliance:	A knee brace which is an essential part of a repair to a cruciate (knee) ligament or a spinal support which is an essential part of surgery to the spine.
Annual deductible:	The amount **you**, the **principal member** have to pay towards the cost of the **treatment** that **you** receive each **membership year** that would otherwise be covered under **your** membership. The amount of **your annual deductible** is shown on **your** membership certificate. The **annual deductible** applies separately to each person covered under **your** membership.
Assisted Reproduction Technologies:	Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction.
Birthing centre:	A medical facility often associated with a **hospital** that is designed to provide a homelike setting during childbirth.
Bupa Global:	Bupa Insurance Services Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited, acting as the administrator.
Complementary medicine practitioner:	An acupuncturist, homeopath or traditional Chinese medicine practitioner who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which the **treatment** is received.
Consultant:	A surgeon, anaesthetist or physician who: o is legally qualified to practise medicine or surgery following attendance at a recognised medical school, and o is recognised by the relevant authorities in the country in which the **treatment** takes place as having specialised qualification in the field of, or expertise in, the **treatment** of the disease, illness or injury being treated By recognised medical school **we** mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.
Day-case treatment:	**Treatment** which for medical reasons requires **you** to stay in a bed in **hospital** during the day only. **We** do not require **you** to occupy a bed for day-case **psychiatric treatment**.

DEFINED TERM	DESCRIPTION
Dental practitioner:	A person who: o is legally qualified to practice dentistry, and o is permitted to practice dentistry by the relevant authorities in the country where the dental **treatment** takes place
Dependants:	The other people named on **your** membership certificate as being members of the plan and who are eligible to be members, including newborn children.
Diagnostic tests:	Investigations, such as X-rays or blood tests, to find the cause of **your** symptoms.
Emergency:	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgment of a reasonable person, requires immediate **treatment**, generally within 24 hours of onset, and which would otherwise put **your** health at risk.
Family doctor:	A person who: o is legally qualified in medical practice following attendance at a recognised medical school to provide medical **treatment** which does not need a **consultant's** training, and o is licensed to practice medicine in the country where the **treatment** is received By recognised medical school **we** mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.
Hospital:	A centre of **treatment** which is registered, or recognised under the local country's laws, as existing primarily for: o carrying out major **surgical operations**, and o providing **treatment** which only **consultants** can provide
In-patient treatment:	**Treatment** which for medical reasons normally means that **you** have to stay in a **hospital** bed overnight or longer.
Intensive care:	**Intensive care** includes: o High Dependency Unit (HDU): a unit that provides a higher level of medical care and monitoring, for example in single organ system failure. o Intensive Therapy Unit / Intensive Care Unit (ITU/ICU): a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation. o Coronary Care Unit (CCU): a unit that provides a higher level of cardiac monitoring.
Medical practitioner:	A **complementary medicine practitioner**, **consultant**, **dental practitioner**, **family doctor**, **psychologist**, physiotherapists, osteopaths, chiropractors or **therapist** who provides **active treatment** of a known condition.
Membership year:	The period beginning on **your** start date or **renewal date** and ending on the day before **your** next **renewal date**. By start date **we** mean the 'effective from' date on **your** first membership certificate for **your** current continuous period of membership.
Network:	A **hospital**, or similar facility, or **medical practitioner** which has an agreement in effect with **Bupa Global** or **service partner** to provide **you** with eligible **treatment**.
Oman Insurance Company/OIC	**Oman Insurance Company**, **your** insurer.
Out-patient treatment:	**Treatment** given at a **hospital**, consulting room, doctors' office or out-patient clinic where **you** do not go in for **in-patient treatment** or **day-case treatment**.
Ovulation Induction Treatment:	**Treatment** including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.

DEFINED TERM	DESCRIPTION
Persistent vegetative state:	○ a state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and ○ the person does not respond to stimuli such as calling their name, or touching The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.
Physiotherapy, osteopathy and chiropractic treatment:	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the **treatment** is received.
Pre-existing condition:	Any disease, illness or injury for which: ○ **you** have received medication, advice or **treatment**, or ○ **you** have experienced symptoms whether the condition was diagnosed or not in the four years before the start of **your** current continuous period of cover.
Principal member:	The person who has taken out the membership, and is the first person named on the membership certificate. Please refer to '**you/your**'.
Prophylactic surgery:	Surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland.
Psychiatric treatment:	**Treatment** of mental conditions, including eating disorders.
Psychologist:	A person who is legally qualified and is permitted to practise as such in the country where the **treatment** is received.
Qualified nurse:	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the **treatment** takes place.
Registered clinical trial:	An ethically approved and clinically controlled trial that is registered on a national or international database of clinical trials (eg www.clinicaltrials.gov, www.ISRCTN.ORG or http://public.ukcrn.org.uk).
Rehabilitation:	**Treatment** in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.
Renewal date:	Each anniversary of the date **you**, the **principal member** joined the plan. (If however **you** are a member of a **Bupa Global** Lifeline group plan with a common **renewal date** for all members, **your renewal date** will be the common **renewal date** for the group. **We** tell **you** the group **renewal date** when **you** join.)
Service partner:	A company or organisation that provides services on behalf of **Bupa Global**. These services may include approval of cover and location of local medical facilities.
Sound natural tooth/ teeth:	A natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally in chewing and speech.
Specified country of nationality:	The country of nationality specified by **you** in **your** application form or as advised to **us** in writing, which ever is the later.
Specified country of residence:	The country of residence specified by **you** in **your** application and shown in **your** membership certificate, or as advised to **us** in writing, which ever is the later. The country **you** specify must be the country in which the relevant authorities (such as tax authorities) consider **you** to be resident for the duration of the policy.
Subrogated:	The assumption of the member's right by **Bupa Global** to recover from an at fault party the costs of any claims paid by **Bupa Global** for **treatment** to the member.

DEFINED TERM	DESCRIPTION
Surgical operation:	A medical procedure that involves the use of instruments or equipment.
Therapists:	An occupational **therapist**, orthoptist, dietician or speech **therapist** who is legally qualified and is permitted to practice as such in the country where the **treatment** is received.
Treatment:	Surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a disease, illness or injury.
UK:	Great Britain and Northern Ireland.
We/us/our:	**Bupa Global**, on behalf of **OIC**.
You/your:	This means **you**, the **principal member** and **your dependants** unless **we** have expressly stated otherwise that the provisions only refer to the **principal member**.

MEDICAL WORDS AND PHRASES

Here are some everyday descriptions of some medical words and phrases used in **your** membership pack.

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

NOTES

NOTES

LIFELINE

Table of Benefits
Classic cover

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

From 1 January 2014

bupa-intl.com

STD-LIFE-CLAS-1407.1

WELCOME

Please keep **your** booklet in a safe place. If **you** need another copy, **you** can call +44 (0) 1273 323 563 or view and print it online at: bupa-intl.com/membersworld

Bold words

Words in bold have particular meanings in this booklet. Please check their definition in the Glossary before **you** read on. **You** will find the Glossary in the 'How to use **your** plan' booklet included in **your** membership pack.

IMPORTANT MEMBERSHIP DOCUMENTS

The 'How to use **your** plan' and 'Table of benefits' booklets must be read alongside **your** membership certificate and **your** application for cover, as together they set out the terms and conditions of **your** membership and form **your** plan documentation.

HOW TO USE YOUR PLAN

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

TABLE OF BENEFITS

This booklet talks about your cover in full detail, including; what is covered, what is not covered and details of USA cover (if applicable).

QUICK REFERENCE GUIDE

This booklet contains a summary of all **your** important contact information; the sort of information **you** are likely to use on a regular basis.

CONTENTS

5 What is covered?

7 Your plan - summary

8 Table of benefits

24 What is not covered?

WHAT IS COVERED?

Please read this important information about the kind of costs that **we** cover.

Treatment that we cover

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

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

We will not pay for **treatment** which in **our** reasonable opinion is inappropriate based on established clinical and medical practice, and **we** are entitled to conduct a review of **your treatment**, when it is reasonable for **us** to do so.

Active treatment

This plan covers **you** for the costs of **active treatment** only. By this **we** mean **treatment** of a disease, illness or injury that leads to **your** recovery, conservation of **your** condition or to restore **you** to **your** previous state of health as quickly as possible.

Note: please see 'Wellness' in the table of benefits and 'Preventive and wellness **treatment**' in the 'What is not covered?' section for information on preventive **treatment**.

Reasonable and customary charges

We will pay for reasonable and customary costs. This means that the costs charged by **your treatment** provider should not be more than they would normally charge and be representative of charges by other **treatment** providers in the same area*.

Table of benefits

The table of benefits shows the benefits, limits and the detailed rules that apply to **your** plan. **You** also need to read the 'What is not covered?' section so that **you** understand the exclusions on **your** plan.

Benefit limits

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

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

* Guidelines for fees and medical practice (including established **treatment** plans, which outline the most appropriate course of care for a specific condition, operation or procedure) may be published by a government or official medical body. In such cases, or where published insurance industry standards exist, **we** may refer to these when assessing and paying claims. Charges in excess of published guidelines or reasonable and customary costs may not be paid.

If a benefit limit applies for the whole of **your** membership, once this benefit limit has been reached, no further benefits will be paid, regardless of the renewal of **your** plan.

Currencies

All the benefit limits in this table of benefits and notes are set out in three currencies: GBP, USD and EUR. The currency in which **you**, the **principal member** pay **us your** subscription is the currency that applies to **your** membership for the purpose of the benefit limits.

For example, if **you**, the **principal member** pay **your** subscriptions in GBP then the benefit limits given in GBP apply to **your** membership and USD and EUR limits do not apply to **you**.

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

YOUR PLAN - SUMMARY

This is a summary of **your** plan. Please read the table of benefits and exclusions on the following pages for detailed rules and benefit limits.

SUMMARY OF BENEFITS

Out-patient treatment

- Out-patient **surgical operations**
- Wellness (after one year's membership)
- **Physiotherapy**, **osteopathy** and chiropractor **treatment**
- Costs for **treatment** by **therapists** and **complementary medicine practitioners**
- **Consultants'** fees and **psychologists'** fees for **psychiatric treatment** (after two years' membership)
- Pathology, X-rays and **diagnostic tests**
- **Consultants'** fees for consultations

In-patient and day-case treatment

- **Hospital** accommodation
- **Surgical operations**, including pre- and post-operative care
- Nursing care, drugs and surgical dressings
- Physicians' fees
- Theatre charges
- **Intensive Care**, intensive therapy, coronary care and high dependency unit
- Pathology, X-rays, **diagnostic tests** and therapies
- Prosthetic implants and **appliances**
- Parent accommodation (staying with a child under 18)
- **Psychiatric treatment** (after two years' membership, lifetime maximum 90 days)

Further benefits

- Advanced imaging
- Cancer **treatment**
- Healthline services
- HIV/AIDS drug therapy including ART (after five years' membership)
- Home nursing after **in-patient treatment**
- Hospice and palliative care
- In-patient cash benefit
- Local air ambulance
- Local road ambulance
- Maternity cover (after 10 months' membership)
- Newborn care
- Prosthetic devices
- **Rehabilitation**
- Transplant services

Optional benefits (if purchased)

- USA cover
- Assistance cover (Evacuation and Repatriation)

SUMMARY OF EXCLUSIONS

- Allergies and allergic disorders
- Artificial life maintenance
- Birth control
- Conflict and disaster
- Congenital conditions
- Convalescence and admission for general care
- Cosmetic **treatment**
- Deafness
- Dental **treatment**/gum disease
- Developmental problems
- Donor organs
- Drugs and dressings for out-patient or take-home use
- Experimental **treatment**
- Eyesight
- **Family doctor treatment**
- Footcare
- Genetic testing
- Harmful or hazardous use of alcohol, drugs and/or medicines
- Health Hydros, nature cure clinics etc
- Hereditary conditions
- HIV/AIDS
- Infertility **treatment**
- Obesity
- **Persistent vegetative state** (PVS) and neurological damage
- Personality disorders
- Physical aids and devices
- **Pre-existing conditions**
- Preventive and wellness **treatment**
- Reconstructive or remedial surgery
- Self-inflicted injuries
- Sexual problems/gender issues
- Sleep disorders
- Speech disorders
- Stem cells
- Surrogate parenting
- Travel costs for **treatment**
- Unrecognised **medical practitioner**, provider or facility
- USA **treatment**

TABLE OF BENEFITS

CLASSIC

OVERALL ANNUAL MAXIMUM - GBP 900,000 / USD 1,500,000 / EUR 1,100,000

OUT-PATIENT TREATMENT

IMPORTANT

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

BENEFITS	LIMITS		EXPLANATION OF BENEFITS
Out-patient **surgical operations**	Paid in full		**We** pay for out-patient **surgical operations** when carried out by a **consultant** or a **family doctor**.
Wellness — mammogram, PAP test, prostate cancer screening or colon cancer screening (after one year's membership)	**We** pay up to GBP 600, USD 1,000 or EUR 750 each **membership year**		**We** pay for these four preventive checks only, after **you** have been a member of the Classic plan for one year.
Physiotherapy, **osteopathy** and chiropractor **treatment**	**We** pay in full for up to 15 visits each **membership year**		The cost of both the consultation and **treatment**, including any complementary medicine prescribed or administered as part of **your treatment**. Example: 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. Note: **we** do not pay any other complementary therapies such as ayurvedic **treatment** or aromatherapy which may be available. Note: for dieticians, **we** pay the initial consultation plus two follow-up visits when needed as a result of an eligible condition. Please note that obesity is not covered.
Costs for **treatment** by **therapists** and **complementary medicine practitioners**	**We** pay in full for up to 5 visits each **membership year**		
Consultants' fees and **psychologists'** fees for **psychiatric treatment** (after two years' membership)	**We** pay in full for up to 15 visits each **membership year**		**We** will pay after **you** have been a member of the plan (or any Bupa administered plan which includes cover for **psychiatric treatment**) for the whole of the two years leading up to the **psychiatric treatment**.
Pathology, X-rays and **diagnostic tests**	**We** pay up to GBP 6,400, USD 10,900 or EUR 8,000 each **membership year**		**We** pay for: ○ pathology, such as checking blood and urine samples for specific abnormalities, ○ radiology, such as X-rays, and ○ **diagnostic tests**, such as electrocardiograms (ECGs) when recommended by **your consultant** or **family doctor** to help determine or assess **your** condition.
Consultants' fees for consultations			This normally means a meeting with a **consultant** to assess **your** condition. Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet.

IN-PATIENT AND DAY-CASE TREATMENT

IMPORTANT

For all in-patient and day-case treatment costs:

- it must be medically essential for **you** to occupy a **hospital** bed to receive the **treatment**
- **your treatment** must be provided, or overseen, by a **consultant**
- **we** pay for accommodation in a room that is no more expensive than the **hospital's** standard single room with a private bathroom. This means that **we** will not pay the extra costs of a deluxe, executive or VIP suite etc.
- if the cost of **treatment** is linked to the type of room, **we** pay the cost of **treatment** at the rate which would be charged if **you** occupied a standard single room with a private bathroom
- the **hospital** where **you** have **your treatment** must be recognised

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

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

BENEFITS	LIMITS		EXPLANATION OF BENEFITS
Hospital accommodation	Paid in full		**We** pay charges for **your hospital** accommodation, including all **your** own meals and refreshments. **We** do not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics. **We** pay for accommodation in a room that is no more expensive than the **hospital's** standard single room with a private bathroom. This means that **we** will not pay the extra costs of a deluxe, executive or VIP suite etc. **We** pay for the length of stay that is medically appropriate for the procedure that **you** are admitted for. Examples: unless medically essential, **we** do not pay for day-case accommodation for **out-patient treatment** (such as an MRI scan), and **we** do not pay for in-patient accommodation for **day-case treatment** (such as a biopsy). Please also read convalescence and admission for general care in the 'What is not covered?' section.
Surgical operations, including pre- and post-operative care	Paid in full		**We** pay surgeons' and anaesthetists' fees for a **surgical operation**, including all pre- and post-operative care. Note: this benefit does not include follow-up consultations with **your consultant**, as these are paid under the **consultants'** fees for consultations benefit.
Nursing care, drugs and surgical dressings	Paid in full		**We** pay for nursing services, drugs and surgical dressings **you** need as part of **your treatment** in **hospital**. Note: **we** do not pay for nurses hired in addition to the **hospital's** own staff. In the rare case where a **hospital** does not provide nursing staff **we** will pay for the reasonable cost of hiring a **qualified nurse** for **your treatment**.
Physicians' fees	Paid in full		**We** pay physicians' fees for **treatment you** receive in **hospital** if this does not include a **surgical operation**, for example if **you** are in **hospital** for **treatment** of a medical condition such as pneumonia. If **your treatment** includes a **surgical operation we** will only pay physicians' fees if the attendance of a physician is medically necessary, for example, in the rare event of a heart attack following a **surgical operation**.
Theatre charges	Paid in full		**We** pay for use of an operating theatre.

IN-PATIENT AND DAY-CASE TREATMENT (CONTINUED)

BENEFITS	LIMITS		EXPLANATION OF BENEFITS
Intensive Care	Paid in full		**We** pay for **intensive care** in an intensive care unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when: ○ it is an essential part of **your treatment** and is required routinely by patients undergoing the same type of **treatment** as **yours**, or ○ it is medically necessary in the event of unexpected circumstances, for example if **you** have an allergic reaction during surgery
Pathology, X-rays, **diagnostic tests** and therapies	Paid in full		**We** pay for: ○ pathology, such as checking blood and urine samples ○ radiology (such as X-rays) and ○ **diagnostic tests** such as electro cardiograms (ECGs) when recommended by **your consultant** to help determine or assess **your** condition when carried out in a **hospital**. **We** also pay for **treatment** provided by **therapists**, physiotherapists, osteopaths, chiropractors and **complementary medicine practitioners** (such as acupuncturists) if it is needed as part of **your treatment** in **hospital**.
Prosthetic implants and **appliances**	Paid in full		**We** pay for a prosthetic implant needed as part of **your treatment**. By this, **we** mean an artificial body part or **appliance** which is designed to form a permanent part of **your** body and is surgically implanted for one or more of the following reasons: ○ to replace a joint or ligament ○ to replace one or more heart valves ○ to replace the aorta or an arterial blood vessel ○ to replace a sphincter muscle ○ to replace the lens or cornea of the eye ○ to act as a heart pacemaker ○ to remove excess fluid from the brain ○ to control urinary incontinence (bladder control) ○ to reconstruct a breast following surgery for cancer when the reconstruction is carried out as part of the original **treatment** for the cancer and **you** have obtained **our** written consent before receiving the **treatment** ○ to restore vocal function following surgery for cancer **We** also pay for the following **appliances**: ○ a knee brace which is an essential part of a **surgical operation** for the repair to a cruciate (knee) ligament, or ○ a spinal support which is an essential part of a **surgical operation** to the spine
Parent accommodation	Paid in full		**We** pay for **hospital** accommodation for each night **you** need to stay with **your** child in the same **hospital**. This is limited to only one parent each night. **Your** child must be: ○ aged under 18, and ○ a member of a **Bupa Global** administered plan receiving **treatment** for which he or she is covered under their plan
Psychiatric treatment (after two years' membership, lifetime maximum 90 days)	Paid in full		**We** pay for **psychiatric treatment you** receive in **hospital** after **you** have been a member of the plan (or any Bupa administered plan which includes cover for **psychiatric treatment**) for two years before the **psychiatric treatment**. **We** pay for a total of 90 days' **psychiatric treatment** in **hospital** during **your** lifetime. This applies to all Bupa administered plans **you** have been a member of in the past, or may be a member of in the future, whether **your** membership is continuous or not. Example: If **we** have paid for 45 days' **psychiatric treatment** in **hospital** under another Bupa administered plan, **we** will only pay for another 45 days' **psychiatric treatment** in **hospital** under this plan.

FURTHER BENEFITS

IMPORTANT

These are the additional benefits provided by **your** membership of the Lifeline plan.
These benefits may be in-patient, out-patient or day-case.

BENEFITS	LIMITS		EXPLANATION OF BENEFITS
Advanced imaging	Paid in full		**We** pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by **your consultant** or **family doctor**.
Cancer **treatment**	Paid in full		Once cancer is diagnosed, **we** pay fees that are related specifically to planning and carrying out **treatment** for cancer. This includes tests, scans, consultations and drugs (such as cytotoxic drugs or chemotherapy). When the acute phase of cancer **treatment** (by which **we** mean surgery, radiotherapy or chemotherapy) has been completed, **we** will continue to pay this benefit for all cancer **treatment** specifically related to the original diagnosis for up to a further five years. The five years will begin on the first out-patient consultation following completion of the acute phase of **treatment**. Cover during this period includes any follow-up tests, scans and consultations **you** may require. It also includes any drugs that may be required to keep the cancer in remission or to prevent relapse, for up to five years. If **your treatment** needs to continue for more than five years, please contact **us** for pre-authorisation before proceeding. It may be necessary for **us** to seek a second opinion as part of **our** pre-authorisation process.
Healthline services	Included		This is a telephone advice line which offers help 24 hours a day, 365 days a year. Please call +44 (0) 1273 333 911 at any time when **you** need to. The following are some of the services that may be offered by telephone: o general medical information from a health professional o medical referrals to a physician or **hospital** o medical service referral (ie locating a physician) and assistance arranging appointments o inoculation and visa requirements information o **emergency** message transmission o interpreter and embassy referral Note: **treatment** arranged through this service may not be covered under **your** plan. Please check **your** cover before proceeding.
HIV/AIDS drug therapy including ART (after five years' membership)	**We** pay up to GBP 12,000, USD 20,000 or EUR 15,000 each **membership year**		**We** pay for HIV/AIDS drug therapy after **you** have been a member of the plan for the whole of the five years leading up to the **treatment**. Note: **we** pay for **treatment** that is not drug therapy or ART from **your** in-patient or out-patient benefits if **you** have been a member of the plan for five years.
Home nursing after **in-patient treatment**	**We** pay up to GBP 120, USD 200 or EUR 150 each day up to a maximum of 20 days each **membership year**		**We** pay for home nursing after eligible **in-patient treatment**. **We** pay if the home nursing: o is needed to provide medical care, not personal assistance o is necessary, meaning that without it **you** would have to stay in **hospital** o starts immediately after **you** leave **hospital** o is provided by a **qualified nurse** in **your** home, and o is prescribed by **your consultant**
Hospice and palliative care	**We** pay up to GBP 24,000, USD 41,000 or EUR 30,000 maximum benefit for the whole of **your** membership		If **you** need in-patient, day-case or out-patient care or **treatment** following the diagnosis that **your** condition is terminal, when **treatment** can no longer be expected to cure **your** condition, **we** pay for **your** physical, psychological, social and spiritual care as well as **hospital** or hospice accommodation, nursing care and prescribed drugs. The amount shown here is the total amount **we** shall pay for these expenses during the whole of **your** membership, whether continuous or not.

FURTHER BENEFITS (CONTINUED)

BENEFITS	LIMITS		EXPLANATION OF BENEFITS
In-patient cash benefit	**We** pay GBP 90, USD 150 or EUR 110 each night up to 20 nights each **membership year**		This benefit is paid instead of any other benefit for each night **you** receive eligible **in-patient treatment** without charge. To claim this benefit, please ask the **hospital** to sign and stamp **your** claim form. Then send the completed form to **us** with a covering letter stating that **you** were treated with no charge. Please note that **you** need to ensure that the medical section of **your** claim form is completed by **your consultant**.
Local air ambulance	**We** pay up to GBP 5,900, USD 10,000 or EUR 7,400 each **membership year**		**We** pay for medically necessary travel for **you** to be transported by local air ambulance such as a helicopter, when related to eligible **in-patient treatment** or **day-case treatment**, either: o from the location of an accident to **hospital**, or o for a transfer from one **hospital** to another when it is appropriate for this method of transfer to be used to transport **you** over short journeys of up to 100 miles/160 kilometres. This benefit does not include mountain rescue. Note: this benefit does not include evacuation if the **treatment you** need is not available locally. Please also see 'Assistance cover' section in **your** 'How to use **your** plan' booklet.
Local road ambulance	Paid in full		**We** pay for medically necessary travel by local road ambulance when related to eligible **in-patient treatment** or **day-case treatment**.

FURTHER BENEFITS (CONTINUED)

BENEFITS	LIMITS		EXPLANATION OF BENEFITS
Maternity cover (after 10 months' membership)	Maternity and childbirth: **We** pay up to GBP 3,600, USD 6,000 or EUR 4,500 each **membership year** Childbirth at home: **We** pay up to GBP 780, USD 1,300 or EUR 975 each **membership year** Medically essential Caesarean section: **We** pay up to GBP 11,400, USD 19,000 or EUR 14,250 each **membership year**		**We** pay maternity benefits only after **you** have been covered under the Classic plan for 10 months. **Maternity and childbirth (after 10 months' membership)** These benefits include for example: ○ ante natal care such as ultrasound scans ○ **hospital** charges, obstetricians' and midwives' fees for pregnancy and childbirth ○ post natal care required by the mother immediately following normal childbirth, such as stitches ○ pregnancy and childbirth complications, by which **we** mean those conditions which only ever arise as a direct result of pregnancy or childbirth Pregnancy and childbirth complications include pre-eclampsia, miscarriage, threatened miscarriage, gestational diabetes, when the foetus has died and remains with the placenta in the womb, still birth, heavy bleeding in the hours and days immediately after childbirth (post partum haemorrhage), afterbirth left in the womb after delivery of the baby (retained placental membranes) and complications following any of the above conditions. **Treatment** for ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside the womb (ectopic pregnancy) are not covered from this benefit but may be covered by **your** other benefits. (Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by **your** other benefits). **Note: routine care for your baby** **We** pay for routine care for the baby, for up to seven days following birth, from the mother's maternity benefit. Any non-routine care, if eligible, is paid from the baby's newborn care benefit, not from the mother's maternity benefit. **Your** baby is also covered for up to seven days routine care following birth if **your** baby was born to a surrogate mother and **you,** as the intended parent, have been covered on the Classic plan for 10 months when the baby is born. **Childbirth at home or birthing centre (after 10 months' membership)** This benefit includes obstetricians' and midwives' fees for delivering **your** baby at home or a **birthing centre**. **Medically Essential Caesarean Section (after 10 months' membership)** This benefit includes **hospital**, obstetricians' and other medical fees for the cost of the delivery of **your** baby by Caesarean section when medically essential for example, non progression during labour leading to **emergency** Caesarean section (eg dystocia, foetal distress, haemorrhage) provided the mother has been a member of this plan for at least 10 months before delivery. **Note:** if **we** are unable to determine that **your** Caesarean section was medically essential, it will be paid from **your** maternity and childbirth benefit limit. Please also see the section 'Adding **dependants'** in **your** 'How to use **your** plan' booklet. Please see surrogate parenting, congenital and hereditary conditions in the 'What is not covered?' section.
Newborn care	**We** pay GBP 90,000, USD 150,000 or EUR 110,000 maximum benefit for all **treatment** received during the first 90 days following birth		This benefit is paid instead of any other benefit for all **treatment** required by a newborn child during the first 90 days following birth. Children must be covered under this plan before **you** can claim for this benefit. **We** do not pay newborn care benefits for children born as a result of assisted reproduction technologies, ovulation induction **treatment**, born to a surrogate or who have been adopted, as these children can only join once they are 91 days old. Please also read about adding dependants in **your** 'How to use **your** plan' booklet.

FURTHER BENEFITS (CONTINUED)

BENEFITS	LIMITS		EXPLANATION OF BENEFITS
Prosthetic devices	**We** pay a maximum benefit of GBP 2,400, USD 4,000, EUR 3,000 for each device		**We** pay for the initial prosthetic device needed as part of **your treatment**. By this **we** mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of **your** surgical procedure. **We** do not pay for any replacement prosthetic devices for adults including any replacement devices required in relation to a **pre-existing condition**. **We** will pay for the initial and up to two replacements per device for children under the age of 16 years.
Rehabilitation	**We** pay in full for up to 30 days of **treatment** (which may be **in-patient treatment**, **day-case treatment** or **out-patient treatment**) each **membership year**		**We** pay for **rehabilitation**, only when **you** have received **our** written agreement before the **treatment** starts, for up to 30 days **treatment** in each **membership year**. For **in-patient treatment** one day is each overnight stay and for **day-case treatment** and **out-patient 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: o starts within 30 days of **in-patient treatment** which is covered by **your** membership (such as trauma or stroke), and o arises as a result of the condition which required the **in-patient treatment** or is needed as a result of such **treatment** given for that condition Note: in order to give written agreement, **we** must receive full clinical details from **your consultant**; including **your** diagnosis, **treatment** given and planned, and proposed discharge date if **you** receive **rehabilitation** on an in-patient basis. Note: **we** may pay for **treatment** for more than 30 days when it is needed following: o orthopaedic, o spinal, or o neurological events If this is the case, please contact **us** for pre-authorisation. It may be necessary for **us** to seek a second opinion as part of **our** approval process.
Transplant services	Paid in full		**We** pay for transplant services that **you** need as a result of an eligible condition. **We** pay medical expenses if **you** need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant. **We** also pay for bone marrow transplants (either using **your** own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy. **We** do not pay for costs associated with the donor or the donor organ. Please see donor organs in the 'What is not covered?' section. Any drugs prescribed for use as an out-patient, including anti-rejection drugs are paid from **your** prescribed drugs and dressings benefit.

OPTIONAL BENEFITS, IF PURCHASED

BENEFITS	LIMITS		EXPLANATION OF BENEFITS
USA cover	100 percent of costs in **network**. 80 percent of costs out of **network**. **Treatment** must be pre-authorised.		**Pre-authorisation and the US provider network** If **you** have USA cover, then before any **in-patient treatment** or **day-case treatment** in the US**, you** must contact **our** US **Service Partner** for pre-authorisation. Please contact them by calling 800 554 9299 (from inside the US), or +1 800 554 9299 (from outside the US). **In-patient treatment** or **day-case treatment** received in the US without pre-authorisation may be ineligible. Any pre-authorised **treatment** costs are covered according to this table of benefits. **Our** US **Service Partner** uses a national **network** of **hospitals**, clinics and **medical practitioners**. This is the US provider **network**. **Our Service Partner** can help **you** to find a **hospital** or clinic in the US provider **network**, when **you** contact them for pre-authorisation. When eligible **treatment** takes place in the US using the US provider **network**, benefit is paid at 100 percent. When eligible **treatment** takes place in the US but outside the US provider **network**, benefit is paid at 80 percent. **Emergency admissions** If **you** are admitted for **emergency treatment you** must contact **our** US **Service Partner** within 48 hours of admission, or as soon as reasonably possible. If **your** admission for **emergency treatment** is to a non-**network hospital**, **our Service Partner** may arrange to transfer **you** to a **network hospital** as soon as it is medically appropriate to do so. If the transfer to a **network hospital** is carried out, benefit for all eligible **treatment** received at both facilities will be payable at 100 percent. If **you** choose to stay in a non-**network hospital** after the date **our** US **Service Partner** decides a transfer is medically appropriate, benefit for all eligible **treatment** received both before and after that date will be payable at 80 percent. Please also see USA **treatment** in the 'What is not covered?' section.
Assistance cover (Evacuation and Repatriation)			**Your** membership certificate will show if **you** have purchased this cover. Please see 'Assistance cover' section in the 'How to use **your** plan' booklet. The overall annual maximum benefit limit does not apply.

WHAT IS NOT COVERED?

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

IMPORTANT - PLEASE READ

Personal exclusions
Please check **your** membership certificate to see if **you** have any personal exclusions or restrictions on **your** plan.
The exclusions in this section apply in addition to and alongside any such personal exclusions and restrictions.

General note for all exclusions
For all exclusions in this section, and for any personal exclusions or restrictions shown on **your** membership certificate, please note that:

- **we** do not pay for conditions which are directly related to excluded conditions or **treatments**
- **we** do not pay for any additional or increased costs arising from excluded conditions or **treatments**
- **we** do not pay for complications arising from excluded conditions or **treatments**

Example:
You have a personal exclusion for diabetes.

- If **your** diabetes were to cause kidney problems, **we** would not pay for **treatment** of such kidney problems.
- If while receiving **treatment** for another condition, **you** need to stay extra nights in **hospital** because of **your** diabetes, **we** would not pay for these extra nights.

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

EXCLUSION	NOTES		RULES
Allergies and allergic disorders			**Treatment** to de-sensitise or neutralise any allergic condition or disorder.
Artificial life maintenance			Including mechanical ventilation, where such **treatment** will not or is not expected to result in **your** recovery or restore **you** to **your** previous state of health. Example: **We** will not pay for artificial life maintenance when **you** are unable to feed or breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days.
Birth control			Any type of contraception, sterilisation, termination of pregnancy or family planning.
Conflict and disaster			**Treatment** for any disease, illness or injury resulting from nuclear or chemical contamination, war, riot, revolution, acts of terrorism or any similar event, if one or more of the following apply: ○ **you** have put yourself in danger by entering a known area of conflict where active fighting or insurrections are taking place ○ **you** were an active participant ○ **you** have displayed a blatant disregard for personal safety
Congenital conditions	Please see the table of benefits for details of **your** Newborn care limit.		**Treatment** received after the first 90 days following birth (or after the maximum benefit limit for Newborn care has been reached) for any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not, except cancer.

EXCLUSION	NOTES		RULES
Convalescence and admission for general care			**Hospital** accommodation when it is used solely or primarily for any of the following purposes: o convalescence, supervision, pain management or any other purpose other than for receiving eligible **treatment**, of a type which normally requires **you** to stay in **hospital** o receiving general nursing care or any other services which do not require **you** to be in **hospital**, and could be provided in a nursing home or other establishment that is not a **hospital** o receiving services from a **therapist** or **complementary medicine practitioner** o receiving services which would not normally require trained medical professionals such as help in walking, bathing or preparing meals
Cosmetic **treatment**			**Treatment** undergone for cosmetic or psychological reasons to improve **your** appearance, such as a re-modelled nose, facelift or cosmetic dentistry. This includes: o dental implants to replace a **sound natural tooth** o hair transplants for any reason o **treatment** related to or arising from the removal of non-diseased, or surplus or fat tissue, whether or not it is needed for medical or psychological reasons o any **treatment** for a procedure to change the shape or appearance of **your** breast(s) whether or not it is needed for medical or psychological reasons: unless for reconstruction carried out as part of the original **treatment** for the cancer, when **you** have obtained **our** written consent before receiving the **treatment** (see 'Reconstructive or remedial surgery' in this section) Examples: we do not pay for breast reduction for backache or gynaecomastia (the enlargement of breasts in men). Note: If **your** doctor recommends cosmetic **treatment** to correct a functional problem, for example, excess eye tissue which is interrupting the visual field, **your** case will be assessed by **our** clinical teams on an individual basis. If approved, benefits will be paid in line with the rules and benefits of **your** plan.
Deafness			**Treatment** for or arising from deafness or partial hearing loss caused by a congenital abnormality or ageing.
Dental **treatment**/gum disease	Please see accident related dental in the table of benefits.		This includes **surgical operations** for the **treatment** of bone disease when related to gum disease or damage, or **treatment** for, or arising from disorders of the temporomandibular joint. Examples: **we** do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth, etc. Exception: **we** pay for a **surgical operation** carried out by a **consultant** to: o put a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident o treat irreversible bone disease involving the jaw(s) which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage o surgically remove a complicated, buried or impacted tooth root, for example in the case of an impacted wisdom tooth
Developmental problems			**Treatment** for, or related to developmental problems, including: o learning difficulties, such as dyslexia o behavioural problems, such as attention deficit hyperactivity disorder (ADHD) o problems relating to physical development such as short height, or o developmental problems treated in an educational environment or to support educational development
Donor organs			**Treatment** costs for, or as a result of the following: o transplants involving mechanical or animal organs o the removal of a donor organ from a donor o the removal of an organ from **you** for purposes of transplantation into another person o the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible diseases or illness o the purchase of a donor organ

EXCLUSION	NOTES		RULES
Drugs and dressings for out-patient or take-home use			Any drugs or surgical dressings that are provided or prescribed for **out-patient treatment**, or for **you** to take home with **you** on leaving **hospital**, for any condition.
Experimental **treatment**			○ **We** do not pay for any **treatment** or medicine which in **our** reasonable opinion is experimental based on **acceptable evidence** ○ **We** do not pay for any **treatment** or medicine which in **our** reasonable opinion is not effective based on **acceptable evidence** ○ **We** do not pay for medicines and equipment used for purposes other than those defined under their licence Note: **We** will fund the costs of an experimental **treatment** or medicine if it is being undertaken as part of a registered clinical trial. Note: If **you** are unsure whether **your treatment** may be experimental, please contact **us. We** reserve the right to ask for full clinical details from **your consultant** before authorising any **treatment**, in which case **you** must receive **our** written **agreement** before the **treatment** takes place.
Eyesight			**Treatment**, equipment or surgery to correct eyesight, such as laser **treatment**, refractive keratotomy (RK) and photorefractive keratotomy (PRK). Examples: **we** will not pay for routine eye examinations, contact lenses, spectacles. **We** will pay for eligible **treatment** or surgery of a detached retina, glaucoma, cataracts or keratoconus.
Family doctor treatment			**Treatment** or services carried out by a **family doctor**, including vaccinations.
Footcare			**Treatment** for corns, calluses, or thickened or misshapen nails.
Genetic testing			Genetic tests, when such tests are solely performed to determine whether or not **you** may be genetically likely to develop a medical condition. Example: **we** do not pay for tests used to determine whether **you** may develop Alzheimer's disease, when that disease is not present.
Harmful or hazardous use of alcohol, drugs and/or medicines			**Treatment** for or arising from the harmful, hazardous or addictive use of any substance including alcohol, drugs and/or medicines.
Health hydros, nature cure clinics etc.			**Treatment** or services received in health hydros, nature cure clinics or any establishment that is not a **hospital**.
Hereditary conditions			**Treatment** of abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of **your** family, except cancer.
HIV/AIDS	Please see HIV/AIDS drug therapy in the table of benefits.		**Treatment** for, or arising from, HIV or AIDS, including any condition that is related to HIV or AIDS, if **your** current period of membership is less than five years.
Infertility **treatment**			**Treatment** to assist reproduction, including but not limited to IVF **treatment**. Note: **we** pay for reasonable investigations into the causes of infertility if: ○ neither **you** nor **your** partner had been aware of any problems before joining, and ○ **you** have both been members of this plan (or any Bupa administered plan which included cover for this type of investigation) for a continuous period of two years before the investigations start Once the cause is confirmed, **we** will not pay for any additional investigations in the future.

EXCLUSION	NOTES		RULES
Obesity			**Treatment** for, or required as a result of obesity.
Persistent vegetative state (PVS) and neurological damage			**We** will not pay for **in-patient treatment** for more than 90 continuous days for permanent neurological damage or if **you** are in a **persistent vegetative state**.
Personality disorders			**Treatment** of personality disorders, including but not limited to: o affective personality disorder o schizoid personality (not schizophrenia) o histrionic personality disorder
Physical aids and devices			Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an **appliance**. Examples: **we** will not pay for hearing aids, spectacles, contact lenses, crutches or walking sticks.
Pre-existing conditions	For **pre-existing conditions** for newborns, please see the exclusions for congenital and hereditary conditions in this section.		Any **treatment** for a **pre-existing condition**, related symptoms, or any condition that results from or is related to a **pre-existing condition**, unless: o **we** were given all the medical information that **we** asked for during **your** application for **your** current continuous period of membership o **we** did not specifically exclude cover for the **pre-existing condition** on **your** membership certificate, and o **you** did not know about the **pre-existing condition** before the 'effective from' date on the first membership certificate for **your** current continuous period of membership Note: please contact **us** before **your renewal date** if **you** would like **us** to review a personal exclusion. **We** may remove **your** exclusion if, in **our** opinion, no further **treatment** will be either directly or indirectly required for the condition, or for any related condition. There are some personal exclusions that, due to their nature, **we** will not review. To carry out a review, **we** must receive full current clinical details from **your family doctor** or **consultant**. Any costs incurred in obtaining these details are not covered under **your** plan and are **your** responsibility.
Preventive and wellness **treatment**	Please see wellness in the table of benefits.		Health screening, including routine health checks, or any preventive **treatment**. Note: **we** may pay for **prophylactic surgery** when: o there is a significant family history of the disease for example ovarian cancer, which is part of a genetic cancer syndrome, and/or o **you** have positive results from genetic testing (please note that **we** will not pay for the genetic testing) Please contact **us** for pre-authorisation before proceeding with **treatment**. It may be necessary for **us** to seek a second opinion as part of **our** pre-authorisation process.
Reconstructive or remedial surgery			**Treatment** required to restore **your** appearance after an illness, injury or previous surgery, unless: o the **treatment** is a **surgical operation** to restore **your** appearance after an accident, or as the result of surgery for cancer, if either of these takes place during **your** current continuous membership of the plan o the **treatment** is carried out as part of the original **treatment** for the accident or cancer o **you** have obtained **our** written consent before the **treatment** takes place
Self-inflicted injuries			**Treatment** for, or arising from, an injury that **you** have intentionally inflicted on yourself, for example during a suicide attempt.
Sexual problems/gender issues			**Treatment** of any sexual problem including impotence (whatever the cause) and sex changes or gender reassignments.
Sleep disorders			**Treatment**, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.

EXCLUSION	NOTES		RULES
Speech disorders			**Treatment** for speech disorders, including stammering or speech developmental delays, unless all of the following apply: o the **treatment** is short term therapy which is medically necessary as part of **active treatment** for an acute condition such as a stroke o the speech therapy takes place during and/or immediately following the **treatment** for the acute condition, and o the speech therapy is recommended by the **consultant** in charge of **your treatment**, and is provided by a **therapist** in which case **we** may pay at **our** discretion.
Stem cells			**We** do not pay for the harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.
Surrogate parenting	Please also see maternity cover in the table of benefits.		**Treatment** directly related to surrogacy. This applies: o to **you** if **you** act as a surrogate, and o to anyone else acting as a surrogate for **you**
Travel costs for **treatment**			Any travel costs related to receiving **treatment**, unless otherwise covered by: o local air ambulance benefit, o local road ambulance benefit, or o Assistance cover Examples: o **we** do not pay for taxis or other travel expenses for **you** to visit a **medical practitioner** o **we** do not pay for travel time or the cost of any transport expenses charged by a **medical practitioner** to visit **you**
Unrecognised **medical practitioner**, provider or facility			o **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. o **Treatment** provided by anyone with the same residence as **you** or who is a member of **your** immediate family. o **Treatment** provided by a **medical practitioner**, provider or facility to whom **we** have sent a written notice that **we** no longer recognise them for the purposes of **our** plans. Details of **treatment** providers **we** have sent written notice to are available on MembersWorld or by telephoning general enquiries. Please see the 'Quick reference guide' booklet for how to contact **us.**
USA **treatment**			If USA cover has not been purchased, then **treatment** received in the USA is ineligible. If USA cover has been purchased, then **treatment** received in the USA is ineligible when: o arrangements for the **treatment** were not authorised by **our** agents in the USA o **we** know or suspect that **you** purchased cover for and travelled to the USA for the purpose of receiving **treatment** for a condition, when the symptoms of the condition were apparent to **you** before buying the cover. This applies whether or not **your treatment** was the main or sole purpose of **your** visit

NOTES