

# WORLDWIDE HEALTH OPTIONS

### **3. Table of benefits**

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

From 1 January 2014

**[bupa-intl.com](http://bupa-intl.com)**

# 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](http://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

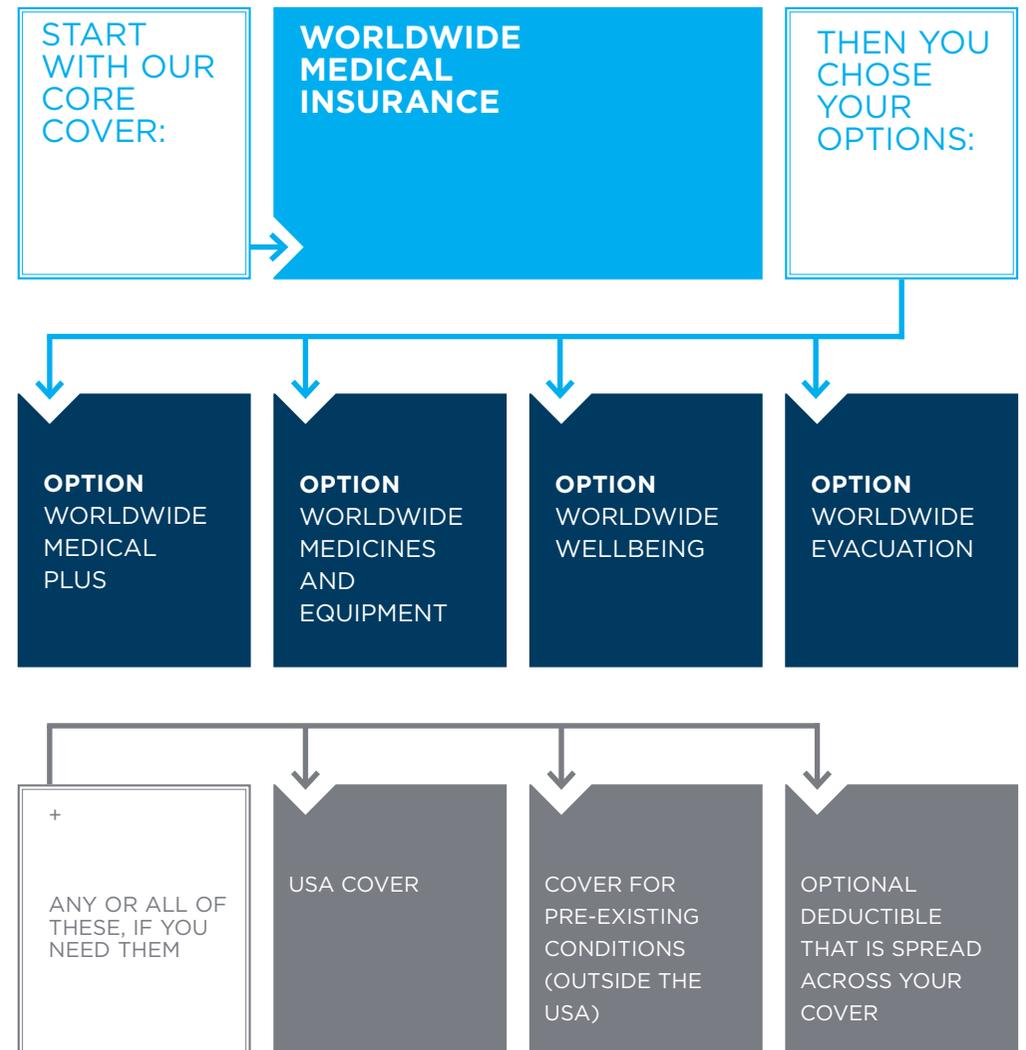
This booklet contains a summary of all **your** important contact information; the sort of information **you** are likely to use on a regular basis.

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## A QUICK REMINDER OF HOW YOU CREATED YOUR INDIVIDUAL PLAN

**You** bought Worldwide Medical Insurance and added the option(s) **you** wanted, plus USA cover and/or cover for **pre-existing conditions**. By selecting **your** preferred options **you** have created a flexible healthcare plan that is tailored to suit **your** individual needs.



# SUMMARY OF BENEFITS AND EXCLUSIONS

## SUMMARY OF BENEFITS

| CORE COVER  |  | OPTIONS  |
|---|--|--|
| <p><b>Core cover: Worldwide Medical Insurance</b></p> <ul style="list-style-type: none"> <li>○ Staying in <b>hospital</b> overnight or as a <b>day-case</b></li> <li>○ Parent accommodation</li> <li>○ Nursing care</li> <li>○ Operating room, medicines and surgical dressings</li> <li>○ <b>Intensive care</b>, intensive therapy, coronary care and high dependency unit</li> <li>○ Surgery, including surgeons', anaesthetists' and assistants' fees</li> <li>○ <b>Specialists'</b> consultation fees</li> <li>○ Pathology, X-rays and <b>diagnostic tests</b></li> <li>○ <b>Physiotherapy, chiropractor</b> and <b>osteopathy, therapists, complementary therapists, dietician</b> and <b>speech therapist</b></li> <li>○ <b>Rehabilitation</b></li> <li>○ Advanced imaging</li> <li>○ <b>Psychiatric treatment</b> overnight in <b>hospital</b>, including room, board and <b>treatment</b> costs</li> <li>○ <b>Psychiatric treatment</b> as a <b>day-case</b>, including room, board and <b>treatment</b> costs</li> <li>○ Prosthetic implants and appliances</li> <li>○ Prosthetic devices</li> <li>○ Childbirth and <b>treatment</b> in <b>hospital</b></li> <li>○ Childbirth at home or <b>birthing centre</b></li> <li>○ Medically essential Caesarean section</li> <li>○ Newborn care</li> <li>○ <b>Cancer treatment</b></li> <li>○ Transplant services</li> <li>○ Hospice and palliative care</li> <li>○ Local road ambulance</li> <li>○ Local air ambulance</li> <li>○ Home nursing</li> <li>○ Hospitalisation cash benefit</li> <li>○ <b>Emergency dental treatment</b></li> <li>○ <b>Treatment</b> of congenital and hereditary conditions</li> </ul> |  | <p><b>Option: Worldwide Medical Plus</b></p> <ul style="list-style-type: none"> <li>○ <b>Specialists'</b> consultation and <b>doctors'</b> fees</li> <li>○ <b>Physiotherapy, osteopathy</b> and <b>chiropractor treatment</b></li> <li>○ Consultations and <b>treatment</b> with <b>therapists</b> and <b>complementary therapists</b></li> <li>○ Psychiatrists' and <b>psychologists'</b> fees</li> <li>○ Speech therapy</li> <li>○ Pathology, X-rays and <b>diagnostic tests</b></li> <li>○ Young child care</li> <li>○ Maternity</li> <li>○ Accident-related dental <b>treatment</b></li> <li>○ Transplant services</li> </ul> <p><b>Option: Worldwide Medicines and Equipment</b></p> <ul style="list-style-type: none"> <li>○ Prescribed medicines and dressings</li> <li>○ Durable medical equipment</li> <li>○ Long-term prescription medicines</li> </ul> <p><b>Option: Worldwide Wellbeing</b></p> <p>Screening and prevention:</p> <ul style="list-style-type: none"> <li>○ Full health screen</li> <li>○ Mammogram</li> <li>○ Papanicolaou (PAP) test</li> <li>○ Prostate cancer screen</li> <li>○ Colon cancer screen</li> <li>○ Bone densitometry</li> <li>○ Four dietetic consultations</li> <li>○ Vaccinations</li> </ul> <p>Dental:</p> <ul style="list-style-type: none"> <li>○ Preventive</li> <li>○ Routine and major restorative</li> <li>○ Orthodontic</li> </ul> <p>Optical:</p> <ul style="list-style-type: none"> <li>○ Eye test (including consultation)</li> <li>○ Spectacle lenses</li> <li>○ Contact lenses</li> <li>○ Spectacle frames</li> </ul> <p><b>Option: Worldwide Evacuation</b></p> <ul style="list-style-type: none"> <li>○ Medical evacuation</li> <li>○ Medical repatriation</li> <li>○ Travel cost for an accompanying person</li> <li>○ Travel cost for the transfer of minor children</li> <li>○ Living allowance</li> <li>○ Repatriation of mortal remains</li> <li>○ Compassionate visit and return</li> <li>○ Compassionate visit living allowance</li> </ul> |

## SUMMARY OF EXCLUSIONS

|   |   |  |  |  |
|---|---|--|--|--|
| <p><b>We do not pay for:</b></p> <ul style="list-style-type: none"> <li>○ Artificial life maintenance</li> <li>○ Birth control</li> <li>○ Conflict and disaster</li> <li>○ Convalescence and admission for general care</li> <li>○ Cosmetic <b>treatment</b></li> <li>○ Developmental problems</li> <li>○ Donor organs</li> </ul> | <ul style="list-style-type: none"> <li>○ Experimental <b>treatment</b></li> <li>○ Eyesight</li> <li>○ Foetal surgery</li> <li>○ Footcare</li> <li>○ Harmful or hazardous use of alcohol, drugs and/or medicines</li> <li>○ Health hydros, nature cure clinics, etc</li> <li>○ Infertility <b>treatment</b></li> </ul> |  | <ul style="list-style-type: none"> <li>○ Obesity</li> <li>○ <b>Persistent vegetative state (PVS)</b> and neurological damage</li> <li>○ Personal exclusions</li> <li>○ Personality disorders</li> <li>○ <b>Pre-existing conditions</b></li> <li>○ Preventive <b>treatment</b></li> <li>○ Reconstructive or remedial surgery</li> </ul> | <ul style="list-style-type: none"> <li>○ Self-inflicted injuries</li> <li>○ Sexual problems and gender issues</li> <li>○ Sleep disorders</li> <li>○ Stem cells</li> <li>○ Temporomandibular joint (TMJ) disorders</li> <li>○ Travel costs for <b>treatment</b></li> <li>○ Unrecognised medical practitioner, provider or facility</li> <li>○ USA <b>treatment</b></li> </ul> |
|---|---|--|--|--|

# TABLE OF BENEFITS

## CORE COVER: WORLDWIDE MEDICAL INSURANCE

OVERALL ANNUAL MAXIMUM - GBP 1,500,000 / USD 2,550,000 / EUR 1,875,000\*

### For treatment received whilst staying in hospital, either overnight or as a day-case

Worldwide Medical Insurance gives **you** the reassurance of covering essential **hospital treatment** you may need, whether in an **emergency** or a planned visit. All surgery, cancer **treatment** and advanced imaging, whether received whilst staying in **hospital** or as a visiting patient, are also included. **You** may have chosen this cover on its own, or together with any combination of **our** options.

| BENEFITS   | LEVEL OF COVER | EXPLANATION OF BENEFITS   |
|--|----------------|---|
| Staying in <b>hospital</b> overnight or as a <b>day-case</b> | Paid in full   | <p><b>We</b> pay <b>hospital</b> room and board costs when:</p> <ul style="list-style-type: none"> <li>○ there is a medical need to stay in <b>hospital</b></li> <li>○ <b>your treatment</b> is given or managed by a <b>specialist</b></li> <li>○ <b>you</b> are staying in <b>hospital</b></li> <li>○ the length of <b>your</b> stay is medically appropriate</li> <li>○ <b>you</b> occupy a standard single room with private bathroom. (This means <b>we</b> will not pay the extra costs of a deluxe, executive or VIP suite, etc)</li> <li>○ if <b>treatment</b> fees are charged in line with the room type, <b>we</b> will pay for <b>treatment</b> at the cost which would have been charged if <b>you</b> had stayed in a standard single room with private bathroom</li> </ul> <p>If <b>you</b> need to stay in <b>hospital</b> for longer than <b>we</b> have given prior approval, or if <b>your treatment</b> plan changes, <b>your specialist</b> must send <b>us</b> a medical report as soon as possible telling us:</p> <ul style="list-style-type: none"> <li>○ <b>your</b> diagnosis</li> <li>○ <b>treatment</b> <b>you</b> have already had</li> <li>○ <b>treatment</b> that <b>you</b> need to have</li> <li>○ how long <b>you</b> need to stay in <b>hospital</b></li> </ul> <p><b>We</b> will also pay up to GBP 10/USD 17/EUR 13 each day for personal expenses such as newspapers, television rental and guest meals when <b>you</b> have had to stay overnight in <b>hospital</b>.</p> <p><b>We</b> do not pay <b>hospital</b> room and board charges if <b>you</b> are staying in <b>hospital</b> for any of the following reasons:</p> <ul style="list-style-type: none"> <li>○ convalescence</li> <li>○ general supervision</li> <li>○ pain management</li> <li>○ general nursing care without <b>specialist treatment</b>, except when in a hospice and receiving palliative care</li> <li>○ services from a <b>therapist</b> or <b>complementary therapist</b>, <b>physiotherapist</b>, <b>osteopath</b>, <b>chiropractor</b>, <b>dietician</b> or <b>speech therapist</b></li> <li>○ domestic services such as help in walking, bathing or preparing meals, or</li> <li>○ receiving <b>treatment</b> that could have taken place as an <b>out-patient</b></li> </ul> |
| Parent accommodation   | Paid in full   | <p><b>We</b> pay room and board costs for a parent staying in <b>hospital</b> with their child when:</p> <ul style="list-style-type: none"> <li>○ the costs are for one parent only</li> <li>○ <b>you</b> are staying in the same <b>hospital</b> as the child</li> <li>○ <b>you</b> are staying with a child up to 18 years old, and</li> <li>○ the child is a member and receiving <b>treatment</b> that is covered</li> </ul>  |
| Nursing care   | Paid in full   | <p><b>We</b> pay for reasonable costs of a <b>qualified nurse</b> for <b>your treatment</b> if the <b>hospital</b> does not provide nursing staff.</p> <p><b>We</b> do not pay for nurses hired in addition to the <b>hospital's</b> own staff.</p>   |

\* It is possible that not all currencies will be available to **you**. Please see **your** membership certificate for the currency applicable to **your** contract.

## CORE COVER: WORLDWIDE MEDICAL INSURANCE

| BENEFITS  | LEVEL OF COVER |  | EXPLANATION OF BENEFITS  |
|---|----------------|--|--|
| Operating room, medicines and surgical dressings  | Paid in full   |  | <p><b>We</b> pay for the costs of the:</p> <ul style="list-style-type: none"> <li>○ operating room</li> <li>○ recovery room</li> <li>○ medicines and dressings used in the operating or recovery room</li> <li>○ medicines and dressings for use during <b>your hospital</b> stay</li> </ul> <p><b>We</b> do not pay medicines and dressings prescribed for use at home unless <b>you</b> have bought the Worldwide Medicines and Equipment option.</p>  |
| <b>Intensive care</b> , intensive therapy, coronary care and high dependency unit   | Paid in full   |  | <p><b>We</b> pay room and board costs if <b>you</b> are treated in an <b>intensive care</b>/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when it is the most appropriate place for <b>you</b> to receive <b>treatment</b> and:</p> <ul style="list-style-type: none"> <li>○ it is an essential part of <b>your treatment</b> and is required routinely by patients undergoing the same type of <b>treatment</b> as <b>you</b>, or</li> <li>○ it is medically necessary in the event of unexpected circumstances, for example if <b>you</b> have an allergic reaction during surgery</li> </ul> |
| Surgery, including surgeons', anaesthetists' and assistants' fees   | Paid in full   |  | <p><b>We</b> pay for surgery, including surgeons', anaesthetists' and assistants' fees, as well as <b>treatment</b> needed immediately before and after the surgery on the same day.</p> <p><b>We</b> do not pay for <b>out-patient treatment</b> received prior to surgery or as a follow-up afterwards unless <b>you</b> have bought the Worldwide Medical Plus option.</p>  |
| <b>Specialists'</b> consultation fees   | Paid in full   |  | <p><b>We</b> pay for <b>specialists'</b> consultation fees during <b>your</b> stay in <b>hospital</b> when <b>you</b> have:</p> <ul style="list-style-type: none"> <li>○ medical <b>treatment</b>, for example if <b>you</b> have pneumonia</li> <li>○ meetings with <b>your specialist</b>, for example to discuss <b>your</b> surgery</li> <li>○ <b>specialist</b> attendance when medically necessary, for example in the unlikely event that <b>you</b> have a heart attack during surgery</li> </ul>  |
| Pathology, X-rays and <b>diagnostic tests</b>   | Paid in full   |  | <p><b>We</b> pay for:</p> <ul style="list-style-type: none"> <li>○ pathology, such as checking blood and urine samples</li> <li>○ radiology, such as X-rays</li> <li>○ <b>diagnostic tests</b> such as electrocardiograms (ECGs)</li> </ul> <p>if recommended by <b>your specialist</b> to help diagnose or assess <b>your</b> condition when <b>you</b> are in <b>hospital</b></p>  |
| <b>Physiotherapy, chiropractor</b> and <b>osteopathy, therapists, complementary therapists, dietician</b> and <b>speech therapist</b> | Paid in full   |  | <p><b>We</b> pay for <b>treatment</b> provided by <b>therapists</b> (such as occupational <b>therapists</b>), <b>complementary therapists</b> (such as acupuncturists), <b>physiotherapy, osteopathy, chiropractor</b> and <b>dietician</b> or <b>speech therapist</b> if it is needed as part of <b>your treatment in hospital</b>, as long as this <b>treatment</b> is not the primary reason for <b>your hospital</b> stay.</p>   |

## CORE COVER: WORLDWIDE MEDICAL INSURANCE

| BENEFITS   | LEVEL OF COVER  |  | EXPLANATION OF BENEFITS   |
|--|---|--|---|
| <b>Rehabilitation</b>  | <b>We</b> pay in full for up to 30 days each condition (which may be <b>in-patient treatment</b> or <b>day-case treatment</b> ) each <b>membership year</b> |  | <p><b>We</b> pay for <b>rehabilitation</b>, including room, board and therapies or combinations of therapies such as physical, occupational and speech therapy after an event such as a stroke.</p> <p><b>We</b> pay for <b>rehabilitation</b>; only when <b>you</b> have received <b>our</b> written agreement before the <b>treatment</b> starts, for up to 30 days <b>treatment</b> for each separate condition requiring <b>rehabilitation</b>. For <b>treatment</b> in <b>hospital</b> one day is each overnight stay and for <b>day-case</b> and <b>out-patient treatment</b>, one day is counted as any day on which <b>you</b> have one or more appointments for <b>rehabilitation treatment</b>.</p> <p><b>We</b> only pay for <b>rehabilitation</b> where it:</p> <ul style="list-style-type: none"> <li>○ starts within 30 days after the end of <b>your treatment</b> in <b>hospital</b> for a condition which is covered by <b>your</b> membership (such as trauma or stroke), and</li> <li>○ arises as a result of the condition which required the hospitalisation or is needed as a result of such <b>treatment</b> given for that condition</li> </ul> <p>Note: in order to give written agreement, <b>we</b> must receive full clinical details from <b>your</b> consultant; including <b>your</b> diagnosis, <b>treatment</b> given and planned, and proposed discharge date if <b>you</b> stayed in <b>hospital</b> to receive <b>rehabilitation</b>.</p> <p>Note: <b>we</b> may pay for <b>treatment</b> for more than 30 days when it is needed following:</p> <ul style="list-style-type: none"> <li>○ orthopaedic or</li> <li>○ spinal or</li> <li>○ neurological events</li> </ul> <p>If this is the case, please contact <b>us</b> for prior approval. It may be necessary for <b>us</b> to seek a second opinion as part of <b>our</b> approval process.</p> |
| Advanced imaging   | Paid in full  |  | <p><b>We</b> pay for advanced imaging such as:</p> <ul style="list-style-type: none"> <li>○ magnetic resonance imaging (MRI)</li> <li>○ computed tomography (CT)</li> <li>○ positron emission tomography (PET)</li> </ul> <p>if recommended by <b>your specialist</b> to help diagnose or assess <b>your</b> condition, whether <b>you</b> need this during a <b>hospital</b> stay overnight, as a <b>day-case</b> or as an <b>out-patient</b>.</p>   |
| <b>Psychiatric treatment</b> overnight in <b>hospital</b> , including room, board and <b>treatment</b> costs | 90 days' lifetime limit   |  | <p><b>We</b> pay for <b>psychiatric treatment</b> overnight in <b>hospital</b> or as a <b>day-case</b>, to include room, board and <b>treatment</b> costs.</p> <p><b>We</b> pay for a total of 90 days' <b>psychiatric treatment</b>, during <b>your</b> lifetime, for which <b>you</b> are medically required to stay overnight in <b>hospital</b>.</p>  |
| <b>Psychiatric treatment</b> as a <b>day-case</b> , including room, board and <b>treatment</b> costs         | Paid in full for 20 days each <b>membership year</b>  |  | <p>This applies to all Bupa administered plans <b>you</b> have been a member of in the past, or may be a member of in the future, even if <b>you</b> have had a break in <b>your</b> cover.</p> <p>Example: if Bupa has paid for 45 days' <b>psychiatric treatment</b> in <b>hospital</b> under another Bupa administered plan, this plan will only pay for another 45 days' <b>treatment</b>.</p> <p><b>We</b> also pay for <b>psychiatric treatment</b> received as a <b>day-case</b> in <b>hospital</b>, for up to 20 days each <b>membership year</b>.</p>  |

## CORE COVER: WORLDWIDE MEDICAL INSURANCE

| BENEFITS                                    | LEVEL OF COVER  |  | EXPLANATION OF BENEFITS   |
|---|---|--|---|
| Prosthetic implants and appliances          | Paid in full  |  | <p><b>We</b> pay for prosthetic implants and appliances shown in the following lists.</p> <p><b>Prosthetic implants:</b></p> <ul style="list-style-type: none"> <li>○ to replace a joint or ligament</li> <li>○ to replace a heart valve</li> <li>○ to replace an aorta or an arterial blood vessel</li> <li>○ to replace a sphincter muscle</li> <li>○ to replace the lens or cornea of the eye</li> <li>○ to control urinary incontinence or bladder control</li> <li>○ to act as a heart pacemaker</li> <li>○ to remove excess fluid from the brain</li> <li>○ cochlear implant – provided the initial implant was provided to the member when under the age of five, <b>we</b> will pay ongoing maintenance and replacements</li> <li>○ breast reconstruction following surgery for cancer when the reconstruction was carried out as part of the original <b>treatment</b> for the cancer and <b>you</b> have obtained <b>our</b> written consent before receiving the <b>treatment</b></li> <li>○ to restore vocal function following surgery for cancer</li> </ul> <p><b>Appliances:</b></p> <ul style="list-style-type: none"> <li>○ a knee brace which is an essential part of a <b>surgical operation</b> for the repair to a cruciate (knee) ligament</li> <li>○ a spinal support which is an essential part of a <b>surgical operation</b> to the spine</li> <li>○ an external fixator such as for an open fracture or following surgery to the head or neck</li> </ul>   |
| Prosthetic devices                          | Each device, up to GBP 2,000, USD 3,400 or EUR 2,500                    |  | <p><b>We</b> pay for the initial prosthetic device needed as part of <b>your treatment</b>. By this <b>we</b> mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of <b>your</b> surgical procedure.</p> <p><b>We</b> do not pay for any replacement prosthetic devices for adults including any replacement devices required in relation to a <b>pre-existing condition</b>. <b>We</b> will pay for the initial and up to two replacements per device for children under the age of 16.</p>   |
| Childbirth and <b>treatment in hospital</b> | Each <b>membership year</b> , up to GBP 8,000, USD 13,600 or EUR 10,000 |  | <p><b>We</b> pay for maternity <b>treatment</b> and childbirth after the mother has been a member of this plan for 10 months, including:</p> <ul style="list-style-type: none"> <li>○ <b>hospital</b> charges, obstetricians' and midwives' fees for normal childbirth</li> <li>○ post-natal care required by the mother immediately following normal childbirth, such as stitches</li> <li>○ up to seven days' routine care for the baby</li> </ul> <p><b>We</b> also pay for pregnancy and childbirth complications, by which <b>we</b> mean those conditions which only ever arise as a direct result of pregnancy or childbirth. These include:</p> <ul style="list-style-type: none"> <li>○ pre-eclampsia</li> <li>○ miscarriage</li> <li>○ threatened miscarriage</li> <li>○ gestational diabetes</li> <li>○ when the foetus has died and remains with the placenta in the womb</li> <li>○ still birth</li> <li>○ heavy bleeding in the hours and days immediately after childbirth (post partum haemorrhage)</li> <li>○ afterbirth left in the womb after delivery of the baby (retained placental membranes)</li> <li>○ complications following any of the above conditions</li> </ul> <p>Treatment for</p> <ul style="list-style-type: none"> <li>○ abnormal cell growth in the womb (hydatiform mole)</li> <li>○ foetus growing outside the womb (ectopic pregnancy)</li> </ul> <p>are not covered from this benefit but may be covered by <b>your</b> other benefits.</p> <p>(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 <b>your</b> other benefits).</p> |

## CORE COVER: WORLDWIDE MEDICAL INSURANCE

| BENEFITS                                     | LEVEL OF COVER  |  | EXPLANATION OF BENEFITS   |
|--|---|--|---|
| Childbirth at home or <b>birthing centre</b> | Each <b>membership year</b> , up to GBP 650, USD 1,105 or EUR 810         |  | <p><b>We</b> pay for midwives' or other <b>specialists'</b> fees for childbirth at home or <b>birthing centre</b> after the mother has been a member for 10 months.</p>   |
| Medically essential Caesarean section        | Each <b>membership year</b> , up to GBP 13,000, USD 22,100 or EUR 16,250  |  | <p><b>We</b> pay for <b>hospital</b>, obstetricians' and other medical fees for the cost of the delivery of <b>your</b> baby by Caesarean section, after the mother has been a member of this plan for 10 months, when it is medically essential for a Caesarean section for example as a result of non progression during labour (eg dystocia, foetal distress, haemorrhage).</p> <p>Note: if <b>we</b> are unable to determine that <b>your</b> Caesarean section was medically essential, it will be paid from <b>your</b> maternity and childbirth benefit limit.</p> <p><b>We</b> do not pay for <b>treatment</b> directly related to surrogacy. <b>We</b> will not pay maternity benefits:</p> <ul style="list-style-type: none"> <li>○ to <b>you</b> if <b>you</b> act as a surrogate, or</li> <li>○ to anyone else acting as a surrogate for <b>you</b></li> </ul> <p><b>We</b> do not pay for <b>treatment</b> received as an <b>out-patient</b> before or after the birth unless <b>you</b> have bought the Worldwide Medical Plus option.</p> <p>Please read the 'Adding members to <b>your</b> plan' section in the 'How to use <b>your</b> plan' booklet.</p>  |
| Newborn care                                 | Each <b>membership year</b> , up to GBP 75,000, USD 127,500 or EUR 93,750 |  | <p><b>We</b> pay newborn care benefits:</p> <ul style="list-style-type: none"> <li>○ for all <b>treatment</b> required for the newborn during the first 90 days' following birth, instead of any other benefit. (The first seven days of routine care for <b>your</b> baby will be paid from the mother's maternity benefit, whether <b>your</b> baby is entitled to newborn cover benefits or not)</li> <li>○ only for children covered under this plan. Children must be covered under this plan before <b>you</b> can claim this benefit</li> </ul> <p><b>We</b> do not pay newborn care benefits for children joining on their own membership (where they are the <b>main member</b>), born as a result of assisted reproduction technologies, ovulation induction <b>treatment</b>, born to a surrogate or who have been adopted, as these children can only join once they are 91 days old.</p> <p>Please read the 'Adding members to <b>your</b> plan' section in the 'How to use <b>your</b> plan' booklet.</p>   |
| Cancer <b>treatment</b>                      | Paid in full  |  | <p><b>We</b> pay for <b>treatment</b> of cancer, once it has been diagnosed, including:</p> <ul style="list-style-type: none"> <li>○ fees that are related specifically to planning and carrying out <b>treatment</b> for cancer. This includes tests, scans, consultations and drugs (such as cytotoxic drugs or chemotherapy), and</li> <li>○ when the acute phase of cancer <b>treatment</b> (by which <b>we</b> mean surgery, radiotherapy or chemotherapy) has been completed, <b>we</b> will continue to pay this benefit for all cancer <b>treatment</b> specifically related to the original diagnosis for up to a further five years</li> </ul> <p>The five years will begin on the first <b>out-patient</b> consultation following completion of the acute phase of <b>treatment</b>. Cover during this period includes any follow-up tests, scans and consultations <b>you</b> 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.</p> <p>If <b>your treatment</b> needs to continue for more than five years, please contact <b>us</b> for prior approval. It may be necessary for <b>us</b> to seek a second opinion as part of <b>our</b> approval process.</p> |

## CORE COVER: WORLDWIDE MEDICAL INSURANCE

| BENEFITS                    | LEVEL OF COVER  |  | EXPLANATION OF BENEFITS  |
|-----------------------------|---|--|--|
| Transplant services         | Each condition, up to GBP 150,000, USD 255,000 or EUR 187,500 |  | <p><b>We</b> pay medical expenses for the following transplants if the organ has come from a relative or a certified and verified source of donation:</p> <ul style="list-style-type: none"> <li>○ cornea</li> <li>○ small bowel</li> <li>○ kidney</li> <li>○ kidney/pancreas</li> <li>○ liver</li> <li>○ heart</li> <li>○ lung, or</li> <li>○ heart/lung transplant</li> </ul> <p><b>We</b> will also pay medical expenses for bone marrow transplants (either using <b>your</b> own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy when carried out for conditions other than cancer.</p> <p><b>We</b> pay donor expenses, for each condition needing a transplant whether the donor is a member or not, including:</p> <ul style="list-style-type: none"> <li>○ the harvesting of the organ, whether from live or deceased donor</li> <li>○ all tissue matching fees</li> <li>○ <b>hospital</b>/operation costs of the donor, and</li> <li>○ any donor complications, but to a maximum of 30 days post-operatively only</li> </ul> <p><b>We</b> do not pay for <b>treatment</b> received as an <b>out-patient</b> before or after the transplant for either <b>you</b> or <b>your</b> donor unless <b>you</b> have bought the Worldwide Medical Plus option.</p> <p><b>We</b> do not pay for anti-rejection medicines unless <b>you</b> have bought the Worldwide Medicines and Equipment option three or more years before needing these medicines.</p> <p><b>We</b> do not pay medical costs for <b>you</b> to have an organ harvested, when the intended recipient is not a member of a <b>Bupa Global</b> administered plan.</p> <p>Please read about transplant services under Worldwide Medical Plus.</p> <p>Please also read about donor organs in the 'What is not covered' section.</p> |
| Hospice and palliative care | Lifetime limit of GBP 20,000, USD 34,000 or EUR 25,000        |  | <p><b>We</b> pay for the following hospice and palliative care services if <b>you</b> have received a terminal diagnosis and can no longer have <b>treatment</b> which will lead to <b>your</b> recovery:</p> <ul style="list-style-type: none"> <li>○ <b>hospital</b> or hospice accommodation</li> <li>○ nursing care</li> <li>○ prescribed medicines</li> <li>○ physical, psychological, social and spiritual care</li> </ul> <p>The amount shown is the total amount <b>we</b> shall pay for these expenses during the whole of <b>your</b> membership of <b>Bupa Global</b>, even if <b>you</b> have a break in <b>your</b> cover.</p>  |
| Local road ambulance        | Paid in full  |  | <p><b>We</b> pay for a local road ambulance:</p> <ul style="list-style-type: none"> <li>○ from the location of an accident to a <b>hospital</b></li> <li>○ for a transfer from one <b>hospital</b> to another, or</li> <li>○ from <b>your</b> home to the <b>hospital</b></li> </ul> <p>When a local road ambulance is:</p> <ul style="list-style-type: none"> <li>○ medically necessary, and</li> <li>○ related to <b>treatment</b> that is covered that <b>you</b> need to receive in <b>hospital</b></li> </ul>   |

## CORE COVER: WORLDWIDE MEDICAL INSURANCE

| BENEFITS   | LEVEL OF COVER  | EXPLANATION OF BENEFITS   |
|--|---|---|
| Local air ambulance                                      | Each <b>membership year</b> , up to GBP 5,000, USD 8,500 or EUR 6,250                                       | <p><b>We</b> pay for a local air ambulance:</p> <ul style="list-style-type: none"> <li>○ from the location of an accident to a <b>hospital</b>, or</li> <li>○ for a transfer from one <b>hospital</b> to another</li> </ul> <p>When a local air ambulance is:</p> <ul style="list-style-type: none"> <li>○ medically necessary</li> <li>○ used for short distances of up to 100 miles/160 kilometres, and</li> <li>○ related to <b>treatment</b> that is covered that <b>you</b> need to receive in <b>hospital</b></li> </ul> <p>A local air ambulance may not always be available in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone.</p> <p><b>We</b> do not pay for mountain rescue.</p> <p><b>We</b> do not pay for evacuation or repatriation if the <b>treatment you</b> need is not available locally unless <b>you</b> have bought the Worldwide Evacuation option.</p> |
| Home nursing   | Paid in full for 30 days each <b>membership year</b>  | <p><b>We</b> pay for home nursing if <b>you</b> have had <b>treatment</b> in <b>hospital</b> which is covered under this plan, when it:</p> <ul style="list-style-type: none"> <li>○ is prescribed by <b>your specialist</b></li> <li>○ starts immediately after <b>you</b> leave <b>hospital</b></li> <li>○ reduces the length of <b>your</b> stay in <b>hospital</b></li> <li>○ is provided by a <b>qualified nurse</b> in <b>your</b> home and</li> <li>○ is needed to provide medical care, not personal assistance</li> </ul>  |
| Hospitalisation cash benefit                             | Each night for a maximum of up to 30 nights each <b>membership year</b> , up to GBP 100, USD 170 or EUR 125 | <p><b>We</b> pay <b>hospital</b> cash benefit if <b>you</b>:</p> <ul style="list-style-type: none"> <li>○ have received <b>treatment</b> in <b>hospital</b> which is covered under this plan</li> <li>○ have not been charged for <b>your</b> room and board, and</li> <li>○ have not been charged for <b>your treatment</b></li> </ul>   |
| <b>Emergency dental treatment</b>                        | Paid in full  | <p><b>We</b> pay for <b>emergency dental treatment</b> when:</p> <ul style="list-style-type: none"> <li>○ the <b>treatment</b> is needed as part of <b>your</b> overall <b>treatment</b> following a serious accident causing <b>you</b> to stay in <b>hospital</b>, and</li> <li>○ it is not the primary reason for <b>you</b> to be in <b>hospital</b></li> </ul> <p>This benefit is paid instead of any other dental benefits <b>you</b> may have, when <b>you</b> need <b>treatment</b> as a result of a serious accident requiring hospitalisation.</p>  |
| <b>Treatment</b> of congenital and hereditary conditions | Each <b>membership year</b> , up to GBP 20,000, USD 34,000 or EUR 25,000                                    | <p><b>We</b> pay for <b>treatment</b> of congenital and hereditary conditions:</p> <ul style="list-style-type: none"> <li>○ by congenital conditions <b>we</b> mean any abnormalities, deformities, diseases, illnesses or injuries present at birth, whether diagnosed or not</li> <li>○ by hereditary conditions <b>we</b> mean any abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of <b>your</b> family</li> </ul> <p>If <b>you</b> have bought Worldwide Medical Plus, Worldwide Medicines and Equipment, Worldwide Wellbeing or Worldwide Evacuation the stated limits will apply for benefits included under those options. If <b>you</b> are unsure whether <b>your</b> condition may be classed as congenital or hereditary, please contact <b>us</b> for further information.</p>  |

## OPTION: WORLDWIDE MEDICAL PLUS

OVERALL ANNUAL MAXIMUM - GBP 25,000 / USD 42,500 / EUR 31,250\* (EXCLUDING TRANSPLANT BENEFITS)

### For specialist treatment where you do not need to stay in hospital

Worldwide Medical Plus covers **you** for consultations with a **doctor** or **specialist** and medical **treatments** that do not require a **hospital** stay. These may include **osteopathy** or complementary therapies, for example. Some of these **treatments** or consultations may take place before or after a **hospital** stay, but many will be totally independent.

**These benefits are only available if you have chosen this option and it is listed on your membership certificate.**

| BENEFITS  | LEVEL OF COVER   | EXPLANATION OF BENEFITS  |
|---|--|--|
| <b>Specialists' consultation and doctors' fees</b>  | Paid in full up to 35 visits each <b>membership year</b> | <p><b>We</b> pay for consultations or meetings with <b>your specialist</b> or <b>doctor</b> to:</p> <ul style="list-style-type: none"> <li>○ receive <b>treatment</b></li> <li>○ arrange <b>treatment</b></li> <li>○ as a follow-up to <b>treatment</b> already received, or</li> <li>○ diagnose <b>your</b> illness or interpret <b>your</b> symptoms</li> </ul> <p>Such meetings may take place in the <b>specialist's</b> or <b>doctor's</b> office, by telephone or using the internet.</p>  |
| <b>Physiotherapy, osteopathy and chiropractor treatment</b>                                   | Paid in full up to 30 visits each <b>membership year</b> | <p><b>We</b> pay for <b>physiotherapy, osteopathy</b> and <b>chiropractor treatments</b>, which are physical therapies aimed at restoring <b>your</b> normal physical functions.</p>   |
| Consultations and <b>treatment</b> with <b>therapists</b> and <b>complementary therapists</b> | Paid in full up to 15 visits each <b>membership year</b> | <p><b>We</b> pay for consultations and <b>treatment</b> with <b>therapists</b> and <b>complementary therapists</b> including:</p> <ul style="list-style-type: none"> <li>○ occupational or orthoptic therapy, acupuncture, homeopathy and Chinese medicine, when the practitioners are appropriately qualified and registered to practise in the country where <b>treatment</b> is received, and</li> <li>○ the cost of both consultation and <b>treatment</b>, including any complementary medicines prescribed or administered as part of <b>your treatment</b></li> </ul> <p>Example: should any complementary medicines or <b>treatments</b> be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate visit.</p> <p><b>We</b> do not pay any other complementary therapies such as ayurvedic <b>treatment</b> or aromatherapy which may be available.</p> |
| Psychiatrists' and <b>psychologists' fees</b>   | Paid in full up to 30 visits each <b>membership year</b> | <p><b>We</b> pay for psychiatrists' and <b>psychologists' fees</b> for:</p> <ul style="list-style-type: none"> <li>○ meeting with <b>your specialist</b> to assess <b>your</b> condition, or</li> <li>○ <b>treatment</b> provided by a psychiatrist or <b>psychologist</b></li> </ul>  |
| Speech therapy  | Paid in full   | <p><b>We</b> pay for speech therapy only when it is:</p> <ul style="list-style-type: none"> <li>○ short term for a condition such as a stroke and</li> <li>○ part of the <b>treatment</b> for that condition</li> <li>○ taking place during or immediately following <b>treatment</b> for that condition, and</li> <li>○ recommended by <b>your specialist</b></li> </ul> <p><b>We</b> do not pay for <b>treatment</b> of speech or language disorders such as stammering or resulting from learning difficulties or developmental studies.</p>  |
| Pathology, X-rays and <b>diagnostic tests</b>   | Paid in full   | <p><b>We</b> pay for the following if recommended by <b>your specialist</b> or <b>doctor</b> to help diagnose or assess <b>your</b> condition:</p> <ul style="list-style-type: none"> <li>○ pathology, such as checking blood and urine samples</li> <li>○ radiology (such as X-rays)</li> <li>○ <b>diagnostic tests</b> such as electrocardiograms (ECGs) or hearing tests</li> </ul>   |

\* It is possible that not all currencies will be available to **you**. Please see **your** membership certificate for the currency applicable to **your** contract.

## OPTION: WORLDWIDE MEDICAL PLUS

| BENEFITS                                 | LEVEL OF COVER  |  | EXPLANATION OF BENEFITS   |
|--|---|--|---|
| Young child care                         | Each <b>membership year</b> , up to GBP 1,000, USD 1,700 or EUR 1,250 |  | <p><b>We</b> pay the following young child benefits for children up to the age of five covered under this plan:</p> <ul style="list-style-type: none"> <li>○ routine preventive care and check-ups, and</li> <li>○ immunisations</li> </ul>   |
| Maternity                                | Each <b>membership year</b> , up to GBP 3,000, USD 5,100 or EUR 3,750 |  | <p><b>We</b> pay for maternity care and <b>treatment</b> after <b>you</b>, the mother, have been covered on this option for 10 months including:</p> <ul style="list-style-type: none"> <li>○ <b>treatment</b> before and after the birth, including up to seven days' routine care for <b>your</b> baby, and</li> <li>○ home nurse following delivery</li> </ul> <p><b>We</b> also pay for pregnancy and childbirth complications, by which <b>we</b> mean those conditions which only ever arise as a direct result of pregnancy or childbirth.</p> <p>These include:</p> <ul style="list-style-type: none"> <li>○ pre-eclampsia</li> <li>○ miscarriage</li> <li>○ threatened miscarriage, gestational diabetes, when the foetus has died and remains with the placenta in the womb</li> <li>○ still birth</li> <li>○ heavy bleeding in the hours and days immediately after childbirth (post partum haemorrhage)</li> <li>○ afterbirth left in the womb after delivery of the baby (retained placental membranes)</li> <li>○ complications following any of the above conditions</li> </ul> <p><b>Treatment</b> for</p> <ul style="list-style-type: none"> <li>○ abnormal cell growth in the womb (hydatiform mole)</li> <li>○ foetus growing outside the womb (ectopic pregnancy)</li> </ul> <p>are not covered from this benefit but may be covered by your other benefits.</p> <p>(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 <b>your</b> other benefits).</p> |
| Accident-related dental <b>treatment</b> | Each <b>membership year</b> , 80% up to GBP 500, USD 850 or EUR 625   |  | <p><b>We</b> pay for accident-related dental <b>treatment</b> when:</p> <ul style="list-style-type: none"> <li>○ it is needed only following a trauma or injury</li> <li>○ <b>you</b> do not need to be admitted to <b>hospital</b></li> <li>○ <b>sound, natural tooth/teeth</b> are affected, and</li> <li>○ <b>treatment</b> takes place within six months of the date of the accident</li> </ul> <p>A medical report from <b>your</b> dentist is required confirming:</p> <ul style="list-style-type: none"> <li>○ the date of the accident, and</li> <li>○ that the tooth/teeth requiring <b>treatment</b> are <b>sound, natural teeth</b></li> </ul> <p>This benefit is paid instead of any other dental benefits <b>you</b> may have, when <b>you</b> need <b>treatment</b> following accidental damage to <b>your</b> tooth/teeth.</p> <p><b>We</b> do not pay for the repair or provision of dental implants, crowns or dentures.</p>   |

## OPTION: WORLDWIDE MEDICAL PLUS

| BENEFITS            | LEVEL OF COVER   | EXPLANATION OF BENEFITS   |
|---------------------|--|---|
| Transplant services | Each condition, up to GBP 50,000, USD 85,000 or EUR 62,500 | <p><b>We</b> pay for all costs for <b>treatment</b> received by <b>you</b> or <b>your</b> donor for, or related to, a covered transplant which has not been provided during a stay in <b>hospital</b>, such as:</p> <ul style="list-style-type: none"> <li>○ <b>specialists'</b> and <b>doctors'</b> fees</li> <li>○ pathology, X-rays and <b>diagnostic tests</b></li> <li>○ <b>physiotherapy, osteopathy</b> and <b>chiropractor treatment</b>, or</li> <li>○ any donor complications, but to a maximum of 30 days post-operatively only</li> </ul> <p><b>We</b> do not pay for anti-rejection medicines unless <b>you</b> have bought the Worldwide Medicines and Equipment option three or more years before needing these medicines.</p> <p>Please read about transplant services under Worldwide Medical Insurance.</p> |

## OPTION: WORLDWIDE MEDICINES AND EQUIPMENT

### For prescribed medicines and medical equipment

Often, **treatment** doesn't end when **you** leave the **hospital** or clinic or after **you** have seen a **specialist**. This option covers **you** for prescription medicines and the rental of medical appliances, such as oxygen supplies or wheelchairs. **Our** unique benefit for long-term prescriptions will also pay for any medicine required to manage chronic conditions such as asthma.

**These benefits are only available if you have chosen this option and it is listed on your membership certificate.**

| BENEFITS                           | LEVEL OF COVER  | EXPLANATION OF BENEFITS   |
|------------------------------------|---|---|
| Prescribed medicines and dressings | Each <b>membership year</b> , up to GBP 1,500, USD 2,550 or EUR 1,875   | <p><b>We</b> pay for medicines and dressings:</p> <ul style="list-style-type: none"> <li>○ prescribed by <b>your medical practitioner</b></li> <li>○ which <b>you</b> can only get with a prescription, and</li> <li>○ that are only used if <b>you</b> have a disease, illness or injury</li> </ul> <p>If <b>you</b> are staying in <b>hospital</b>, medicines and dressings will be covered under <b>your</b> Worldwide Medical Insurance benefits – read note 'Operating room, medicines and surgical dressings'.</p> <p>Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit 'Consultations and <b>treatment</b> with <b>therapists</b> and <b>complementary therapists</b>'.</p> |
| Durable medical equipment          | Up to 45 days each condition, each <b>membership year</b> up to   | <p><b>We</b> pay for durable medical equipment that:</p> <ul style="list-style-type: none"> <li>○ can be used more than once</li> <li>○ is not disposable</li> <li>○ is used to serve a medical purpose</li> <li>○ is not used in the absence of a disease, illness or injury, and</li> <li>○ is fit for use in the home</li> </ul>   |
| Long-term prescription medicines   | Each <b>membership year</b> , 80% up to GBP 10,000, USD 17,000 or EUR 12,500<br><br>Lifetime limit of GBP 60,000, USD 102,000 or EUR 75,000 | <p><b>We</b> pay for long-term prescribed medicines:</p> <ul style="list-style-type: none"> <li>○ after <b>you</b> have been covered on this option for three years, and</li> <li>○ which have been prescribed for a period of at least six months</li> </ul> <p>A medical report from <b>your specialist</b> or <b>doctor</b> is required confirming:</p> <ul style="list-style-type: none"> <li>○ the condition <b>you</b> need the medicines for, and</li> <li>○ that <b>you</b> need to take these medicines for at least six months</li> </ul>   |

## OPTION: WORLDWIDE WELLBEING

OVERALL ANNUAL MAXIMUM - GBP 5,000 / USD 8,500 / EUR 6,250\*

### For a range of health screenings, vaccinations, dental and optical treatment

Our Worldwide Wellbeing option is designed to help **you** protect and maintain **your** health. It covers medical screenings that can provide valuable early detection of conditions such as cancer. It covers dental and optical **treatments**, which can play an important role in keeping **you** healthy by identifying underlying problems such as mouth cancer or diabetes.

**These benefits are only available if you have chosen this option and it is listed on your membership certificate.**

| BENEFITS                         | LEVEL OF COVER  | EXPLANATION OF BENEFITS  |
|----------------------------------|---|--|
| <b>Screening and prevention:</b> |   |  |
| Full health screen               | Each <b>membership year</b> , up to GBP 500, USD 850 or EUR 625 | <p><b>We</b> pay for a full health screening:</p> <ul style="list-style-type: none"> <li>○ after <b>you</b> have been covered on this option for one <b>membership year</b></li> <li>○ then each alternate <b>membership year</b></li> </ul> <p>A full health screening generally includes various routine tests performed to assess <b>your</b> state of health and could include tests such as high cholesterol, high blood pressure, diabetes, anaemia and lung function, liver and kidney function and cardiac risk assessment. In addition, <b>you</b> may also have the specific screenings as part of a full health screening. The actual tests <b>you</b> have will depend on those supplied by the <b>treatment</b> provider where <b>you</b> have <b>your</b> screening.</p> |
| Mammogram                        |   | <p><b>We</b> pay for mammogram, PAP (also known as a smear test), prostate cancer screening (which may include a prostate-specific antigen (PSA) test and/or physical examination), colon cancer screening and bone densitometry.</p>  |
| Papanicolaou (PAP) test          |   | <p>These tests and/or screenings:</p> <ul style="list-style-type: none"> <li>○ do not have a waiting period, and</li> <li>○ may take place independently of full health screening</li> </ul>   |
| Prostate cancer screen           |   |  |
| Colon cancer screen              |   |  |
| Bone densitometry                |   |  |
| Four dietetic consultations      |   |  |
| Vaccinations                     |   | <p><b>We</b> pay for vaccinations and immunisations such as:</p> <ul style="list-style-type: none"> <li>○ travel vaccinations</li> <li>○ malaria tablets</li> <li>○ pneumococcal vaccinations, or</li> <li>○ vaccinations to aid the prevention of cancer, such as human papilloma virus (HPV), as and when these are complete medical trials and are approved for use in the country of <b>treatment</b></li> </ul> <p><b>We</b> do not pay for child immunisations up to the age of five from this benefit. If <b>you</b> have bought the Worldwide Medical Plus option <b>we</b> will pay these immunisations from the young child care benefit.</p>  |

\* It is possible that not all currencies will be available to **you**. Please see **your** membership certificate for the currency applicable to **your** contract.

## OPTION: WORLDWIDE WELLBEING

| BENEFITS                      | LEVEL OF COVER                           |                                   | EXPLANATION OF BENEFITS   |
|-------------------------------|--|-----------------------------------|---|
| <b>Dental:</b>                |  |                                   | <p><b>We</b> pay for <b>treatment you</b> receive from <b>your</b> dental practitioner. Certain dental/oral <b>treatments</b> will not be paid from this benefit, but from the Worldwide Medical Insurance and/or Worldwide Medical Plus benefits if <b>you</b> bought this option (please read notes under those benefits).</p> <p>These conditions are those which are more specialised and need to be performed by a maxillofacial or oral <b>specialist</b> in <b>hospital</b>, such as:</p> <ul style="list-style-type: none"> <li>○ put a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident</li> <li>○ surgically remove a complicated, buried or impacted tooth, teeth or root</li> <li>○ benign gum cysts/jaw cysts</li> <li>○ chronic (large) mouth ulcers</li> <li>○ facial deformity such as cleft palate or lip</li> <li>○ facial injuries such as after an accident or cancer, or</li> <li>○ salivary gland diseases</li> </ul> <p>This benefit is paid instead of any other dental benefits <b>you</b> may have, when <b>you</b> need preventive, routine or orthodontic <b>treatment</b>.</p> |
| Preventive                    | Each <b>membership year</b> , 100% up to | GBP 3,500, USD 5,950 or EUR 4,375 | <p>Dental – preventive, after <b>you</b> have been covered on this option for six months includes:</p> <ul style="list-style-type: none"> <li>○ two check-ups/exams each <b>membership year</b></li> <li>○ X-rays/bitewing/single view/Orthopantomogram (OPG)</li> <li>○ scale and polish</li> <li>○ gum shield/mouth guard, and</li> <li>○ night guard</li> </ul>  |
| Routine and major restorative | Each <b>membership year</b> , 80% up to  |                                   | <p>Dental – routine and major restorative, after <b>you</b> have been covered on this option for six months includes:</p> <ul style="list-style-type: none"> <li>○ all fillings—either amalgam (silver) or composite (white)</li> <li>○ root canal <b>treatment</b></li> <li>○ crowns/bridge</li> <li>○ dental implant, and</li> <li>○ anaesthesia costs</li> </ul>   |
| Orthodontic                   | Each <b>membership year</b> , 50% up to  |                                   | <p>Dental – orthodontic <b>treatment</b> up to the age of 19, after <b>you</b> have been covered on this option for two years includes:</p> <ul style="list-style-type: none"> <li>○ consultations and monthly check-ups</li> <li>○ removal of deciduous/baby teeth/milk teeth/primary teeth</li> <li>○ <b>treatment</b> planning</li> <li>○ models/gum impressions</li> <li>○ extractions</li> <li>○ anaesthesia</li> <li>○ X-rays including single/bitewing/periapical (root X-ray)/full-mouth X-rays/Orthopantomogram (OPG) and Cephalometric (CEPH)</li> <li>○ digital photography, and</li> <li>○ metal braces/retainers</li> </ul>  |

## OPTION: WORLDWIDE WELLBEING

| BENEFITS                          | LEVEL OF COVER   |  | EXPLANATION OF BENEFITS   |
|-----------------------------------|--|--|---|
| <b>Optical:</b>                   |  |  |   |
| Eye test (including consultation) | One each <b>membership year</b> , 100%   |  | <b>We</b> pay for one eye test each <b>membership year</b> , which includes the cost of <b>your</b> consultation and sight/vision testing.  |
| Spectacle lenses                  | 80%  |  | <b>We</b> pay for spectacle and contact lenses which are: <ul style="list-style-type: none"> <li>○ prescribed by <b>your</b> eye <b>specialist</b>, and</li> <li>○ to correct a sight/vision problem such as short or long sight</li> </ul>   |
| Contact lenses                    | 80%  |  |   |
| Spectacle frames                  | Once every two <b>membership years</b> , 80% up to GBP 150, USD 255 or EUR 185 |  | <p><b>We</b> pay for spectacle frames. This benefit is payable:</p> <ul style="list-style-type: none"> <li>○ once every two <b>membership years</b></li> <li>○ only if <b>you</b> have been prescribed spectacle lenses</li> </ul> <p><b>Your</b> spectacle lens prescription or invoice will be required in support of <b>your</b> claim for spectacle frames.</p> |

## OPTION: WORLDWIDE EVACUATION

### For when you cannot get the treatment you need in a local hospital

The Worldwide Evacuation option covers **you** for reasonable transport costs to the nearest appropriate place of **treatment**, when the **treatment you** need is not available nearby. Repatriation, which is also included, gives **you** the added option of returning to **your specified country of residence** or **specified country of nationality**, to be treated in familiar surroundings.

For all medical transfers, either evacuation or repatriation:

- **you** must contact **our service partner** for authorisation before **you** travel, on +44 (0) 1273 333 911
- **our service partners** must agree the arrangements with **you**
- **your** Worldwide Evacuation benefit is applicable for **hospital treatment**, either overnight or as a day-case. Evacuation only (not repatriation) may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy
- the **treatment** must be recommended by **your** specialist or doctor
- the **treatment** is not available locally
- the **treatment** must be eligible under **your** plan
- **you** must have cover for the country **you** are going to be treated in, for example the USA
- **you** must have Worldwide Evacuation Cover in place before **you** need the **treatment**.

**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 and approved in advance by **Bupa Global's service partners**.

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

The costs of any **treatment you** receive either before or after an evacuation or repatriation will be paid from Worldwide Medical Insurance or any options **you** have bought as appropriate, provided this is covered under **your** plan.

**We** will 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.

**We** cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond **our** control.

**We** do not pay for extra nights in **hospital**, when **you** are no longer receiving **active treatment** which requires **you** to be and are awaiting **your** return flight.

| BENEFITS           | LEVEL OF COVER | EXPLANATION OF BENEFITS   |
|--------------------|----------------|---|
| Medical evacuation | Paid in full   | <p><b>We</b> pay the reasonable and customary transport costs for a medical evacuation:</p> <ul style="list-style-type: none"> <li>○ to the nearest place where the required <b>treatment</b> is available. (This could be to another part of the country that <b>you</b> are in or to another country), and</li> <li>○ for the return journey to the place <b>you</b> were transferred from</li> </ul> <p>when:</p> <ul style="list-style-type: none"> <li>○ this is authorised in advance by <b>our service partners</b>, and</li> <li>○ the return journey is within 14 days of the end of the <b>treatment</b></li> </ul> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"> <li>○ the reasonable cost of the return journey by land or sea, or</li> <li>○ the cost of an economy class air ticket</li> </ul> <p>whichever is the lesser amount.</p> <p><b>We</b> do not pay any other costs related to the evacuation such as taxis or hotel accommodation. In some cases, it may be more appropriate for <b>you</b> to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, <b>we</b> will pay for taxi fares.</p> |

## OPTION: WORLDWIDE EVACUATION

| BENEFITS                               | LEVEL OF COVER | EXPLANATION OF BENEFITS   |
|--|----------------|---|
| Medical repatriation                   | Paid in full   | <p><b>We</b> pay the reasonable and customary transport costs for a medical repatriation:</p> <ul style="list-style-type: none"> <li>○ to <b>your specified country of nationality</b> as given on <b>your</b> application form, or <b>your specified country of residence</b>, and</li> <li>○ the return journey to the place <b>you</b> were transferred from</li> </ul> <p>when:</p> <ul style="list-style-type: none"> <li>○ this is authorised in advance by <b>Bupa Global's service partners</b>, and</li> <li>○ the return journey is within 14 days of the end of the <b>treatment</b></li> </ul> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"> <li>○ the reasonable cost of the return journey by land or sea, or</li> <li>○ the cost of an economy class air ticket</li> </ul> <p>whichever is the lesser amount.</p> <p><b>We</b> do not pay any other costs related to the repatriation such as taxis or hotel accommodation.</p> <p>In some cases, it may be more appropriate for <b>you</b> to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, <b>we</b> will pay for taxi fares.</p> <p>In some cases <b>you</b> may request a medical repatriation when contacting <b>Bupa Global's service partners</b> for authorisation, but this may not be medically appropriate. In these cases, <b>we</b> will first evacuate <b>you</b> to the nearest place where <b>treatment</b> is available. Once <b>you</b> have been stabilised, <b>we</b> may then repatriate <b>you</b> to <b>your specified country of nationality</b> or <b>your specified country of residence</b>.</p> |
| Travel cost for an accompanying person | Paid in full   | <p><b>We</b> pay reasonable travel costs for a relative or partner to accompany <b>you</b>:</p> <ul style="list-style-type: none"> <li>○ if there is a reasonable need for <b>you</b> to be accompanied, and</li> <li>○ the return journey to the place <b>you</b> were transferred from</li> </ul> <p>when:</p> <ul style="list-style-type: none"> <li>○ this is authorised in advance by <b>Bupa Global's service partners</b>, and</li> <li>○ the return journey is within 14 days of the end of the <b>treatment</b></li> </ul> <p>The costs <b>we</b> pay for the return journey will be either:</p> <ul style="list-style-type: none"> <li>○ the reasonable cost of the return journey by land or sea, or</li> <li>○ the cost of an economy class air ticket</li> </ul> <p>whichever is the lesser amount.</p> <p><b>We</b> do not pay for someone to travel with <b>you</b> when the evacuation is for <b>you</b> to receive <b>out-patient treatment</b>.</p> <p>By 'reasonable need' <b>we</b> mean that <b>you</b> need someone to accompany <b>you</b> for one of the following reasons:</p> <ul style="list-style-type: none"> <li>○ <b>you</b> need assistance to board or disembark from transport</li> <li>○ <b>you</b> need to be transferred over a long distance (1000 miles or 1600 KM)</li> <li>○ there is no medical escort and <b>you</b> are in an anxious state</li> <li>○ <b>you</b> are very seriously ill</li> </ul> <p>The accompanying person may travel in a different class from the member receiving <b>treatment</b> depending on medical requirements.</p>  |

## OPTION: WORLDWIDE EVACUATION

| BENEFITS                                       | LEVEL OF COVER  | EXPLANATION OF BENEFITS   |
|--|---|---|
| Travel cost for the transfer of minor children | Paid in full  | <p><b>We</b> pay reasonable travel costs for minor children to be transferred with <b>you</b> in the event of an evacuation or repatriation, provided they are under the age of 18 when:</p> <ul style="list-style-type: none"> <li>○ it is medically necessary for <b>you</b> as their parent or guardian to be evacuated or repatriated</li> <li>○ <b>your</b> spouse, partner, or other joint guardian is accompanying <b>you</b>, and</li> <li>○ they would otherwise be left without a parent or guardian</li> </ul>   |
| Living allowance                               | For a maximum of 10 days each <b>membership year</b> , each day up to GBP 100, USD 170 or EUR 125 | <p><b>We</b> pay towards living expenses for the relative or partner who is authorised to travel with <b>you</b>:</p> <ul style="list-style-type: none"> <li>○ following an evacuation only, and</li> <li>○ for up to 10 days, or <b>your</b> date of discharge whichever is the earlier, whilst away from their usual <b>specified country of residence</b></li> </ul> <p><b>We</b> do not pay for someone to travel with <b>you</b> when evacuation is for <b>out-patient treatment</b> only.</p>   |
| Repatriation of mortal remains                 | Maximum benefit of GBP 6,500, USD 11,050 or EUR 8,125   | <p><b>We</b> pay for reasonable costs for the transportation only of <b>your</b> body or cremated mortal remains to <b>your</b> home country or to <b>your specified country of residence</b>:</p> <ul style="list-style-type: none"> <li>○ in the event of <b>your</b> death while <b>you</b> are away from home, and</li> <li>○ subject to airline requirements and restrictions</li> </ul> <p><b>We</b> do not pay for burial or cremation, the cost of burial caskets, etc, or the transport costs for someone to collect or accompany <b>your</b> mortal remains.</p>  |
| Compassionate visit and return                 | For a maximum of five trips per lifetime. Each visit up to GBP 800, USD 1,360 or EUR 1,000        | <p><b>We</b> pay the equivalent of economy class travel costs for one close relative (spouse/partner, parent, child, brother or sister) who is in another country to visit when <b>you</b> have a sudden accident or illness and are going to be hospitalised for at least five days or <b>you</b> have received a short-term terminal prognosis. This includes the equivalent of economy class costs of <b>your</b> relative's return journey to their home country.</p>   |
| Compassionate visit living allowance           | For a maximum of 10 days each visit, each day up to GBP 100, USD 170 or EUR 125                   | <p><b>We</b> pay:</p> <ul style="list-style-type: none"> <li>○ a maximum of five trips for the lifetime of <b>your</b> membership</li> <li>○ only when authorised in advance by <b>Bupa Global's service partners</b></li> </ul> <p><b>We</b> also pay towards living expenses for <b>your</b> relative:</p> <ul style="list-style-type: none"> <li>○ following an eligible compassionate visit only, and</li> <li>○ for up to 10 days whilst away from their usual <b>specified country of residence</b></li> </ul> <p><b>We</b> do not pay this benefit when either an evacuation or repatriation has taken place. In the event of an evacuation or repatriation taking place during a compassionate visit, no further benefits as described in notes 'Travel cost for an accompanying person', 'Travel cost for the transfer of minor children' or 'Living allowance' will be payable.</p> |

# 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

### General exclusions

If **you** have not bought Worldwide Medical Plus, Worldwide Medicines and Equipment, Worldwide Wellbeing or Worldwide Evacuation **we** do not pay for any of the **treatments** or benefits included under those options.

The following exclusions apply to **our** core cover and each of the options. Where **we** have stated that **we** will pay for **treatment** in some circumstances, this is subject to **you** having bought the appropriate options.

| EXCLUSION   | NOTES | RULES   |
|---|-------|---|
| Artificial life maintenance   |       | <p>Including mechanical ventilation, where such <b>treatment</b> will not or is not expected to result in <b>your</b> recovery or restore <b>you</b> to <b>your</b> previous state of health.</p> <p>Example: <b>We</b> will not pay for artificial life maintenance when <b>you</b> 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.</p>   |
| Birth control   |       | <ul style="list-style-type: none"> <li>○ contraception</li> <li>○ sterilisation</li> <li>○ vasectomy</li> <li>○ termination of pregnancy unless there is a threat to the mother's health</li> <li>○ family planning, such as meeting <b>your doctor</b> to discuss becoming pregnant or contraception</li> </ul>  |
| Conflict and disaster   |       | <ul style="list-style-type: none"> <li>○ nuclear or chemical contamination</li> <li>○ war, riot, revolution, acts of terrorism</li> <li>○ epidemics put under the control of the local public health authorities, and</li> <li>○ any similar event</li> </ul> <p>If:</p> <ul style="list-style-type: none"> <li>○ <b>you</b> have put yourself in danger by entering a known area of conflict (as identified by an EU government, such as the British Foreign and Commonwealth Office)</li> <li>○ <b>you</b> were an active participant, or</li> <li>○ <b>you</b> have displayed a blatant disregard for <b>your</b> personal safety</li> </ul> |
| Convalescence and admission for general care, or staying in <b>hospital</b> for |       | <ul style="list-style-type: none"> <li>○ convalescence, pain management, supervision</li> <li>○ receiving only general nursing care</li> <li>○ <b>therapist</b> or <b>complementary therapist</b> services</li> <li>○ domestic/living assistance such as bathing and dressing, and</li> <li>○ <b>treatment</b> that could take place as a <b>day-case</b> or <b>out-patient</b></li> </ul>  |

| EXCLUSION                     | NOTES |  | RULES   |
|-------------------------------|-------|--|---|
| Cosmetic <b>treatment</b>     |       |  | <p><b>Treatment</b> to improve <b>your</b> appearance such as:</p> <ul style="list-style-type: none"> <li>○ facelift or re-modelled nose</li> <li>○ cosmetic dentistry such as the replacement of a <b>sound, natural tooth</b> with an implant, veneers, etc</li> <li>○ orthodontic <b>treatment</b> over the age of 19 (we pay for orthodontic <b>treatment</b> under the age of 19 if <b>you</b> have bought the Worldwide Wellbeing option)</li> <li>○ <b>treatment</b> related to or arising from the removal of non-diseased, or surplus or fat tissue, such as liposuction, whether or not it is needed for medical or psychological reasons</li> <li>○ hair transplants for any reason</li> <li>○ surgery to change the shape, enhance or reduce <b>your</b> breast(s) for any reason, except reconstruction following <b>treatment</b> for cancer</li> </ul> <p>Examples: <b>we</b> do not pay for breast reduction for backache, or gynaecomastia (the enlargement of breasts in men).</p> <p>Note: If <b>your</b> doctor recommends cosmetic <b>treatment</b> to correct a functional problem, for example, excess eye tissue which is interrupting the visual field, <b>your</b> case will be assessed by <b>our</b> clinical teams on an individual basis. If approved, benefits will be paid in line with the rules and benefits of <b>your</b> plan.</p> <p><b>We</b> may pay for <b>prophylactic surgery</b> (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) when:</p> <ul style="list-style-type: none"> <li>○ there is a significant family history of the disease, for example ovarian cancer, which is part of a genetic cancer syndrome, and/or</li> <li>○ <b>you</b> have positive results from genetic testing (please note that <b>we</b> will not pay for the genetic testing)</li> </ul> <p>Please contact <b>us</b> for prior approval before proceeding with <b>treatment</b>. It may be necessary for <b>us</b> to seek a second opinion as part of <b>our</b> approval process. Benefit will not be paid unless prior approval has been received. The limit shown under Worldwide Medical Insurance will apply for <b>prophylactic surgery</b> for congenital and hereditary conditions other than cancer.</p> |
| Developmental problems        |       |  | <ul style="list-style-type: none"> <li>○ learning difficulties, such as dyslexia</li> <li>○ behavioural problems, such as attention deficit hyperactivity disorder (ADHD)</li> <li>○ problems relating to physical development such as short height, or</li> <li>○ developmental problems treated in an educational environment or to support educational development</li> </ul>  |
| Donor organs                  |       |  | <ul style="list-style-type: none"> <li>○ mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant</li> <li>○ purchase of a donor organ from any source, or</li> <li>○ harvesting and storage of stem cells, when a preventive measure against possible future disease</li> </ul>   |
| Experimental <b>treatment</b> |       |  | <ul style="list-style-type: none"> <li>○ <b>We</b> do not pay for any <b>treatment</b> or medicine which in <b>our</b> reasonable opinion is experimental based on <b>acceptable evidence</b></li> <li>○ <b>We</b> do not pay for any <b>treatment</b> or medicine which in <b>our</b> reasonable opinion is not effective based on <b>acceptable evidence</b></li> <li>○ <b>We</b> do not pay for medicines and equipment used for purposes other than those defined under their licence</li> </ul> <p>Note: <b>We</b> will fund the costs of an experimental <b>treatment</b> or medicine if it is being undertaken as part of a registered clinical trial.</p> <p>Note: If <b>you</b> are unsure whether <b>your treatment</b> may be experimental, please contact <b>us</b>. <b>We</b> reserve the right to ask for full clinical details from <b>your consultant</b> before authorising any <b>treatment</b>, in which case <b>you</b> must receive <b>our</b> written <b>agreement</b> before the <b>treatment</b> takes place.</p>   |
| Eyesight                      |       |  | <p><b>Treatment</b>, equipment or surgery to correct eyesight, such as laser <b>treatment</b>, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Exceptions: If <b>you</b> have bought Worldwide Wellbeing cover, <b>your</b> optical benefits will be shown.</p>   |
| Foetal surgery                |       |  | <p><b>Treatment</b> or surgery undertaken in the womb before birth.</p>   |

| EXCLUSION  | NOTES | RULES  |
|--|-------|--|
| Footcare   |       | <p><b>Treatment</b> for:</p> <ul style="list-style-type: none"> <li>○ corns</li> <li>○ calluses, or</li> <li>○ thickened or misshapen nails</li> </ul>   |
| Harmful or hazardous use of alcohol, drugs and/or medicines      |       | <p><b>Treatment</b> for or arising from the harmful, hazardous or addictive use of any substance including alcohol, drugs and/or medicines.</p>  |
| Health hydros, nature cure clinics etc.                          |       | <p><b>Treatment</b> or services received in a:</p> <ul style="list-style-type: none"> <li>○ health hydro</li> <li>○ nature cure clinic</li> <li>○ spa, or</li> <li>○ any similar establishment that is not a <b>hospital</b></li> </ul>  |
| Infertility <b>treatment</b>                                     |       | <p><b>Treatment</b> to assist reproduction such as:</p> <ul style="list-style-type: none"> <li>○ in-vitro fertilisation (IVF)</li> <li>○ gamete intrafallopian transfer (GIFT)</li> <li>○ zygote intrafallopian transfer (ZIFT)</li> <li>○ artificial insemination (AI)</li> <li>○ prescribed drug <b>treatment</b></li> <li>○ embryo transport (from one physical location to another), or</li> <li>○ donor ovum and/or semen and related costs</li> </ul> <p><b>We</b> pay for investigations into the cause of infertility when <b>your specialist</b> believes there are symptoms and/or evidence to suggest a medical cause. <b>We</b> will only pay when:</p> <ul style="list-style-type: none"> <li>○ both <b>you</b> and <b>your</b> partner have been members of this plan (or any Bupa administered plan which includes this cover) for two years before the investigations start, and</li> <li>○ <b>you</b> were both unaware and had not been suffering any symptoms prior to joining</li> </ul> |
| Obesity  |       | <p><b>Treatment</b> for or as a result of obesity such as:</p> <ul style="list-style-type: none"> <li>○ slimming aids or drugs</li> <li>○ slimming classes, or</li> <li>○ obesity surgery</li> </ul>   |
| <b>Persistent vegetative state</b> (PVS) and neurological damage |       | <p><b>We</b> will not pay for <b>treatment</b> whilst staying in <b>hospital</b> for more than 90 continuous days for permanent neurological damage or if <b>you</b> are in a <b>persistent vegetative state</b>.</p>  |

| EXCLUSION                      | NOTES | RULES   |
|--------------------------------|-------|---|
| Personal exclusions            |       | <p>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.</p> <p>For all exclusions in this section, and for any personal exclusions or restrictions shown on <b>your</b> membership certificate, please note that:</p> <ul style="list-style-type: none"> <li>○ <b>we</b> do not pay for conditions which are directly related to excluded conditions or <b>treatments</b></li> <li>○ <b>we</b> do not pay for any additional or increased costs arising from excluded conditions or <b>treatments</b></li> <li>○ <b>we</b> do not pay for complications arising from excluded conditions or <b>treatments</b>.</li> </ul> <p>Example:</p> <p><b>You</b> have a personal exclusion for diabetes</p> <ul style="list-style-type: none"> <li>○ If <b>your</b> diabetes were to cause kidney problems, <b>we</b> would not pay for the <b>treatment</b> of such kidney problems.</li> <li>○ If while receiving <b>treatment</b> for another condition, <b>you</b> need to stay extra nights in <b>hospital</b> because of <b>your</b> diabetes <b>we</b> would not pay for these extra nights.</li> </ul> <p>Exceptions</p> <p>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 <b>your</b> Table of Benefits.</p>  |
| Personality disorders          |       | <p>Any <b>treatment</b> for personality disorders, including but not limited to:</p> <ul style="list-style-type: none"> <li>○ affective personality disorder</li> <li>○ schizoid personality (not schizophrenia), or</li> <li>○ histrionic personality disorder</li> </ul>  |
| <b>Pre-existing conditions</b> |       | <p>Any <b>treatment</b> for a <b>pre-existing condition</b>, related symptoms, or any condition that results from or is related to a <b>pre-existing condition</b>, unless:</p> <ul style="list-style-type: none"> <li>○ <b>we</b> were given all the information, including details of any symptoms, that <b>we</b> asked for during <b>your</b> application for the current continuous period of membership before <b>we</b> sent <b>you your</b> first membership certificate which lists the person with the <b>pre-existing condition</b></li> <li>○ <b>you</b> have been sent <b>your</b> membership certificate which lists the person with the <b>pre-existing condition</b> and the option(s) to which that applies; and</li> <li>○ <b>we</b> did not specifically exclude cover for the costs of <b>treatment</b> of the <b>pre-existing condition</b> on <b>your</b> membership certificate under the '<b>pre-existing conditions</b>' section</li> </ul> <p>Please contact <b>us</b> before <b>your</b> next renewal date if <b>you</b> have previously disclosed a <b>pre-existing condition</b> of <b>yours</b> to <b>us</b> but believe that there will be no further <b>treatment</b> for that <b>pre-existing condition</b> after <b>your</b> next renewal date. In order for <b>us</b> to review whether to remove the <b>pre-existing condition</b>, <b>we</b> must receive full current clinical details from <b>your medical practitioner</b>. There are some <b>pre-existing conditions</b> that, due to their nature, <b>we</b> will not review.</p> |
| Preventive <b>treatment</b>    |       | <p>Health screening, including routine health checks and vaccinations, or any preventive <b>treatment</b>, except if <b>you</b> have bought the Worldwide Wellbeing option.</p> <p><b>We</b> may pay for <b>prophylactic surgery</b> when:</p> <ul style="list-style-type: none"> <li>○ there is a significant family history of the disease, for example ovarian cancer, which is part of a genetic cancer syndrome, and/or</li> <li>○ <b>you</b> have positive results from genetic testing (please note that <b>we</b> will not pay for the genetic testing)</li> </ul> <p>The limit shown under Worldwide Medical Insurance will apply for <b>prophylactic surgery</b> for congenital and hereditary conditions other than cancer.</p> <p>Please contact <b>us</b> for prior approval before proceeding with <b>treatment</b>. It may be necessary for <b>us</b> to seek a second opinion as part of <b>our</b> approval process. Benefit will not be paid unless prior approval has been received.</p>   |

| EXCLUSION   | NOTES | RULES  |
|---|-------|--|
| Reconstructive or remedial surgery                      |       | <p><b>Treatment</b> to restore <b>your</b> appearance after an illness, injury or surgery.</p> <p><b>We</b> may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during <b>your</b> current continuous membership.</p> <p>Please contact <b>us</b> for prior approval before proceeding with <b>treatment</b>. It may be necessary for <b>us</b> to seek a second opinion as part of <b>our</b> approval process. Benefit will not be paid unless prior approval has been received.</p>  |
| Self-inflicted injuries                                 |       | <p><b>Treatment</b> for or as a result of an injury <b>you</b> have knowingly caused to yourself, such as in an attempted suicide.</p>   |
| Sexual problems/gender issues                           |       | <ul style="list-style-type: none"> <li>○ sexual problems, such as impotence, whatever the cause, or</li> <li>○ sex changes or gender reassignments</li> </ul>  |
| Sleep disorders   |       | <ul style="list-style-type: none"> <li>○ insomnia</li> <li>○ snoring</li> <li>○ sleep-related disorders including sleep apnoea, or</li> <li>○ participation in sleep studies beyond the initial study</li> </ul> <p><b>We</b> may pay for <b>treatment</b> of sleep apnoea when <b>your specialist</b> believes this to be life-threatening. <b>We</b> will only pay for:</p> <ul style="list-style-type: none"> <li>○ an initial sleep study</li> <li>○ surgery, if medically appropriate, and</li> <li>○ equipment hire, such as a Continuous Positive Airway Pressure (CPAP) machine (only if <b>you</b> have bought the Worldwide Medicines and Equipment option)</li> </ul> <p>Please contact <b>us</b> for prior approval before proceeding with <b>treatment</b>. It may be necessary for <b>us</b> to seek a second opinion as part of <b>our</b> approval process. Benefit will not be paid unless prior approval has been received.</p>                |
| Stem cells  |       | <p><b>We</b> do not pay for the harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.</p>  |
| Temporomandibular joint (TMJ) disorders                 |       | <p>Temporomandibular joint (TMJ) disorders</p>   |
| Travel costs for <b>treatment</b>                       |       | <p>Any travel costs related to receiving <b>treatment</b>.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>○ <b>we</b> do not pay for taxis or other travel expenses for <b>you</b> to visit a <b>medical practitioner</b></li> <li>○ <b>we</b> do not pay for travel time or the cost of any transport expenses charged by a <b>medical practitioner</b> to visit <b>you</b></li> </ul> <p>Exceptions:</p> <ul style="list-style-type: none"> <li>○ Road Ambulance cover</li> <li>○ Air Ambulance cover</li> <li>○ <b>you</b> have bought Worldwide Evacuation cover and <b>your</b> travel meets the qualifying conditions of that cover</li> </ul>  |
| Unrecognised medical practitioner, provider or facility |       | <ul style="list-style-type: none"> <li>○ <b>Treatment</b> provided by a <b>medical practitioner</b>, provider or facility who is not recognised by the relevant authorities in the country where the <b>treatment</b> takes place as having specialised knowledge, or expertise in, the <b>treatment</b> of the disease, illness or injury being treated.</li> <li>○ <b>Treatment</b> provided by anyone with the same residence as <b>you</b> or who is a member of <b>your</b> immediate family.</li> <li>○ <b>Treatment</b> provided by a <b>medical practitioner</b>, provider or facility to whom <b>we</b> have sent a written notice that <b>we</b> no longer recognise them for the purposes of <b>our</b> plans. Details of <b>treatment</b> providers <b>we</b> 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 <b>us</b>.</li> </ul> |

| EXCLUSION            | NOTES | RULES  |
|----------------------|-------|--|
| USA <b>treatment</b> |       | <p>If <b>you</b> have not bought cover for the USA, then <b>we</b> will not pay for <b>treatment</b> received in the USA.</p> <p>If <b>you</b> have bought cover for the USA, <b>we</b> will not pay for <b>treatment</b> received there when:</p> <ul style="list-style-type: none"> <li>○ prior approval for <b>your treatment</b> was not given by <b>our service partner</b> in the USA (please read 'Prior approval' section), and</li> <li>○ <b>we</b> know or suspect that <b>you</b> purchased cover for and travelled to the USA for the purpose of receiving <b>treatment</b> for a condition, when <b>you</b> had already experienced symptoms of that condition. This applies whether or not <b>your treatment</b> was the main or sole purpose of <b>your</b> visit</li> </ul> <p>Please note: If <b>you</b> have previously disclosed a <b>pre-existing condition</b> to <b>us</b> which is listed on <b>your</b> membership certificate and <b>we</b> have not specifically excluded cover for the costs of <b>treatment</b> of the <b>pre-existing condition</b>, this will not apply for any <b>treatment you</b> receive in the USA in respect of that <b>pre-existing condition</b>. If <b>you</b> receive <b>treatment</b> in the USA for a <b>pre-existing condition</b> which is shown on <b>your</b> membership certificate, <b>you</b> will not be covered for the costs of such <b>treatment</b> irrespective of whether the <b>pre-existing condition</b> was disclosed to <b>us</b> and is shown on <b>your</b> membership certificate.</p> |