

COMPANY



**Dulwich College
Gold with dental**

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

From 1 August 2016

bupa-intl.com

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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

Bold words

Words in bold have particular meanings in this booklet. Please check their definition in the Glossary before you read on.

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:

- o no need to carry documents around with you - access your documents 24 hours a day anywhere in the world
- o know exactly when new documents are ready by signing up to receive SMS text alerts
- o purchased your policy via a broker? You can now allow them access to view your policy information (except claim related documents)
- o specify a preferred address for claim reimbursements - useful if you have multiple addresses or are travelling
- o 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
- o 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.

bupa-intl.com/membersworld



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CONTACT US

OPEN 24 HOURS A DAY, 365 DAYS A YEAR

GENERAL ENQUIRIES

Your Bupa Global customer services helpline

- o membership and payment queries
- o claims information

email: info@bupa-intl.com *

web: bupa-intl.com

tel: +44 (0) 1273 323 563

fax: +44 (0) 1273 820 517

* 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.

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.

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 requirement information

Emergency message transmission

Interpreter and embassy referral

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

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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
- 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
- the treatment is medically necessary,
- and the treatment takes place within 31 days after pre-authorisation is given.

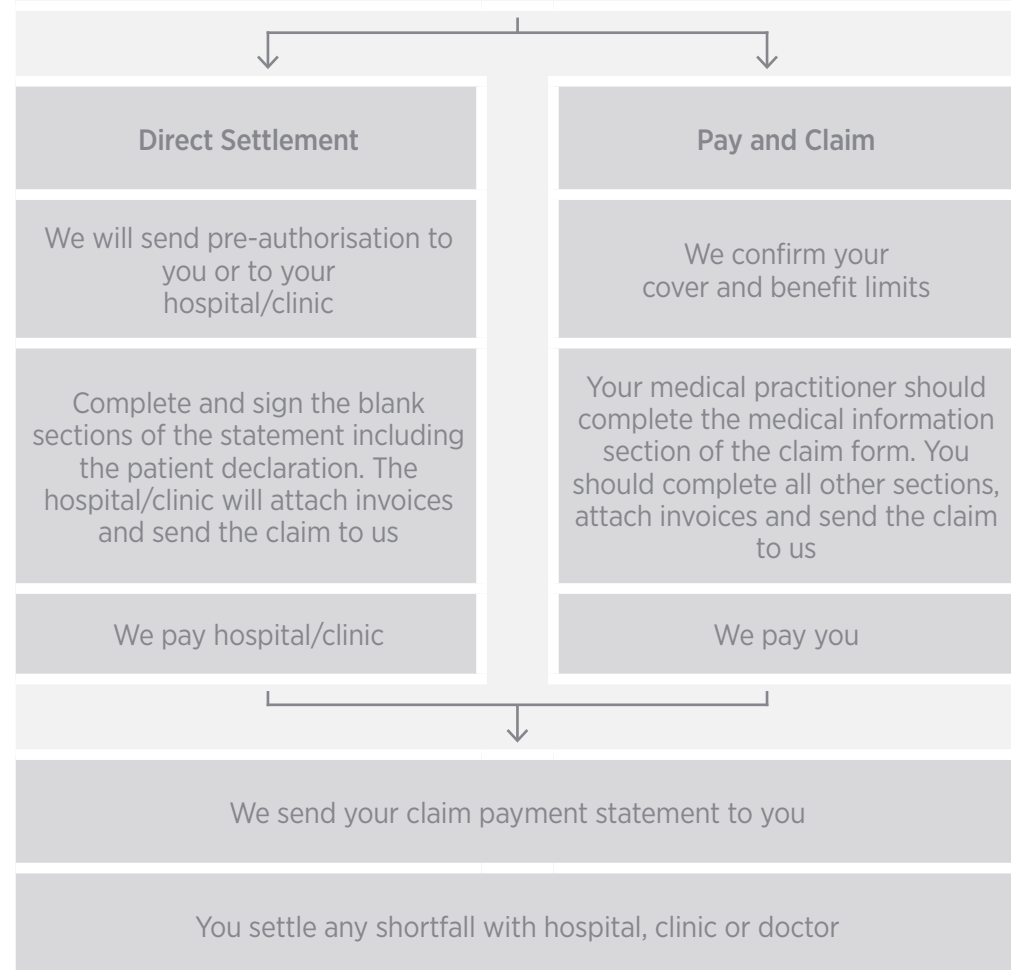
CALL: +44 (0) 1273 333 911

FAX: +44 (0) 1273 866 301

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.

HOW TO CLAIM

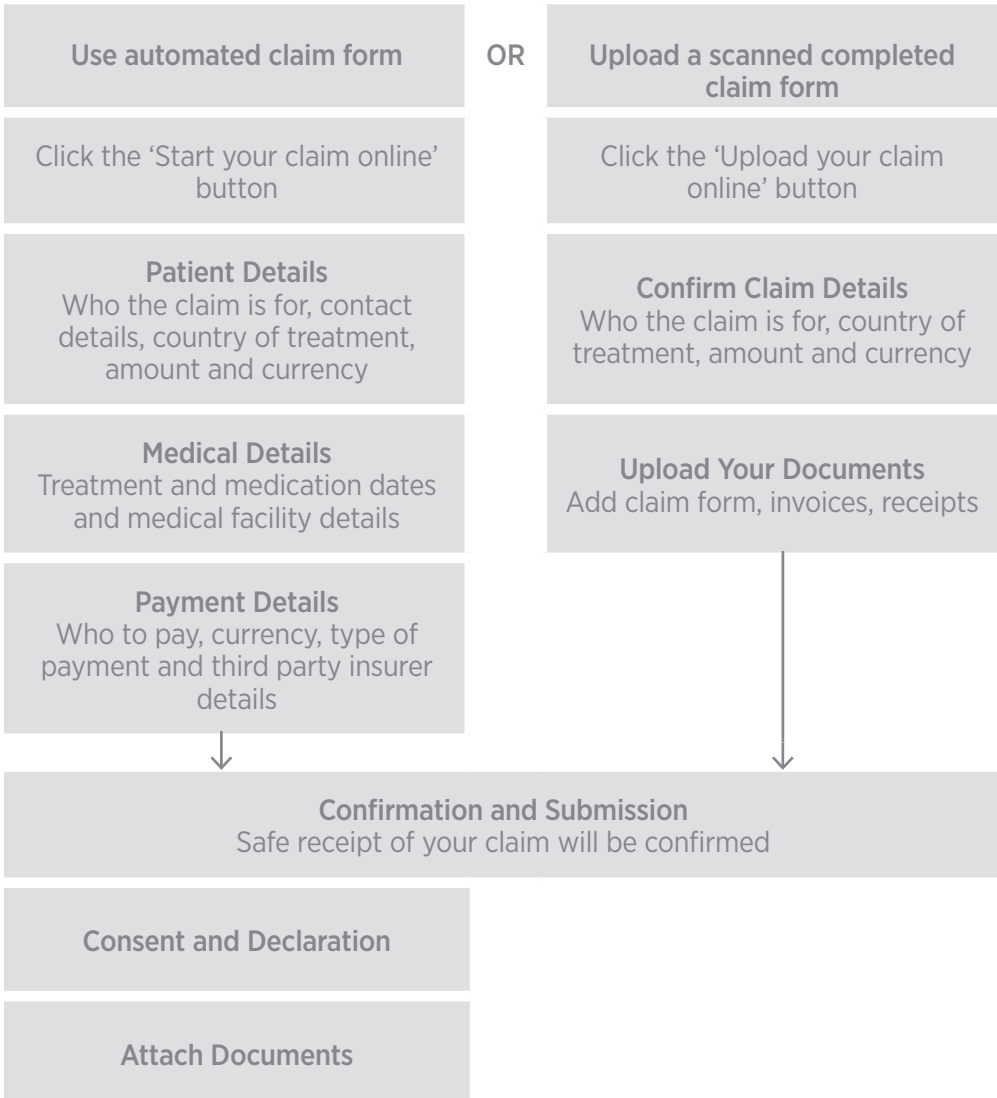
Contact Bupa Global customer service helpline:
+44 (0) 1273 323 563 or info@bupa-intl.com



HOW TO CLAIM ONLINE

Before you start, you will need:

- o treatment details
- o treatment dates
- o name and address of the medical provider
- o electronic copies of invoices, receipts and medical reports (where relevant)



HOW TO USE YOUR BUPA GLOBAL GROUP PLAN

Step 1: Where to get treatment

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

Participating hospitals

To help **you** find a facility, **we** have also developed a global **network** of 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** dedicated team on 844 369 3797 (from inside the US), or +1 844 369 3797 (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:

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

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**.

ABOUT YOUR MEMBERSHIP

We try to arrange direct settlement wherever possible, but it has to be with the agreement of whoever is providing the **treatment**. In general, direct settlement can only be arranged for **in-patient treatment** or **day-case treatment**.

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

What to send

We must receive a fully completed claim form and the invoices for **your treatment**, within two years 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.

Claim payment statement-MyClaim

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.

The **Bupa Global** Group Plan is a group insurance plan. **You** are therefore one of a group of members, which has a **sponsor** (normally the company that **you**, the **principal member** work for).

This plan is governed by an **agreement** between **sponsor** and **Bupa Global**, which covers the terms and conditions of **your** membership. This means that there is no legal contract between **you** and **Bupa Global**. Only **Dulwich College** and **Bupa Global** have legal rights under the **agreement** relating to **your** cover, and only they can enforce the **agreement**.

As a member of the plan, **you** do have access to **our** complaints process. This includes the use of any dispute resolution scheme **we** have for **our** members.

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 **Dulwich College** 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 **Dulwich College** of any change so that **we** can make sure that **you** have the right cover and that all local regulations are being met.

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**.

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**.

* 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.

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 | SUMMARY OF EXCLUSIONS |
|---|--|
| <p>Out-patient treatment</p> <ul style="list-style-type: none"> ○ Out-patient surgical operations ○ Wellness ○ Consultants' fees for consultations ○ Pathology, X-rays and diagnostic tests ○ Costs for treatment by therapists, complementary medicine practitioners and qualified nurses ○ Consultants' fees, psychologists' and psychotherapists' fees for psychiatric treatment ○ Vaccinations ○ Costs for treatment by a family doctor ○ Prescribed drugs and dressings ○ Accident-related dental treatment <p>In-patient and day-case treatment</p> <ul style="list-style-type: none"> ○ Hospital accommodation ○ Surgical operations, including pre- and post-operative care ○ Nursing care, drugs and surgical dressings ○ Physicians' fees ○ Theatre charges ○ Intensive care ○ Pathology, X-rays, diagnostic tests and therapies ○ Prosthetic implants and appliances ○ Parent accommodation ○ Psychiatric treatment (lifetime maximum 90 days) <p>Further benefits</p> <ul style="list-style-type: none"> ○ Advanced imaging ○ Cancer treatment ○ Dental 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 12 months membership) ○ Newborn care ○ Prosthetic devices ○ Rehabilitation ○ Transplant services ○ USA cover (28 days emergency cover only) ○ Assistance cover (Evacuation and Repatriation) | <ul style="list-style-type: none"> ○ 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 ○ Experimental treatment ○ Eyesight ○ 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 ○ 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

OVERALL ANNUAL MAXIMUM - USD 2,000,000

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 | We pay up to USD 1,000 each membership year | We pay for these four preventive checks. |
| Consultants' fees for consultations | Paid in full (20% co-pay) | This normally means a meeting with a consultant to assess your condition. |
| Pathology, X-rays and diagnostic tests | | We pay for: <ul style="list-style-type: none"> ○ 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. |
| Costs for treatment by therapists , complementary medicine practitioners and qualified nurses | We pay in full for up to 40 visits each membership year (20% co-pay) | We pay for nursing charges for general nursing care, for example injections or wound dressings by a qualified nurse and consultations and treatment with therapists and complementary medicine practitioners when they are appropriately qualified and registered to practice in the country where treatment is received. This includes the cost of both the consultation and treatment , including any complementary medicine prescribed or administered as part of your treatment . Should any complementary medicines or treatments be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate visit. Note: for dietitians, 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. |
| Consultants' fees psychologists' and psychotherapists' fees for psychiatric treatment | We pay in full for up to 30 visits each membership year (20% co-pay) | We will pay for psychiatric treatment . |
| Vaccinations | We pay up to USD 300 each membership year (20% co-pay) | We pay for vaccinations including vaccinations to aid the prevention of cancer, such as the human papilloma virus (HPV) vaccination, as and when such vaccines have completed medical trials and are approved for use in the country of treatment . |
| Costs for treatment by a family doctor | We pay in full for up to 20 visits each membership year (20% co-pay) | We pay for family doctor treatment . |

OUT-PATIENT TREATMENT (CONTINUED)

| BENEFITS | LIMITS | EXPLANATION OF BENEFITS |
|---|---|--|
| Prescribed drugs and dressings and vaccinations | We pay up to USD 2,000 each membership year (20% co-pay) | We pay for the cost of drugs and dressings prescribed for you by your medical practitioner for eligible treatment. We only pay for items which need a prescription. Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit described in the costs for treatment by therapists and complementary medicine practitioners benefit. |
| Accident-related dental treatment | We pay up to USD 815 each membership year | We pay for accident-related dental treatment that you receive from a dental practitioner for treatment during an emergency visit following accidental damage to any tooth. We only pay any accident - related dental treatment which takes place up to 30 days after the accident. |

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 days or longer

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

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

| 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. |

IN-PATIENT AND DAY-CASE TREATMENT (CONTINUED)

| BENEFITS | LIMITS | EXPLANATION OF BENEFITS |
|--|--------------|---|
| Physicians' fees | Paid in full | <p>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.</p> <p>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.</p> |
| Theatre charges | Paid in full | We pay for use of an operating theatre. |
| Intensive care | Paid in full | <p>We pay for intensive care in an intensive care unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when:</p> <ul style="list-style-type: none"> ○ 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 | <p>We pay for:</p> <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples ○ radiology (such as X-rays), and ○ diagnostic tests such as electrocardiograms (ECGs) <p>when recommended by your consultant to help determine or assess your condition when carried out in a hospital.</p> <p>We also pay for treatment provided by therapists (such as physiotherapy) and complementary medicine practitioners (such as acupuncturists) if it is needed as part of your treatment in hospital.</p> |
| Prosthetic implants and appliances | Paid in full | <p>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:</p> <ul style="list-style-type: none"> ○ 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 <p>We also pay for the following appliances:</p> <ul style="list-style-type: none"> ○ 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 | <p>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.</p> <p>Your child must be:</p> <ul style="list-style-type: none"> ○ aged under 18, and ○ a member of a Bupa Global administered plan receiving treatment for which he or she is covered under their plan |

IN-PATIENT AND DAY-CASE TREATMENT (CONTINUED)

| BENEFITS | LIMITS | EXPLANATION OF BENEFITS |
|--|--------------|--|
| Psychiatric treatment (lifetime maximum 90 days) | Paid in full | <p>We pay for psychiatric treatment you receive in hospital.</p> <p>We pay for a total of 90 days' psychiatric treatment in hospital during your lifetime. This benefit applies to all treatment related to the psychiatric condition. 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.</p> <p>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.</p> |

FURTHER BENEFITS

IMPORTANT

These are the additional benefits provided by your membership of the Company 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). |
| Dental treatment | We pay up to USD 2,000 maximum benefit for each membership year | <p>We pay:</p> <ul style="list-style-type: none"> ○ 100 percent of preventive treatment (such as check-ups, X-rays, scale and polishing) ○ 80 percent of routine treatment (such as fillings, extractions and root canal therapy) ○ 50 percent of major restorative or orthodontic treatment (such as crowns, bridges or implants), or orthodontic treatment of overbite or under bite etc |
| Healthline services | Included | <p>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.</p> <p>The following are some of the services that may be offered by telephone:</p> <ul style="list-style-type: none"> ○ general medical information from a health professional ○ 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 <p>Note: treatment arranged through this service may not be covered under your plan. Please check your cover before proceeding.</p> |
| HIV/AIDS drug therapy including ART (after five years' membership) | We pay up to USD 20,000 each membership year | <p>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.</p> <p>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.</p> |
| Home nursing after in-patient treatment | We pay up to USD 200 each day up to a maximum of 30 days each membership year | <p>We pay for home nursing after eligible in-patient treatment. We pay if the home nursing:</p> <ul style="list-style-type: none"> ○ is needed to provide medical care, not personal assistance ○ is necessary, meaning that without it you would have to stay in hospital ○ starts immediately after you leave hospital ○ is provided by a qualified nurse in your home, and ○ is prescribed by your consultant |

FURTHER BENEFITS (CONTINUED)

| BENEFITS | LIMITS | EXPLANATION OF BENEFITS |
|-----------------------------|---|---|
| Hospice and palliative care | We pay up to USD 41,000 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 of Bupa Global , whether continuous or not. |
| In-patient cash benefit | We pay USD 150 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 USD 10,000 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: <ul style="list-style-type: none"> ○ from the location of an accident to hospital, or ○ for a transfer from one hospital to another <p>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.</p> <p>Note: this benefit does not include evacuation if the treatment you need is not available locally.</p> <p>Please also see 'Assistance cover' section.</p> |
| 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 |
|---|--|--|
| <p>Maternity cover (After 12 months membership)</p> | <p>Maternity and childbirth:</p> <p>We pay up to USD 12,250 each membership year</p> <p>Childbirth at home or birthing centre:</p> <p>We pay up to USD 1,300 each membership year</p> <p>Medically essential Caesarean section:</p> <p>We pay up to USD 25,500 each membership year</p> | <p>We pay maternity benefits only after you have been covered under the plan for 12 months only.</p> <p>Maternity and childbirth (after 12 months' membership) These benefits include for example:</p> <ul style="list-style-type: none"> o ante natal care such as ultrasound scans o hospital charges, obstetricians' and midwives' fees for pregnancy and childbirth o post natal care required by the mother immediately following normal childbirth, such as stitches o pregnancy and childbirth complications, by which we mean those conditions which only ever arise as a direct result of pregnancy or childbirth <p>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.</p> <p>Treatment for</p> <ul style="list-style-type: none"> o abnormal cell growth in the womb (hydatidiform mole) o foetus growing outside the womb (ectopic pregnancy) <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 your other benefits).</p> <p>Note: routine care for your baby</p> <p>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.</p> <p>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 plan for 10 months when the baby is born.</p> <p>Childbirth at home or birthing centre (after 12 months' membership) This benefit includes obstetricians' and midwives' fees for delivering your baby at home or a birthing centre.</p> <p>Medically Essential Caesarean Section (after 12 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 12 months before delivery, provided the mother has been a member of this plan for at least 12 months before delivery.</p> <p>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.</p> <p>Please also see the section 'Adding dependants'.</p> <p>Please see surrogate parenting, congenital and hereditary conditions in the 'What is not covered?' section.</p> |
| <p>Newborn care</p> | <p>We pay USD 150,000 maximum benefit for all treatment received during the first 90 days following birth</p> | <p>This benefit is paid instead of any other benefit for all treatment required by a newborn child during the first 90 days following birth.</p> <p>Children must be covered under this plan before you can claim for this benefit.</p> <p>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.</p> <p>Please also read about adding dependants in the 'Adding dependants' section.</p> |

FURTHER BENEFITS (CONTINUED)

| BENEFITS | LIMITS | EXPLANATION OF BENEFITS |
|---------------------|---|--|
| Prosthetic devices | We pay up to USD 4,000 maximum benefit 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 nights of treatment (which may be in-patient treatment , day-case treatment or out-patient treatment) each membership year | <p>We pay for rehabilitation, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. We do not pay for room and board for rehabilitation when the treatment being given is solely physiotherapy.</p> <p>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.</p> <p>We only pay for rehabilitation where it:</p> <ul style="list-style-type: none"> ○ starts within 30 nights of in-patient treatment which is covered by your membership (such as trauma or stroke), and ○ 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 <p>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.</p> |
| Transplant services | Paid in full | <p>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.</p> <p>We do not pay for costs associated with the donor or the donor organ.</p> <p>Any drugs prescribed for use as an out-patient, including anti-rejection drugs are paid from your prescribed drugs and dressings benefit.</p> <p>Please see donor organs in the 'What is not covered?' section.</p> |

FURTHER BENEFITS (CONTINUED)

| BENEFITS | LIMITS | EXPLANATION OF BENEFITS |
|--|--|--|
| USA cover (28 days emergency cover only) | <p>100 percent of costs in network.</p> <p>80 percent of costs out of network.</p> <p>Treatment must be pre-authorised.</p> | <p>Emergency admissions If you are admitted for emergency treatment you must contact our dedicated team within 48 hours of admission, or as soon as reasonably possible.</p> <p>If your admission for emergency treatment is to a non-network hospital, our dedicated team may arrange to transfer you to a network hospital as soon as it is medically appropriate to do so.</p> <p>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.</p> <p>If you choose to stay in a non-network hospital after the date our dedicated team decides a transfer is medically appropriate, benefit for all eligible treatment received both before and after that date will be payable at 80 percent.</p> <p>Please also see USA treatment in the 'What is not covered?' section.</p> |
| Assistance cover (Evacuation and Repatriation) | | <p>Please see 'Assistance cover' section.</p> <p>The overall annual maximum benefit limit does not apply.</p> |

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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 note for all exclusions

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**

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 |
|--|---|--|
| Artificial life maintenance | | <p>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.</p> <p>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.</p> |
| Birth control | | Any type of contraception, sterilisation, termination of pregnancy or family planning . |
| Conflict and disaster | | <p>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:</p> <ul style="list-style-type: none"> ○ 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 28 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. |
| Convalescence and admission for general care | | <p>Hospital accommodation when it is used solely or primarily for any of the following purposes:</p> <ul style="list-style-type: none"> ○ 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 ○ receiving general nursing care or any other services which do not require you to be in hospital, and could be provided in a nursing home or other establishment that is not a hospital ○ receiving services from a therapist or complementary medicine practitioner ○ receiving services which would not normally require trained medical professionals such as help in walking, bathing or preparing meals |

| EXCLUSION | NOTES |
|--|--|
| 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 | Please see HIV / AIDS drug therapy in the table of benefits. |
| Infertility treatment | |
| Maternity | |
| Obesity | |
| Persistent vegetative state (PVS) and neurological damage | |

| RULES |
|---|
| <ul style="list-style-type: none"> ○ We do not pay for any treatment or medicine which in our reasonable opinion is experimental based on acceptable current clinical evidence and practice ○ We do not pay for any treatment or medicine which in our reasonable opinion is not effective based on acceptable current clinical evidence and practice ○ We do not pay for medicines and equipment used for purposes other than those defined under their licence unless this has been pre-authorised <p>Note: We do not cover any costs related to an experimental treatment or medicine if it is being undertaken as part of a registered clinical trial and these costs are met by the clinical trial sponsor.</p> <p>Note: Please contact us for pre-authorisation before proceeding with your treatment. 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.</p> |
| <p>Treatment, equipment or surgery to correct eyesight, such as laser treatment, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Examples: we will not pay for routine eye examinations, contact lenses or spectacles. We will pay for eligible treatment or surgery of a detached retina, glaucoma, cataracts or keratoconus.</p> |
| <p>Treatment or services carried out by a family doctor, including vaccinations</p> |
| <p>Treatment for corns, calluses, or thickened or misshapen nails.</p> |
| <p>Genetic tests, when such tests are solely performed to determine whether or not you may be genetically likely to develop a medical condition.</p> <p>Example: we do not pay for tests used to determine whether you may develop Alzheimer's disease, when that disease is not present.</p> |
| <p>Treatment for or arising from the harmful, hazardous or addictive use of any substance including alcohol, drugs and/or medicines.</p> |
| <p>Treatment or services received in health hydros, nature cure clinics or any establishment that is not a hospital.</p> |
| <p>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.</p> |
| <p>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.</p> |
| <p>Treatment to assist reproduction, including but not limited to IVF treatment.</p> <p>Note: we pay for reasonable investigations into the causes of infertility if:</p> <ul style="list-style-type: none"> ○ 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 <p>Once the cause is confirmed, we will not pay for any additional investigations in the future.</p> |
| <p>Treatment for maternity or for any condition arising from maternity except the following conditions and treatments:</p> <ul style="list-style-type: none"> ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside in the womb (ectopic pregnancy) ○ other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant |
| <p>Treatment for, or required as a result of obesity.</p> |
| <p>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.</p> |

| EXCLUSION | NOTES |
|--|---|
| Personality disorders | |
| Physical aids and devices | |
| Preventive and wellness treatment | Please see wellness in the table of benefits. |
| Reconstructive or remedial surgery | |
| Self-inflicted injuries | |
| Sexual problems/gender issues | |
| Sleep disorders | |
| Speech disorders | |
| Stem cells | |
| Surrogate parenting | Please also see maternity cover in the table of benefits. |
| Travel costs for treatment | |

| RULES |
|--|
| <p>Treatment of personality disorders, including but not limited to:</p> <ul style="list-style-type: none"> ○ affective personality disorder ○ schizoid personality (not schizophrenia) ○ histrionic personality disorder |
| <p>Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an appliance.</p> <p>Examples: we will not pay for hearing aids, spectacles, contact lenses, crutches or walking sticks.</p> |
| <p>Health screening, including routine health checks, or any preventive treatment.</p> <p>Note: we may pay for prophylactic surgery when:</p> <ul style="list-style-type: none"> ○ there is a significant family history of the disease for example ovarian cancer, which is part of a genetic cancer syndrome, and/or ○ you have positive results from genetic testing (please note that we will not pay for the genetic testing) <p>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.</p> |
| <p>Treatment required to restore your appearance after an illness, injury or previous surgery, unless:</p> <ul style="list-style-type: none"> ○ the treatment is a surgical operation to restore your appearance after an accident, or as the result of surgery for cancer, if either of these takes place during your current continuous membership of the plan ○ the treatment is carried out as part of the original treatment for the accident or cancer ○ you have obtained our written consent before the treatment takes place |
| <p>Treatment for, or arising from, an injury that you have intentionally inflicted on yourself, for example during a suicide attempt.</p> |
| <p>Treatment of any sexual problem including impotence (whatever the cause) and sex changes or gender reassignments.</p> |
| <p>Treatment, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.</p> |
| <p>Treatment for speech disorders, including stammering or speech developmental delays, unless all of the following apply:</p> <ul style="list-style-type: none"> ○ the treatment is short term therapy which is medically necessary as part of active treatment for an acute condition such as a stroke, ○ the speech therapy takes place during and/or immediately following the treatment for the acute condition, and ○ the speech therapy is recommended by the consultant in charge of your treatment, and is provided by a therapist <p>in which case we may pay at our discretion.</p> |
| <p>We do not pay for the harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.</p> |
| <p>Treatment directly related to surrogacy. This applies:</p> <ul style="list-style-type: none"> ○ to you if you act as a surrogate, and ○ to anyone else acting as a surrogate for you |
| <p>Any travel costs related to receiving treatment, unless otherwise covered by:</p> <ul style="list-style-type: none"> ○ local air ambulance benefit, ○ local road ambulance benefit, or ○ Assistance cover <p>Examples:</p> <ul style="list-style-type: none"> ○ we do not pay for taxis or other travel expenses for you to visit a medical practitioner ○ we do not pay for travel time or the cost of any transport expenses charged by a medical practitioner to visit you |

| EXCLUSION | NOTES | | RULES |
|---|-------|--|---|
| Unrecognised medical practitioner , provider or facility | | | <ul style="list-style-type: none"> ○ Treatment provided by a medical practitioner, provider or facility who is not recognised by the relevant authorities in the country where the treatment takes place as having specialised knowledge, or expertise in, the treatment of the disease, illness or injury being treated. ○ Treatment provided by Family Members or anyone with the same residence as you. ○ 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. |
| USA treatment | | | <p>If USA cover has not been purchased, then any treatment received in the USA is ineligible:</p> <ul style="list-style-type: none"> ○ after the 28th day of your visit to the USA ○ for any condition of which you were aware before your visit to the USA ○ when arrangements were not authorised by our dedicated team, and ○ when we know or suspect that you travelled to the USA for the purpose of receiving treatment for a condition, when the symptoms of the condition were apparent to you before travelling. This applies whether or not your treatment was the main or sole purpose of your visit <p>Note: you can claim for unforeseen treatment received within 28 days of your arrival in the USA, you must send a photocopy of your airline ticket and stamped passport as evidence of your arrival date with your claim.</p> <p>Our Service Partner in the US operates a national network of hospitals, clinics and medical practitioners. This is the US provider network. You must contact our dedicated team before you have treatment, and they can help to find a suitable network provider for you.</p> <p>For eligible treatment that 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 provider network, benefit is paid at 80 percent.</p> <p>If USA cover has been purchased, then treatment received in the USA is ineligible when:</p> <ul style="list-style-type: none"> ○ arrangements for the treatment were not authorised by our dedicated team, and ○ 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 |

ASSISTANCE COVER

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.

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 medical facility where the **treatment** that **you** need is available, if it is not available locally. Repatriation also gives **you** the option of returning to **your 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 **Bupa Global's** 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 a relative or **your** partner 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.

PRE-AUTHORISATION

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

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 for 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.

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
- 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**
- the **treatment** is medically necessary
- the **treatment** takes place within 31 days after pre-authorisation is given

Treatment we can pre-authorise

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

Length of stay (in-patient treatment)

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

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 be hospitalised 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.

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 **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-authorized, 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-authorization 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.

We reserve the right to withdraw or amend **our** decision if information is subsequently received that may be contradictory to the information initially given to **us** at the time the decision is being made. Failure to comply with any request for additional information may be deemed to be indicative of fraudulent activities. Should such a failure occur, information may be disclosed to third parties (including other insurers) with the intention of preventing and detecting fraud.

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 invoices, as soon as possible. This must be within two years of receiving the **treatment** for which **you** are claiming. Invoices sent to **us** after two years will not normally be paid. Claims can also be submitted as eClaims via Membersworld.

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 certified copies if **you** ask **us** when **you** submit **your** claim

Fraud prevention and detection

We have the right, where appropriate, to check **your** details with fraud prevention agencies, other insurers and other relevant third parties for the purpose of preventing and detecting false information or fraudulent activity. If **you** give **us** false or inaccurate

information and **we** suspect fraud, **we** may record this with a fraud prevention agency. **We** and other organisations may also use and search these records to:

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

Fraudulent Claims

You and any **dependant** (or anyone acting on behalf of **you** or any **dependant**) must not:

- make a fraudulent or exaggerated claim under this **plan**;
 - send **us** fake or forged documents or other false evidence, or make a false statement in support of a claim; and/or
 - provide **us** with information which **you** or any **dependant** knows would otherwise enable **us** to refuse to pay a claim under this **plan**.
- Failure to comply with the above will give **us** the right to:
- refuse to pay the whole of the claim;
 - recover any payments **we** have already made in respect of the claim; and/or
 - notify **you** that this **plan** (or if the fraudulent claim is made by or on behalf of a particular **dependant**, the cover under this **plan** for that particular **dependant**) has terminated from the date of any of the acts or omissions set out above, and we will not refund the premium.

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 6 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 **Dulwich College** pays **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 **Dulwich College's** 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 **Bupa Global**, and
- claim interest if **you** are entitled to do so

Note: Subrogation

In the event of any payment of any claim under **your** membership, **Bupa Global** or any person or company that it nominates may be **subrogated** to all rights of recovery of the member and any person entitled to the benefits of this coverage. The member shall sign and deliver all documents and papers and do whatever else is necessary to secure such **subrogated** rights to **Bupa Global** or its nominated party. The member shall do nothing after the claim to prejudice such rights.

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.

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.

Paying subscriptions and other charges

Dulwich College has to pay any and all subscriptions due under the **agreement**, together with any other charges (such as insurance premium tax) that may be payable.

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** Company membership.

Renewing your membership

The renewal of **your** membership is subject to **Dulwich College** renewing **your** membership under the **agreement**.

Ending your membership

Dulwich College can end **your**, the **principal member's** membership, or that of any of **your dependants** (if applicable), from the first day of a month by writing to **us**. **We** cannot backdate the cancellation of **your** membership.

Your membership will automatically end:

- if the **agreement** between **Bupa Global** and **Dulwich College** is terminated
- if **Dulwich College** does not renew **your** membership
- if **Dulwich College** does not pay subscriptions or any other payment due under the **agreement** for **you** or for any other person

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

You, the **principal member** must tell **Dulwich College** 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 **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

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

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

After your Company membership ends

You, the **principal member** can apply to transfer to a personal **Bupa Global plan** if **your** membership of **your** group **plan** ends. **You** can also apply for **your dependants** (if applicable) to transfer with **you**.

Please contact the customer service helpline for more information.

Making changes to your cover

The terms and conditions of **your** membership may be changed from time to time by **agreement** between **Dulwich College** and **Bupa Global**.

Amending your Membership Certificate

We will send **you**, the **principal member** a new Membership Certificate if:

- with **Dulwich College's** approval, **you**, the **principal member** add a new **dependant** to **your** membership (if applicable)
- we need to record any other changes requested by **Dulwich College** or that **we** are entitled to make

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

Correspondence

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

Applicable law

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

If any dispute arises as to interpretation of this document then the English version of this document shall be deemed to be conclusive and taking precedence over any other language version of this document.

This can be obtained at all times by contacting the customer services helpline.

Misrepresentation

You and any **dependant** must take reasonable care to make sure that all facts and information that **you** (or anyone acting on **your** or their behalf) provide to **us** are accurate and complete at the time **you** take out this **plan** and at each renewal, extension and variation of this **plan**.

A. If **you** or any **dependant** (or anyone acting on **your** or **their** behalf) :

- deliberately or recklessly give **us** inaccurate or incomplete information; and/or
- do not take reasonable care to give **us** accurate and complete information in circumstances where **we** would not have issued, renewed, extended or varied this **plan** to **you** at all, had **we** known about such information,

then **we** reserve the right:

- where it is **you** or someone acting on **your** behalf who has failed to comply with the obligations above, to avoid this **plan** - this means that **we** will treat it as if it had not existed from the start date, renewal date or the date that any changes were made to the **plan**, as the case may be;
- where it is a **dependant** or someone acting on their behalf who has failed to comply with the obligations above, to avoid that part of this **plan** which applies to the **dependant** - this means that **we** will treat it as if the **dependant** was not covered by this **plan** from the start date, renewal

date or the date that any changes were made to the **plan**, as the case may be.

B. Where A. above does not apply and **you** (or someone acting on **your** behalf) has failed to exercise reasonable care in providing **us** with information, **we** may refuse to pay all or part of a claim:

- if **we** would have provided cover to **you** on different terms, had **we** been provided with accurate and complete information, then this **plan** will be treated as if it had contained such term - in such circumstances, **we** will only pay a claim if the claim would have been covered by a **plan** containing the different terms that we would have applied; and
- if **we** would have provided **you** with cover under this **plan** at a higher premium, the amount payable on any claim will be reduced proportionally, based on the amount of premium that **we** would have charged. For example, **we** will only pay half of the claim, if **we** would have charged double the premium.

Where A. above does not apply and a **dependant** (or someone acting on their behalf) has failed to exercise reasonable care in providing **us** with information **we** may refuse to pay all or part of a claim for **treatment** received by that **dependant**:

- if **we** would have provided cover for the **dependant** on different terms, had **we** been provided with accurate and complete information, then this **plan** will be treated as if it had contained such terms - in such circumstances, **we** will only pay a claim if the claim would have been covered

by a **plan** containing the different terms that **we** would have applied; and

if **we** would have provided the **dependant** with cover under this **plan** at a higher premium, the amount payable on any claim will be reduced proportionally, based on the amount of premium that **we** would have charged. For example, **we** will only pay half of the claim, if **we** would have charged double the premium.

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

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

We reserve the right to withdraw or amend **our** decision if information is withheld, or not given to **us** at the time the decision is being made. **We** reserve the right to withdraw or amend **our** decision if information is subsequently received that may be contradictory to the information initially given to **us** at the time the decision is being made. Failure to comply with any request for additional information may be deemed to be indicative of fraudulent activities. Should such a failure occur, information may be disclosed to third parties (including other insurers) with the intention of preventing and detecting fraud.

Liability

We shall not 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

We will not provide cover nor pay claims under this policy if **our** obligations (or the obligations of **our** group companies and administrators) under the laws of any relevant jurisdiction, including UK, European Union, the United States of America, or international law, prevent **us** from doing so. **We** will normally tell **you** if this is the case unless this would be unlawful or would compromise **our** reasonable security measures. This policy does not provide cover to the extent that such cover would expose **us** (or **our** group companies and administrators) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, UK or United States of America, or under other relevant international law.

Adding dependants

If **Dulwich College** agrees, **you**, the **principal member** may apply to include any of **your** family members under **your** membership as one of **your dependants**.

Newborn children can only be included on **your** membership from their date of birth if they are enrolled before **your** child is 90 days old, provided the child has not been born as a result of **assisted reproduction technologies, ovulation induction treatment**, adopted or born to a surrogate.

Newborn children born as a result of **assisted reproduction technologies, ovulation induction treatment**, adopted or born to a surrogate can be included from their 91st day.

When cover starts for others on your membership

If any other person is included as a **dependant** under **your**, the **principal member's** membership, their membership will start on the 'effective date' on the first Membership Certificate **we** sent **you** for **your** current continuous period of **Bupa Global** Company 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**.

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. **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

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

- write to them at Exchange Tower, London E14 9SR, UK
- call them on 0800 023 4 567 (free from most landlines), 0300 123 9 123 or from outside the UK +44 (0) 20 7964 0500
- find details at their website www.financial-ombudsman.org.uk

Please let **us** know if **you** want a full copy of **our** complaints procedure. (None of these procedures affect **your** legal rights.)

Confidentiality

The confidentiality of personal health information is of paramount concern to the companies in the Bupa group. To this end, Bupa fully complies with applicable data protection legislation and medical confidentiality guidelines. Bupa sometimes uses third parties to process data on **our** behalf. Such processing, which may be undertaken outside the EEA (European Economic Area), is subject to contractual restrictions with regard to confidentiality and security obligations in addition to the minimum requirements imposed by data protection legislation in the UK.

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 current clinical evidence: | International medical and scientific evidence which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people, 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. |
| Agreement: | The agreement between Bupa Global and Dulwich College under which we have accepted you into membership of the plan . |
| 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. |
| Birth centre: | A medical facility often associated with a hospital that is designed to provide a homelike setting during childbirth. |
| Bupa Global: | Bupa Insurance Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited. |
| Complementary medicine practitioner: | An acupuncturist, chiropractor, homeopath, osteopath 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: <ul style="list-style-type: none"> ○ is legally qualified to practice medicine or surgery following attendance at a recognised medical school, and ○ is recognised by the relevant authorities in the country in which the treatment takes place as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated <p>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.</p> |
| 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: <ul style="list-style-type: none"> ○ is legally qualified to practice dentistry, and ○ is permitted to practice dentistry by the relevant authorities in the country where the dental treatment takes place |
| Dependants: | The other people named on your Membership Certificate as being members of the plan and who are eligible to be members, including newborn children. |
| Diagnostic tests: | Investigations, such as X-rays or blood tests, to find the cause of your symptoms. |
| 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: <ul style="list-style-type: none"> ○ is legally qualified in medical practice following attendance at a recognised medical school to provide medical treatment which does not need a consultant's training, and ○ is licensed to practice medicine in the country where the treatment is received <p>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.</p> |
| Family Members | Persons of a family relationship (related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request. |
| Hospital: | A centre of treatment which is registered, or recognised under the local country's laws, as existing primarily for: <ul style="list-style-type: none"> ○ carrying out major surgical operations, and ○ 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: <ul style="list-style-type: none"> ○ High Dependency Unit (HDU): a unit that provides a higher level of medical care and monitoring, for example in single organ system failure. ○ 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. ○ 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, psychotherapist 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 . |
| 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. |
| Pandemic: | an epidemic occurring over a widespread area (multiple countries or continents) and usually affecting a substantial proportion of the population. |

| DEFINED TERM | DESCRIPTION |
|--|---|
| Persistent vegetative state: | <ul style="list-style-type: none"> ○ 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 <p>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.</p> |
| 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 and psychotherapist: | 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 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. |
| Sponsor: | The company, firm or individual with whom we have entered into an agreement to provide you with cover under the plan . |
| 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. |
| Surgical operation: | A medical procedure involving an incision into the body. |
| Therapists: | A physiotherapist, occupational therapist , orthoptist, dietician or speech therapist who is legally qualified and is permitted to practice as such in the country where the treatment is received. |
| Treatment: | Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure an acute condition, disease, illness or injury. |
| UK: | Great Britain and Northern Ireland. |
| We/us/our: | Bupa Global . |
| 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.

| DEFINED 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. |

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