



“I can relax now
that **my health**
is taken care of”

BUPA
International

Lifeline membership guide
from 1 April 2005

the world health service

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Introduction

Thank you!

Whether you are joining BUPA International for the first time or renewing your membership for another year, we want you to know how much you are valued by BUPA International - thank you for being a member.

Contacting us

Your calls will be recorded and may be monitored.

Telephone: +44 (0) 1273 323563
Fax: +44 (0) 1273 820517
Email: info@bupa-intl.com
Web: www.bupa-intl.com

or try our online services for members www.bupa-intl.com/membersworld, where you can track your claims online, download forms, find hospital information and other services.

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Email is used for your convenience and speed, but we cannot always guarantee the security of this method of communication. You need to be aware that some companies and countries do monitor email traffic. You need to take this into account when choosing to use this method of communication.

Bold and italic words

Words written in ***bold and italic*** are 'defined terms' which are specific terms relevant to your membership. Please check their meaning in the glossary.

Symbols

To make this guide easy to use we have included symbols to show you our meaning. A key to these symbols is on the inside back cover of this membership guide.

Your membership guide

This membership guide sets out the benefits and rules of your BUPA International Lifeline scheme. It explains how your membership works, including what is - and is not - covered and how you can make a claim.

It also includes important information about your subscriptions, when your membership begins, when you should renew it, general conditions of the scheme and the action you can take if you need to complain.

This membership guide applies to anyone joining the scheme or renewing their membership on or after the date shown on the front cover. For anyone joining the scheme, this membership guide applies from the date they join. For anyone renewing their membership, it applies for the period from the first **renewal date** on or after the date shown on the front cover.

The agreement between you and BUPA International

Only **you**, the **principal member**, and BUPA International have legal rights under the agreement between us relating to the cover that you have arranged under the scheme. This means that only you may enforce the agreement, although we will allow anyone who is covered under **your** membership complete access to our complaints and dispute resolution process. The full name of BUPA International is shown on your membership certificate.

Your membership documents

The following documents make up the agreement between the **principal member** and BUPA International:

- this membership guide, as amended from time to time, and
- your application form, and
- your membership certificate.

Your membership certificate shows any conditions, **treatment**, or charges for which cover is restricted or excluded (if any) that are personal to each individual included in **your** membership, based on the medical history given to us for each of them. We send all membership documents to the **principal member**.

The type of treatment covered: acute and chronic conditions

BUPA International Lifeline covers you for the costs of specialist **treatment** of **acute conditions**. By this we mean **treatment** of diseases, illnesses or injuries which respond quickly to medical or surgical care and which is likely to lead to a full recovery, or to restore you to your previous state of health, without you having to receive prolonged **treatment**. You do not have cover for **treatment** for **chronic conditions**.

What is a chronic condition?

It is a disease, illness or injury which has at least one of the following characteristics:

- it continues indefinitely and has no known cure

- it comes back or is likely to come back
- it is permanent
- you need to be rehabilitated or specially trained to cope with it
- it needs long term monitoring, consultations, checkups, examinations or tests.

What does this mean in practice?

We will pay for **treatment**, such as **diagnostic tests**, that you need to diagnose the disease, illness or injury or costs incurred before the disease, illness or injury becomes chronic. However, cover will stop once a **chronic condition** is confirmed and no further benefits will be paid for **treatment** of this disease, illness or injury.

What if your condition gets worse?

If there is an acute flare-up of **chronic condition** we will pay for **treatment** you receive during this period. Please see the example below for further information.

Example of chronic conditions

Alan has been with BUPA International for many years. He develops chest pain and is referred to a specialist. He has a number of investigations and is diagnosed as suffering from angina. Alan is placed on medication to control his symptoms.

BUPA International will meet the cost of claims for **treatment**, **diagnostic tests** and investigations, until Alan's condition has been diagnosed. Alan will then be advised that costs incurred from this point onwards will not be met, as he is receiving on-going **treatment** for a **chronic condition**.

Two years later, Alan's chest pain recurs more severely and his specialist recommends that he has a heart bypass operation.

We will pay for **treatment** required during an acute phase of a **chronic condition** if the **treatment** is likely to lead quickly to a full recovery or to Alan being restored to his previous state of health. Therefore, in these circumstances, eligible expenses incurred as a result of Alan's heart bypass operation will be met up to the benefit limits set out in the rules and table of benefits of the scheme.

Consultant treatment

Unless we specifically state otherwise in this membership guide, we will only pay benefits for **treatment** provided by a **consultant**.

What is covered?

Here are the table of benefits for the BUPA International Lifeline scheme. Lifeline offers three levels of cover: Essential, Classic and Gold. You need to read the table of benefits that applies to your level of cover. Your membership certificate shows which level of cover you have bought.

Your table of benefits and the Notes show what **treatment** costs and cash benefits you are covered for subject to the rules of the scheme, including the exclusions and benefit limits. The Notes explain the benefits in more detail. It is, therefore, important that you read your table of benefits along with the Notes.

If you have an **annual deductible** please also read section 4.3.

We pay for any necessary **treatment**, services and facilities listed in these tables and as explained in the accompanying Notes, but only if the charges are reasonable and customary and only up to the benefit limits.

By reasonable and customary we mean that the charges are ones which would usually be made by the majority of the providers of **treatment**, services and facilities to our members in the country in which you received the **treatment**, services and facilities - as the case may be - and that the charges are not more than they would usually charge.

Your table of benefits

All the benefit limits in this table of benefits and Notes are set out in £Sterling, US\$ and €Euros. The currency in which **you** pay us **your** subscriptions, being either £Sterling, US\$ or €Euros, is the currency that applies to your membership for the purpose of the benefit limits. For example, if **you** pay us subscriptions in £Sterling then the benefit limits given in £Sterling apply to your membership and US\$ and €Euro limits do not apply to you. If you are unsure which level of cover you have, the currency that applies to your membership, or whether you have an **annual deductible**, please phone us on +44 (0) 1273 323563.

The total overall amount we will pay for all **treatment**, services and facilities that **you** and **your dependants** receive each **membership year** under your chosen level of cover is shown below. The amount stated in the currency that applies to you is the maximum we will pay for benefits in total for each person each **membership year**. The limit does not apply to each benefit separately. Separate benefit limits apply to certain benefits in addition to the overall benefit limit shown below. These separate limits are shown in the table of benefits.

Your table of benefits

Your level of cover	Total overall amount each membership year		
	£Sterling	US\$	€Euro
Essential	£500,000	\$900,000	€750,000
Classic	£750,000	\$1,200,000	€1,000,000
Gold	£1,000,000	\$1,600,000	€1,500,000

Out-Patient Treatment - see Note 1	ESSENTIAL	CLASSIC	GOLD
<p>£ Consultants' fees for consultations</p> <hr/> <p>£ Pathology, X-ray, diagnostic tests</p> <hr/> <p>£ Costs for treatment by therapists and complementary medicine practitioners</p> <hr/> <p>£ Consultants' fees and psychologists' fees for psychiatric treatment (after two years' membership)</p> <hr/> <p>£ Costs for treatment by family doctor</p>	Note 1a Not covered	We pay up to £Sterling 3,000, US\$ 4,800 or €Euros 4,500 each membership year	We pay up to £Sterling 3,000, US\$ 4,800 or €Euros 4,500 each membership year
<p>✓ Out-patient surgical operations</p>	Note 1b Paid in full	Paid in full	Paid in full
<p>✓ MRI, CT and PET scans</p>	Note 1c Paid in full	Paid in full	Paid in full
<p>✓ Cancer treatment</p>	Note 1d Paid in full	Paid in full	Paid in full

Your table of benefits is continued overleaf

Your table of benefits continued

In-Patient and Day-Case Charges - see Note 2			ESSENTIAL	CLASSIC	GOLD
✓	Hospital accommodation	Note 2a	Paid in full	Paid in full	Paid in full
✓	Nursing care, drugs and surgical dressings	Note 2b	Paid in full	Paid in full	Paid in full
✓	Surgeons', anaesthetists' and physicians' fees	Note 2c	Paid in full	Paid in full	Paid in full
✓	Theatre charges and intensive care	Note 2d	Paid in full	Paid in full	Paid in full
✓	Pathology, X-rays, MRI, CT and PET scans, diagnostic tests, and physiotherapy	Note 2e	Paid in full	Paid in full	Paid in full
✓	Prostheses (artificial body parts) and appliances	Note 2f	Paid in full	Paid in full	Paid in full
✓	Cancer treatment	Note 2g	Paid in full	Paid in full	Paid in full
✓	Parent accommodation (staying with a child under 18)	Note 2h	Paid in full	Paid in full	Paid in full
✓	Psychiatric treatment (after two years' membership)	Note 2i	Paid in full	Paid in full	Paid in full

Other benefits - see Note 3		ESSENTIAL	CLASSIC	GOLD	
✓	Emergency local road ambulance journeys related to day-case or in-patient treatment	Note 3a	Paid in full	Paid in full	Paid in full
£	Prescribed drugs and dressings	Note 3b	Not covered	Not covered	We pay up to £Sterling 600, US\$960 or €Euro 900 each membership year
£	Accident-related dental treatment	Note 3c	Not covered	Not covered	We pay up to £Sterling 400, US\$700 or €Euro 600 each membership year
£	Home nursing after in-patient treatment	Note 3d	We pay up to £Sterling 100, US\$160 or €Euro 150 each day up to a maximum of 10 days as applicable each membership year	We pay up to £Sterling 100, US\$160 or €Euro 150 each day up to a maximum of 20 days as applicable each membership year	We pay up to £Sterling 100, US\$160 or €Euro 150 each day up to a maximum of 30 days as applicable each membership year
£	In-patient cash benefit	Note 3e	We pay £Sterling 75, US\$120 or €Euro 110 each night up to 20 nights as applicable each membership year	We pay £Sterling 75, US\$120 or €Euro 110 each night up to 20 nights as applicable each membership year	We pay £Sterling 75, US\$120 or €Euro 110 each night up to 20 nights as applicable each membership year
£	Maternity cover	Note 3f	Not covered	We pay up to £Sterling 3,000, US\$5,500 or €Euro 4,500 as applicable each membership year	We pay up to £Sterling 5,000, US\$9,000 or €Euro 7,500 as applicable each membership year

Your table of benefits continued

Other benefits - see Note 3 continued			ESSENTIAL	CLASSIC	GOLD
£	Wellness - mammogram, PAP test, prostate cancer screening or colon cancer screening (after one year's membership)	Note 3g	Not covered	We pay up to £Sterling 500, US\$900 or €Euro 750 as applicable each each <i>membership year</i>	We pay up to £Sterling 500, US\$900 or €Euro 750 as applicable each each <i>membership year</i>
✓	Transplant services	Note 3h	Paid in full	Paid in full	Paid in full
£	HIV/AIDS drug therapy including ART (after five years' membership)	Note 3i	Not covered	We pay up to £Sterling 10,000, US\$18,000 or €Euro 15,000 as applicable each each <i>membership year</i>	We pay up to £Sterling 10,000, US\$18,000 or €Euro 15,000 as applicable each each <i>membership year</i>
£	Hospice and palliative care	Note 3j	We pay up to £Sterling 20,000, US\$36,000 or €Euro 30,000 maximum benefit for the whole of your membership	We pay up to £Sterling 20,000, US\$36,000 or €Euro 30,000 maximum benefit for the whole of your membership	We pay up to £Sterling 20,000, US\$36,000 or €Euro 30,000 maximum benefit for the whole of your membership
✓	Healthline services	Note 3k	Included	Included	Included

Lifeline Assistance Cover

This benefit only applies to your cover if you have purchased it as part of your Lifeline Essential, Classic or Gold scheme cover. Your membership certificate will show if you have purchased this additional cover.

The overall annual maximum benefit limit does not apply to Lifeline Assistance Cover.

✓	Assistance Cover	For benefit entitlement see Note 4 on page 18
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What is covered?

These Notes are very important. Please read them carefully along with the table of benefits as they set out the details of your cover and apply to each person covered under your membership.

What is covered - your benefits in detail

All the benefit limits in the table of benefits and these Notes are set out in £Sterling, US\$ and €Euros. The currency in which **you** pay us **your** subscriptions, being either £Sterling, US\$ or €Euros, is the currency that applies to your membership for the benefit limits. For example, if **you** pay us subscriptions in £Sterling then the benefit limits given in £Sterling apply to your membership and US\$ and €Euro limits do not apply to you. If you are unsure which currency applies to your membership please phone us on +44 (0) 1273 323563.

Note 1: Out-patient treatment

This is **treatment** which does not normally require a patient to occupy a **hospital** bed. We pay the **out-patient treatment** charges explained in the following Notes. Please remember that a **consultant**, **therapist** or **complementary medicine practitioner** must provide the treatment.

If you are covered under the **Essential level** please remember that you only have out-patient cover under the scheme for out-patient **surgical operations**, MRI, CT and PET scans and **out-patient treatment** for cancer, as set out in Notes 1c and 1d.

Note 1a: Consultants' fees for consultations; pathology, X-rays, diagnostic tests; costs for treatment by therapists or complementary medicine practitioners; medical practitioners' fees for psychiatric treatment.


We pay up to a total amount of £ £Sterling3,000, US\$4,800 or €Euro4,500 as applicable each **membership year** for the following **out-patient treatment** set out in this Note 1a. This is the overall total amount we will pay for all such **treatment** received each **membership year** by each person covered under the scheme.

- **Consultants' fees for consultations** £

We pay **consultants'** fees for consultation carried out as **out-patient treatment**. This means a meeting with a **consultant** to assess your condition.

- **Pathology, X-rays and diagnostic tests** £

We pay charges for pathology such as checking blood and urine samples for specific abnormalities, radiology (such as X-rays) and diagnostic tests (such as electrocardiograms), when recommended by your **consultant** to help determine or assess your condition as part of **out-patient treatment**.

- Costs for treatment by therapists or **complementary medicine practitioners** 

We pay fees for **out-patient treatment** by **therapists** and **complimentary medicine practitioners**, including dieticians. We only pay the initial consultation plus 2 follow-up visits with a dietician when required as a result of an eligible condition, such as diabetes or heart disease. We do not pay dietician expenses for ineligible conditions such as obesity.


- **Medical practitioners' fees for psychiatric treatment**

We pay **medical practitioners'** fees for **psychiatric treatment** and **psychologists'** fees for **psychiatric treatment** which you receive as **out-patient treatment** after you have been a member of the scheme (or any BUPA scheme which includes cover for **psychiatric treatment**) for the whole of the two years leading up to the **treatment**.

For Gold level only:

We pay **family doctor treatment** carried out as **out-patient treatment**.

Note 1b: Out-patient surgical operations

If you need a **surgical operation** which  is covered by your membership and carried out as **out-patient treatment** - such as the removal of a small cyst - we pay for this **treatment** in full when it is provided by a **consultant**.

Note 1c: MRI, CT and PET scans (head and body scanning)

We pay in full for magnetic resonance imaging (MRI) and computed tomography (CT) and positron emission tomography (PET) recommended by your **consultant** or **family doctor** and carried out as **out-patient treatment**.

Note 1d: Cancer treatment

We pay in full for **consultants'** fees that are related specifically to planning and carrying out **out-patient treatment** for cancer.

We also pay **hospital** charges in full for tests and drugs (such as cytotoxic drugs) that are related specifically to planning and carrying out **out-patient treatment** for cancer.


If you are covered under Essential level

please remember that you are not covered for consultants' fees for out-patient consultations. This means that we will not pay for follow-up out-patient consultations such as check-ups, that you may need after your treatment for cancer.

Note 2: In-patient and day-case treatment

Day-case treatment is **treatment** which for medical reasons normally means you have to stay in a bed in **hospital** during the day, but not overnight. And **in-patient treatment** is **treatment** which for medical reasons normally means you have to stay overnight or longer in **hospital**. We pay for the **day-case** and **in-patient treatment** charges as explained in these Notes. Please remember that we will only pay for the **treatment** if it is provided by a **consultant**.

Hospitals

We pay **hospital** charges for **day-case** and **in-patient treatment** for: 

- accommodation - see Note 2a
- nursing care, drugs and surgical dressings - see Note 2b

- theatre charges and **intensive care**
- see Note 2d
- pathology, X-rays, MRI, PET and CT scans, diagnostic tests and physiotherapy
- see Note 2e
- parent accommodation (accompanying a child under 18) - see Note 2h.

The **hospital** charges we will pay for are explained more fully in the Notes.

To ensure you are paid in full for these **hospital** charges, it is important that the **day-case** or **in-patient treatment** is provided by a **consultant** in a recognised **hospital** and that:

- it is medically essential for you to occupy a hospital bed to receive the treatment, and
- you occupy a room which is no more expensive than the **hospital's** standard single room with private bathroom.
- your room is used only for you to receive **day-case** or **in-patient treatment** covered under your membership.

Staying in hospital for longer than 10 days

If you need to stay in **hospital** for longer than 10 days you must send us a medical report if this is reasonably practical for you to do so. The report must reach us before your eighth night in **hospital**.

The **consultant** must tell us in the report:

- the exact diagnosis, and
- what **treatment** you have received so far, and
- what **treatment** you are going to have in future, and

- what date you are expected to leave **hospital**.

Note 2a: Hospital accommodation

We pay **hospital** charges for your **hospital** accommodation provided as part of your **day-case** or **in-patient treatment**, including all your own meals and refreshments. We do not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics.

We do not pay **hospital** charges for **hospital** accommodation if:

- it relates to an overnight stay for **treatment** which would normally be provided as **out-patient** or **day-case treatment**, or
- if you stay in a bed in **hospital** for **treatment** that would normally be provided as **out-patient treatment**

(Please read 'Convalescence, rehabilitation and general nursing care' in the 'What is not covered?' section).

Note 2b: Nursing care, drugs and surgical dressings

We pay **hospital** charges for nursing services, drugs and surgical dressings you need as part of your **day-case** or **in-patient treatment**.

We do not pay charges for the costs of drugs and surgical dressings you receive for **out-patient treatment** or use at home unless you have Lifeline Gold cover.

(Please read Note 3d in this section and 'Drugs and dressings' in the 'What is not covered?' section).

We do not pay **hospital** charges for extra 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**. ❌

Note 2c: Consultants' fees

We pay surgeons' and anaesthetists' fees for a **surgical operation** forming part of **day-case** or **in-patient treatment**. ✔️

We pay physicians' fees for **day-case** or **in-patient treatment** if the **day-case** or **in-patient treatment** does not include a **surgical operation**. ✔️

If your **day-case** or **in-patient 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**.

Note 2d: Theatre charges and intensive care

We pay **hospital** charges for using an operating theatre for **day-case** or **in-patient treatment** covered by your membership. ✔️

We pay **hospital** charges for **intensive care** in an intensive care unit, intensive therapy unit, high dependency unit or cardiac care unit if the **hospital** in which you receive your **day-case** or **in-patient treatment** is equipped with such a unit and if:

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

treatment that does not routinely require **intensive care**, in which case your **consultant** should contact us at the earliest opportunity.

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

We pay **hospital** charges for pathology (such as checking blood and urine samples for specific problems), radiology (such as X-rays), magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) (head and body scanning) and diagnostic tests (such as electrocardiograms), when recommended by your **consultant** to help determine or assess your condition when carried out in a **hospital** as part of **day-case** or **in-patient treatment**. ✔️

We also pay **hospital** charges for **treatment** provided by **therapists** (such as physiotherapy) if it is needed as part of your **day-case** or **in-patient treatment** in a **hospital**. ✔️

Note 2f: Prostheses (artificial body parts) and appliances

We pay in full for a **prosthesis** charged by a **hospital** or **consultant** for **day-case** or **in-patient treatment**. By this, we mean an artificial body part which is designed to form a permanent part of your body and is surgically implanted for one or more of the following reasons:

- to replace a joint or ligament
- to replace one or more heart valves
- to replace the aorta or an arterial blood vessel

- to replace a sphincter muscle
- to replace the lens or cornea of the eye
- to control urinary incontinence (bladder control)
- to act as a heart pacemaker
- to remove excess fluid from the brain
- to reconstruct a breast following surgery for cancer when the reconstruction is carried out within two years of you having received the **treatment** for cancer.

We also pay in full for the following **appliances** when charged by a **hospital** or **consultant**: ✓

- a knee brace which is an essential part of a **surgical operation** for the repair to a cruciate (knee) ligament
- a spinal support which is an essential part of a **surgical operation** to the spine

Note 2g: Cancer treatment

We pay in full for **consultants'** fees that are related specifically to planning and carrying out **day-case** or **in-patient treatment** for cancer. ✓

We also pay **hospital** charges in full for tests and drugs (such as cytotoxic drugs) that are related specifically to planning and carrying out **day-case** or **in-patient treatment** for cancer. ✓

Note 2h: Parent accommodation (staying with a child under 18)

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

Your child must be:

- aged under 18, and
- either a member in his or her own right, or included in a family membership, and
- receiving **hospital in-patient treatment** for which the child is covered under their membership.

Note 2i: Psychiatric treatment (after two years' membership)

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

We pay in full for **consultants'** fees for **psychiatric treatment** you receive as **day-case** or **in-patient treatment** in a **hospital**.

We only pay for up to a collective total of 90 days' **day-case** and **in-patient psychiatric treatment** during your membership of this scheme and any other BUPA scheme whether your membership is continuous or not. This means that, for example, if BUPA have paid for a collective total of 45 days' **day-case** and **in-patient psychiatric treatment** under another BUPA scheme then we will only pay for up to a collective total of 45 days' **day-case** and **in-patient psychiatric treatment** under this scheme. This is the total number of days we pay up to for **day-case** and **in-patient psychiatric treatment** collectively and not individually. ✓

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

Note 3 - Other benefits

Depending on your Lifeline level of cover we pay for the following benefits up to the amounts shown below and in the table of benefits.

Note 3a: for Essential, Classic and Gold levels of cover

Emergency local road ambulance journeys


If you need private *day-case* or *in-patient treatment* for which you are covered under your membership, and it is medically necessary for you to travel by local road ambulance, we pay in full for travel:

- from your home or place of work to *hospital*
- from the site of an accident to a *hospital*
- from *hospital* to home
- between *hospitals*
- between an airport or seaport and *hospital*.

Note 3b: for Gold level only

Prescribed drugs and dressings

If you are covered under the Gold level we pay up to a total amount of £Sterling 600, US\$960 or €Euro900 as applicable each *membership year* for the cost of drugs and dressings prescribed for you by your *medical practitioner* for *treatment*.

We do not pay for items which  are freely available for self-administration without the supervision of a doctor.

See also 'Experimental drugs and treatment'

in the 'What is not covered?' section.

Note 3c: for Gold level only

Accident-related dental treatment

If you are covered under the Gold level we pay up to a total amount of £Sterling400, US\$700 or €Euro600 as applicable each *membership year* for *accident-related dental treatment* that you receive from a *dental practitioner*.

Treatment must be provided and completed within 6 months of the date of the accident or injury.

By accident-related dental *treatment* we mean the *treatment* of any sound natural teeth made necessary as a result of an accident or injury (except for an injury resulting from biting or chewing).

This cover will only apply if the *dental practitioner* confirms that the teeth treated were sound natural teeth which were injured as the result of an accident. A sound natural tooth has no decay, no filling on more than two surfaces, no gum disease associated with bone loss, no root canal therapy, is not a dental implant and functions normally in chewing and speech.

This cover does not apply for dental implants, crowns or dentures.

Note 3d: for Essential, Classic and Gold levels of cover

Home nursing



We pay for home nursing after **in-patient treatment** for which you are covered under your membership up to the benefit limits set out below:

Essential level cover: up to £Sterling100, US\$160 or €Euro150, as applicable, each day for up to 10 days each **membership year**

Classic level cover: up to £Sterling100, US\$160 or €Euro150, as applicable, each day for up to 20 days each **membership year**

Gold level cover: up to £Sterling100, US\$160 or €Euro150, as applicable, each day for up to 30 days each **membership year**

We will only pay if the home nursing:

- is needed for medical reasons (in other words, not for domestic or social reasons)
- the nursing is necessary (in other words without it, you would have to stay in **hospital**)
- the nursing starts immediately after you leave **hospital**
- is provided by a qualified nurse in your home, and
- is carried out under the supervision of your **consultant**.

Note 3e: for Essential, Classic and Gold levels of cover

In-patient cash benefit



We pay in-patient cash benefit instead of any other benefit for each night you receive **in-patient treatment**, for which you are covered under your membership, without any charge.

This benefit is not payable for **in-patient treatment** you receive related to normal pregnancy without any charge.

We pay in-patient cash benefit of £Sterling75 or US\$120 or €Euro110 each night for up to a maximum of 20 nights each **membership year**.

To claim this benefit please ask the **hospital** to sign and stamp your claim form. The completed claim form should be sent 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**.

Note 3f: for Classic and Gold level cover only

Maternity cover



We pay for medical expenses related to maternity up to the limits set out below:

Classic level cover: we pay up to £Sterling 3,000, US\$5,500 or €Euro4,500, as applicable, each **membership year**

Gold level cover: we pay up to £Sterling5,000, US\$9,000 or €Euro7,500, as applicable, each **membership year**.


We cover costs for medical expenses related to maternity that you incur after you have been covered under the Classic or Gold level cover for the whole of the 10 months before you incurred the medical expenses.


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

- ante-natal care such as ultrasound scans
- hospital charges, obstetricians' and midwives' fees for normal childbirth
- post-natal care required by the mother immediately following normal childbirth, such as stitches.
- routine care for the baby for up to 7 days following birth.

- secondary conditions brought about by pregnancy such as backache, high blood pressure, vaginal bleeding, nausea and vomiting.

Your baby is also covered for up to 7 days routine care following birth if your baby was born to a surrogate parent and you, as the intended parent, have been covered under the Classic or Gold level cover for the whole of the 10 months before the baby was born.

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

Costs for treatment for the following  complications of pregnancy or childbirth are payable from your in-patient and out-patient benefits, as appropriate:

- miscarriage or when the foetus has died and remains with the placenta in the womb
- stillbirth abnormal cell growth in the womb (hydatidiform mole)
- foetus growing outside the womb (ectopic pregnancy)
- heavy bleeding in the hours and days immediately after childbirth (post-partum haemorrhage)
- afterbirth left in the womb after delivery of the baby (retained placental membrane)
- complications following any of the above conditions.

We also pay **treatment** costs for delivering a baby by caesarean section if it is medically necessary, provided the mother has been a member of this scheme for at least 10 months before the delivery.

Note 3g: for Classic and Gold levels of cover

Wellness - mammogram, PAP test, prostate cancer screening or colon cancer screening

We pay £Sterling 500 or US\$ 900 or €Euro 750, as applicable each membership year for you to have a mammogram, PAP test, prostate cancer screening or colon cancer screening after you have been a member of the Lifeline scheme for one year.

Note 3h: Transplant services

We only pay for transplant services that are required as a result of an eligible condition.

We pay medical expenses in full if you need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant. We will also pay in full 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.

The cost of organ procurement is not covered.

For Essential level of cover

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

Classic level of cover

We will not pay for any drugs prescribed for use as an out-patient, including anti-rejection drugs.

Gold level of cover

Any drugs prescribed for use as an out-patient, including anti-rejection drugs will be paid from your prescribed drugs and dressings benefit.

Please see 'Donor organs' in the 'What is not covered?' section.



Note 3i: for Classic and Gold levels of cover HIV/AIDS drug therapy including ART



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

If you need to receive drug therapy including, but not restricted to ART (antiretroviral therapy), we will pay up to £Sterling £10,000, US\$ 18,000, or €Euro 15,000, as applicable, each membership year towards these expenses.

Note 3j: Hospice and palliative care



If you need care or **treatment**, either on an in-patient, day-case or out-patient basis following the diagnosis of a terminal condition such as cancer, we will pay up to £Sterling £20,000, US\$ 36,000 or €Euro 30,000 as applicable towards these expenses. This includes physical, psychological, social and spiritual care as well as accommodation in a bed, nursing care and prescribed drugs.

This is the total amount we shall pay for these expenses during the whole of your membership of BUPA International.

Note 3k: Healthline services

You are entitled to call +44 (0) 1273 333911 at any time when you need to. Lines are open 24 hours a day, 365 days a year. The following are some of the services that may be offered by telephone:

- general medical information from a health professional

- inoculation and visa requirements information
- emergency message transmission
- interpreter, legal, and embassy referral
- medical service referral (i.e., locating a physician) and assistance arranging appointments

Costs of any treatment you receive are covered to the extent set out in your benefit table.

Note 4: - Assistance Cover

Assistance Cover is an optional benefit. We provide two levels of Assistance Cover, each of which are described below. Your membership certificate will show if you have chosen this benefit and the level of cover selected. Purchase of Assistance Cover must be at the same time as your purchase of cover under the scheme. For questions about Assistance Cover please contact us on +44 (0) 1273 323563 or email info@bupa-intl.com. Lines are open 24 hours a day, 365 days a year.

Our evacuation partner may not be able to effect evacuation or repatriation in cases where the local situation makes it unreasonably dangerous or impractical to enter the area e.g. from an oil rig or within a war zone.

Note 4a: Evacuation cover

Evacuation cover is an optional level of Assistance Cover. If you have Evacuation cover it will be shown on your membership certificate. If you are still unsure please contact us on +44 (0) 1273 323563 (lines are open 24 hours a day, 365 days a year) or email info@bupa-intl.com.

Arrangements for evacuation will be made by our appointed representatives if you call +44 (0) 1273 333911. Lines are open 24 hours a day, 365 days a year.

What is covered

We will pay in full your reasonable transport costs for you to be evacuated for **day-case** and **in-patient treatment** if all the following criteria are met:

- you were covered by Evacuation cover before you needed the **treatment** requiring evacuation, and
- the **treatment** you need is covered under your membership, and
- the treatment is recommended by your doctor and, for medical reasons, is not available locally. This must be confirmed in advance by calling BUPA International's appointed representatives on + 44 (0) 1273 333911. You must provide us with any information or proof that we may reasonably ask you for to support your request and
- your cover includes the country to which you are being evacuated, for example the USA.

We will only pay if all arrangements for your evacuation are made by BUPA International's appointed representatives on +44 (0) 1273 333911. Doctors from BUPA International's appointed representatives will discuss all relevant factors with your own doctor before authorising payment for an evacuation.

Evacuation will not be authorised if this would be contrary to medical advice.

We will only pay for the evacuation of the person requiring the **treatment** to the nearest place where the **treatment** is available. This could be to another part of the country which you are in if this is appropriate. Please note that the nearest country may not be your home country.

We will pay for the reasonable travel costs for another BUPA International member to accompany them but only if it is medically necessary.

We will also pay for the reasonable costs of the person receiving the **treatment** and the accompanying member's return journey to the place they were evacuated from. All arrangements for your return should be approved in advance by BUPA International and the journey must be made within 14 days of the end of the **treatment** for which the evacuation took place. We will pay for costs incurred, either:

- the actual reasonable cost of transportation 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 do not pay for any other costs related to the evacuation such as hotel accommodation.

Costs of any **treatment** you receive are not payable under this benefit, but are paid under, and according to, the other benefits set out in the table of benefits.

Note 4b: Repatriation cover

Repatriation cover is an optional level of Assistance Cover. If you have Repatriation cover it will be shown on your membership certificate. If you are still unsure please contact our Customer Services Team on +44 (0) 1273 323563 or email info@bupa-intl.com. Lines are open 24 hours a day, 365 days a year.

What is covered

We will pay in full for your reasonable transport costs to your **specified country of nationality** for **day-case** or **in-patient treatment**. We will pay for one repatriation for each illness or injury per lifetime and we will only pay if the following criteria are met:

- you were covered by Repatriation cover before you needed the **treatment** requiring repatriation, and
- the **treatment** you need is covered under your membership, and
- the **treatment** is recommended by your doctor and, for medical reasons, is not available locally. This must be confirmed in advance by BUPA International's appointed representatives on +44 (0)1273 333911.

You must provide us with any information or proof that we may reasonably ask you for to support your request.

We will only pay for your repatriation if all arrangements for your repatriation are approved in advance and arranged by BUPA International's appointed representatives. Doctors from BUPA International's appointed representatives will discuss all relevant factors with your own doctor before authorising payment for a repatriation.

Repatriation will not be authorised if this would be contrary to medical advice.

We will also pay the reasonable costs for a relative or your partner to accompany you to your **specified country of nationality** if we have authorised this in advance of the repatriation. We will also pay an allowance of up to £Sterling25, US\$40 or €Euro37 per day for up to 10 days to cover the living expenses incurred by the person accompanying you.

We will pay for you and the person accompanying you to return to where you were repatriated from. All arrangements for your return must be approved in advance by BUPA International and you must make the return journey within 14 days of the end of the **treatment** you were repatriated for. We will pay either:

- the actual reasonable cost of transportation 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.

Costs of any **treatment** you receive are not payable under this benefit, but paid under and according to the other benefits set out in the table of benefits. Full details of your cover for treatment are set out in the table of benefits and the Notes to the table of benefits.

Repatriation cover also includes access to Evacuation cover - see Note 4a.

What is not covered?

In order to keep the cost of your subscriptions as low as possible there are some costs and expenses your BUPA International Lifeline membership does not cover. For ease of reference, we have grouped the exclusions under headings. These headings are simply for easy reference and do not form part of the exclusion. If there are any exceptions to the general rule, these are clearly shown. There may be more than one exclusion to a particular condition or **treatment**, so please read this section carefully.

1. Addictive conditions/disorders

We do not pay for any **treatment** for, or arising from any:

- addictive condition or disorder, or
- misuse of drugs or alcohol, or
- substance or solvent abuse whether or not it is related to prescription drugs.



3. Allergies/allergic disorders

We do not pay for **treatment** to de-sensitise or neutralise any allergic condition or disorder.



2. Ageing, menopause and puberty

We do not pay for **treatment** to relieve symptoms commonly associated with any bodily change arising from any physiological or natural cause such as ageing, menopause or puberty and which is not due to any underlying disease, illness or injury.



Please also read 'Hormone Replacement Therapy and Bone Densitometry' in this section.

4. Birth control, conception, sexual problems and sex changes

We do not pay for any type of contraception, sterilisation, any **treatment** of sexual problems (including impotence, whatever the cause), sex changes, assisted reproduction (eg IVF **treatment**), termination of pregnancy, or **treatment** for or arising from any of these.



Exception: We pay for reasonable investigations into the cause of infertility if:



- neither **you** nor your partner had been aware of any problems before joining, and

- you have both been members of this scheme (or any BUPA scheme which included cover for this type of investigation) for a continuous period of two years before receiving the **treatment**.

Once the cause is confirmed, no further payment is made for additional investigations in the future.

Please read 'Maternity' and 'Surrogate parenting' in this section. ★

5. Chronic conditions

We do not pay for **treatment** of a **chronic condition**. By this, we mean a disease, illness or injury (including a mental condition) which has at least one of the following characteristics:

- has no known cure, or recurs
- leads to permanent disability
- is caused by changes to your body which cannot be reversed
- requires you to be specially trained or rehabilitated
- needs prolonged supervision, monitoring or **treatment**.

Exception: We pay for **treatment** of a disease, illness or injury arising out of a **chronic condition**, or for **treatment** of any symptoms of a **chronic condition** that flare up. However, we will only pay if the **treatment** is likely to lead quickly to a complete recovery or to you being restored fully to your previous state of health, without you having to continue receiving the **treatment**. For example, we pay for

treatment following a heart attack arising out of chronic heart disease.

Please read 'Ageing, menopause and puberty' in this section. ★

6. Complications from excluded or restricted conditions/treatment

We do not pay any increased **treatment** costs you incur because of complications directly caused by a disease, illness, injury or **treatment** for which cover has been excluded or restricted under your membership.

For example, if cover for diabetes is excluded on your 'Membership Certificate', and if, because you have diabetes, you have to spend extra days in **hospital** after any operation, we would not pay for these extra days.

7. Congenital and hereditary conditions

We do not pay benefits for **treatment** of congenital and hereditary conditions. By congenital condition we mean any abnormality, deformity, disease, illness or injury present at birth whether diagnosed or not. By hereditary condition we mean any abnormality, deformity, disease or illness that has been passed down through the generations of a person's family.

Exception: We will pay benefits for **treatment** of a congenital or hereditary condition if the **treatment** is received within the first 28 days after birth. However, we will not continue to pay for such **treatment** received on or after the 29th day after birth.

8. Contamination, wars and riots

We do not pay for **treatment** for any disease, illness or injury resulting from nuclear or chemical contamination, war, riot, revolution, acts of terrorism or any similar event. ❌

Exception: We pay for **treatment** provided that ✔️

- the company or employee have not recklessly put themselves in danger by entering a known area of conflict where active fighting/insurrections are taking place, or
- they were not an active participant, or
- they have not displayed a blatant disregard for personal safety, and
- there is a legitimate business reason for them to be there

9. Convalescence, rehabilitation and general nursing care

We do not pay for **hospital** accommodation if it is used for any of the following purposes: ❌

- convalescence, **rehabilitation**, supervision or any purpose other than for receiving **treatment** covered by your membership of a type which normally requires you to stay in a **hospital**
- receiving general nursing care or any other services which could have been provided in a nursing home or in any other establishment which is not a **hospital**
- receiving services from a **therapist** or **complementary medicine practitioner** if:
 - this is the primary purpose for you staying in the **hospital**, or

- if the services are not being provided during a period of **treatment**, which, of necessity, is required to be provided by a **consultant** and for which you are covered under your membership of the scheme.



10. Cosmetic, reconstructive or remedial surgery - including breast reduction or enlargement

We do not pay for **treatment** undergone for cosmetic or psychological reasons or to improve your appearance, such as a re-modelled nose or facelift, or arising from previous cosmetic **treatment**. ❌


We do not pay for **treatment** related to or arising from the removal of non-diseased, or surplus or fat tissue, whether or not it is needed for medical or psychological reasons, such as scar revision or back pain. ❌


We do not pay for breast enlargement or reduction or any other **treatment** or procedure to change the shape or appearance of your breast(s) whether or not it is needed for medical or psychological reasons, for example for backache or gynaecomastia (which is the enlargement of breasts in men). ❌

We also do not pay for **treatment** to correct or deal with a problem that arises out of any medical **treatment** or surgery you receive if the costs of that medical **treatment** or surgery were not covered under the scheme. For example, if you suffer an injury as a result of laser eye surgery to correct short sight. ❌


Exception: We pay for a   *surgical operation* to restore your appearance after an accident, or as a result of surgery for cancer, if either of these takes place during your current continuous membership of the scheme. Payment is made if this is part of the original *treatment* for the accident or cancer and you have obtained our written consent before receiving the *treatment*. We will only pay for breast reconstruction following cancer if it is carried out within two years of your *treatment* for cancer.

11. Deafness

We do not pay for *treatment* for or arising from deafness caused by a congenital abnormality, maturing or ageing. 


Exception: We may pay for *treatment*  of deafness arising as a result of an *acute condition*.

12. Dental/oral treatment (such as fillings, gum disease, jaw shrinkage, etc)


We do not pay for any dental or oral *treatment*.  For example, we do not pay for the management of, or any *treatment* related to, jaw shrinkage or loss as a result of:

- dental extractions
- the provision of implants
- gum disease
- the repair of damaged teeth after an accident (such as crowns or caps).


We also do not pay for *surgical operations* for the *treatment* of irreversible bone disease when related to gum disease or damage or *treatment* of the temporo-mandibular joint.

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

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

Exception if you are a Gold level member:  We pay for accident-related *treatment* to the extent set out in Note 3c to the table of benefits.

13. Dialysis

We do not pay for *treatment* for, or associated with, haemodialysis (meaning the removal of waste matter from your blood by passing it through a kidney machine or dialyser) or peritoneal dialysis (meaning the removal of waste matter from your blood by introducing fluid into your abdomen which acts as a filter). 

Exception: We pay for short-term kidney dialysis if you need this immediately before or after a kidney transplant. We also pay if the kidney dialysis is needed temporarily for sudden kidney failure resulting from a disease, illness or injury affecting another part of your body. ✓

14. Donor organs ✖

We do not pay for **treatment** for transplants involving mechanical or animal organs. We do not pay for expenses associated with the procurement of a donor organ. We do not pay for **treatment** incurred as a result of the removal of a donor organ from a donor or **treatment** for removal of an organ from **you** for purposes of transplantation into another person.

We also do not pay for the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible disease or illness.

15. Drugs and dressings for out-patient or take home use ✖

We do not pay for any drugs or surgical dressings that are provided or prescribed for **out-patient treatment**, or for you to take home with you on leaving **hospital**.

We also do not pay for drugs that are provided or prescribed or used for the **treatment** of an excluded condition such as a sexually transmitted disease. ✖

Exception if you are a Lifeline Gold member. ✓

We will pay for out-patient drugs and dressings that have been prescribed for you by your **medical practitioner**. But only to the extent set out in Note 3b.

The scheme does not pay for items which are freely available for self-administration without the supervision of a doctor. ✖

Please read 'Experimental drugs and treatment' in this section. ★

16. Experimental drugs and treatment ✖

We do not pay for **treatment** which, in our reasonable opinion, is experimental or has not been proved to be effective based on established medical practice. ✖

Exception: We may pay for this type of **treatment** if: ✖ !

- it is shown that the **treatment** is approved as appropriate by a recognised medical body in the country in which you receive the **treatment**; and
- you have received our written agreement before the **treatment** takes place.

We must receive full clinical details from your **consultant** before we are able to give our decision.

Please read 'Drugs and dressings for out-patient or take-home use' in this section. ★

17. Eyesight

We do not pay for **treatment** to correct your eyesight, for example for long or short sight or failing eyesight due to ageing, including spectacles, contact lenses or laser procedures.

Exception: We will pay for you to receive **treatment** for your eyesight if it is needed as a result of an injury or an **acute condition**, such as a detached retina.

18. Family doctor treatment

We do not pay for any **treatment** or services carried out by a **family doctor**.

Exception for Lifeline Gold members: We pay for **family doctor treatment** from the £3,000 (US\$ 4,800 or €Euros 4,500) **out-patient** benefit.

19. Footcare

We do not pay for **treatment** for corns, calluses or thickened or misshapen nails.

Exception: We will pay medical expenses for **treatment** of diseases or injuries of the foot such as verrucas, in-growing toenails and bunions.

20. Health hydros, nature cure clinics and similar establishments

We do not pay for **treatment** or services received in health hydros, nature cure clinics or any establishment which is not a **hospital**.

21. HIV/AIDS

We do not pay for **treatment** for, or arising from, HIV or AIDS, including any condition which is related to, or results from, HIV or AIDS.

Exception: We pay for **treatment** including drug therapy & ART up to a limit of £Sterling 10,000, each **membership year**, if the person with HIV or AIDS:

- became infected five years or more after their current continuous period of membership began, or
- has been a member of this scheme (or any BUPA scheme) since at least July 1987 without a break in their cover.

22. Hormone Replacement Therapy (HRT) and bone densitometry

We do not pay for Hormone Replacement Therapy (HRT) or bone densitometry.

Exception: We may pay for bone densitometry recommended by your **consultant** to help determine or assess your condition as part of **out-patient, day-case** or **in-patient treatment**. However, we must receive full clinical details from your **consultant** before we are able to give our decision. If we agree to pay for bone densitometry we will only pay for an initial bone densitometry scan, and for one follow-up scan if this is carried out:

- within 3 years of you starting **treatment**, and

- during your current continuous period of membership.

Please read 'Ageing, menopause and puberty' in this section.



23. Learning difficulties, behavioural and developmental problems

We do not pay for **treatment** for or related to learning difficulties, such as dyslexia, or behavioural problems, such as Attention Deficit Hyperactivity Disorder (ADHD) or development problems, such as shortness of stature.



24. Maternity (for Essential members only)

We do not pay for treatment for, or any condition arising from, maternity.

Exception: We will pay for **treatment** of the following conditions:



- miscarriage or when the foetus has died and remains with the placenta in the womb
- stillbirth
- abnormal cell growth in the womb (hydatidiform mole)
- foetus growing outside the womb (ectopic pregnancy)
- heavy bleeding in the hours and days immediately after childbirth (post-partum haemorrhage)
- afterbirth left in the womb after delivery of the baby (retained placental membrane)
- complications following any of the above conditions.

Exception: We pay **treatment** costs for delivering a baby by caesarean section if it is medically necessary, provided the mother has been a member of this scheme for at least 10 months before the delivery.



Gold, Classic and Essential members - please read 'Birth control, conception, sexual problems and sex changes' and 'Surrogate parenting' in this section.



25. Obesity

We do not pay **benefits** for the **treatment** of obesity.



26. Physical aids and devices

We do not pay for supplying or fitting physical aids and devices (for example, hearing aids, spectacles, contact lenses, crutches and walking sticks).



Exception: We will pay for **prostheses** or **appliances**.



Please read 'Prostheses (artificial body parts) and appliances' in Note 2f.



27. Pre-existing conditions


We do not pay for **treatment** for a **pre-existing condition**, and any related symptoms, or a condition which results from or is related to a **pre-existing condition**.



Exception: We will pay for the cost of **treatment** of a **pre-existing condition**, or a condition which results from or is related to a **pre-existing condition**, if you meet all of the following:



- you gave us all the information we asked you for, before we sent **you** the first membership certificate for **your** current continuous period of membership which lists the person with the **pre-existing condition**
- neither **you** nor the member with the **pre-existing condition** knew about it or any related symptoms before the 'effective from' date or the 'issue date', whichever is the latter date, on that membership certificate
- we did not specifically exclude cover for the costs of **treatment**, when we sent **you** the membership certificate or before we sent it.

We are always willing, at **your renewal date**, to review a special condition applied to your membership. We will do this if in our opinion no **treatment** is likely to be needed in the future directly or indirectly relating to the disease, illness or injury covered by the special condition or for a related disease, illness or injury. If you would like us to consider such a review, please contact us prior to **your renewal date**. We must receive a medical report from your **family doctor** or **consultant** giving full, current clinical details before we can give our decision. Please note we do not pay any costs for or related to your doctor or **consultant** supplying us with such medical reports. 

28. Preventive treatment

We do not pay for health screening, such as routine health checks, vaccinations or any preventive **treatment**, for example **treatment** to remove tissue that is not diseased such as breast removal when there is no cancer present.

29. Self-inflicted injuries

We do not pay for **treatment** for, or arising from, an injury you have intentionally inflicted on yourself - for example, during a suicide attempt.

30. Sexually transmitted diseases


We do not pay for **treatment** for any sexually transmitted diseases or illnesses such as Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice or Trichomoniasis.

31. Sleep disorders

We do not pay for **treatment** for sleep apnoea (temporarily stopping breathing during sleep), snoring or any other sleep-related breathing problem.

32. Speech disorders

We do not pay for **treatment** for or relating to any speech disorder, for example, stammering.


Exception: We may, at our discretion,  pay for short-term speech therapy when such **treatment** is medically necessary as part of **treatment** for an **acute condition**, such as a stroke. The speech therapy must take place during and/or immediately following the **treatment** for the **acute condition** and be recommended by the **consultant** in charge of your **treatment** and provided by a **therapist**.


33. Surrogate parenting

We do not pay for any treatment you need if you are acting as a surrogate, nor do we pay for any treatment required by a person acting as a surrogate for you, whether or not they are covered by BUPA International.


34. Travel costs for treatment


We do not pay for any travel costs that you incur when travelling to receive medical **treatment**.


Exception: We pay for you to travel by local road ambulance to receive **treatment** to the extent set out in Note 3a in the table of benefits. 

Exception: If your cover, as set out in your membership certificate, includes Lifeline Evacuation cover we will pay for you to be evacuated to receive **treatment** in accordance with the terms set out in Note 4 in the table of benefits. 


35. Unrecognised consultant, hospital, family doctor, therapist, dental practitioner or complementary medicine practitioner

We do not pay for **treatment** provided by a **consultant, family doctor, therapist, dental practitioner or complementary medicine practitioner**, who is not recognised by the relevant authorities in the country in which the **treatment** takes place as having specialised knowledge of, or expertise in, the **treatment** of the disease, illness or injury being treated. 

We do not pay for **treatment** in any **hospital**, or by any **consultant, family doctor, therapist, dental practitioner or complementary medicine practitioner** or any other provider of services, to whom we have sent a written notice saying that we no longer recognise them for the purpose of our schemes. 


We do not pay for **treatment** provided by anyone with the same residence as you or who is a member of your immediate family. 


36. USA treatment

We do not pay for **treatment** you receive in the USA if you have not purchased cover for the USA. 

If you are unsure about your cover please call our Customer Service Team on +44 1273 323563 who will be pleased to help you.

Exception: For members who have purchased cover for treatment in the USA:

We will pay for **treatment** you receive in the USA but only for the **treatment** costs covered under the scheme and only up to the benefit limits set out in the rules and table of benefits of the scheme. Also, for **treatment** you receive in the USA, we will only pay if the arrangements for all such **treatment** are authorised by our agents in the USA. 

Benefit will not be paid for **treatment** in the USA when BUPA International knows or suspects that the member purchased cover for and travelled to the USA for the purpose (either solely or in conjunction with another purpose) of receiving **treatment** for a condition, the symptoms of which were apparent to the member before buying the cover. 

Making a claim

It's only natural for you to feel anxious at a time of ill-health. We will do everything we can to help make your claim as simple and straightforward as possible.

4.1 How to make a claim:

1. If you do not have a claim form please call us on +44 (0) 1273 323563 and we will send you one. Alternatively, log onto www.bupa-intl.com/membersworld to download a form.
2. You will need to complete the claim form in full and return it to us by post, with the original invoices, as soon as possible. In any event this should be within six months of receiving the **treatment** for which you are claiming, unless this was not reasonably possible.
3. We will deal with the claim as quickly as we can. However, we reserve the right to change the procedure for making a claim. We will, of course, advise you of any such changes.
4. You must provide any information or proof to support your claim, if we make a reasonable request for you to do so. For example, we may need to ask you for one or more of the following:
 - 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 doctor 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.

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, and
- we do not have to pay a claim if you are breaking any terms and conditions of your membership.
- unfortunately we cannot return original documents. However, we will be pleased to return copies if you ask us when you submit your claim.

4.2 How your claim will be paid

We appreciate that once you have had your **treatment**, you may not want to have to worry about arranging payment for your **treatment**. We will try to pay eligible claims direct to the provider of your **treatment**, such as your **hospital** or **consultant**.

See 'Direct payment' and 'Paying invoices yourself' in this section.



We will only pay any benefit to the member, the provider of your **treatment**, the **principal member** of your membership if they have settled a bill for you, or to the executor of your will. We will not pay any benefit to anyone else.

We will, of course, write to the **principal member** to confirm how we have dealt with claims for child dependants (those aged under 18 years). 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.



We make all payments either by:

- cheque or electronic transfer in the currency in which **you** pay **your** subscriptions, or
- cheque or electronic transfer in the currency of the invoices you send us, or
- cheque or electronic transfer in the currency of your bank account.

We cannot pay you in any other currency.

Payment will be made by electronic transfer when bank account and address details are provided. This payment method and banking of cheques may result in bank charges which are your responsibility.

If we have to make a conversion from one currency to another we will use the exchange rate, as detailed below, 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 will be the average of the buying and selling rates across a wide range of quoted rates by the banks in London on each working day. If the date on which the invoices were issued or the last date of **treatment**, whichever is the latter date, is not a working day we will use the exchange rate that applies on the last working day before that date.

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

Please remember that it is your responsibility to pay any charges which are not eligible for payment under your cover.

Discretionary payments: Any ex gratia payments are at BUPA International's discretion. If we make any payment which you are not entitled to under the scheme, this will still count towards the maximum amount we will pay under your membership. Making these payments does not oblige us to pay them in the future.



We have no obligation to pay for treatment that is not covered by your scheme, even in circumstances where we have paid an earlier claim for a similar or identical treatment.

Direct payment: We have an arrangement for direct settlement of eligible claims for **in-patient treatment** with the **hospitals** listed in the BUPA International List of

Participating Hospitals and most **hospitals** in the **UK**. Please contact us if you would like a copy of the list, or find details of those **hospitals** that we have direct settlement arrangements with at: www.bupa-intl.com/membersworld.

If the **hospital** you choose is not listed, we will still be pleased to pay eligible claims direct with them, provided they agree. They may contact us at the numbers shown on your membership card to check the details.

Please note that our agreements with the **hospitals** on the list only relate to **in-patient** or **day-case treatment**, so you may have to pay for **out-patient treatment** yourself, unless the **hospital, consultant, therapist, complementary medicine practitioner** or your **family doctor** agrees to accept direct payment from us.

Paying invoices yourself: If you pay any invoices yourself, please complete the appropriate section on your claim form that shows that you want us to send any eligible payments to you and enclose the original invoices.

Please read 'Correspondence' in section 7.8. 

4.3 If you have an annual deductible

If you have purchased cover including an **annual deductible**, the amount of the **annual deductible** will be shown on your membership certificate. If you are unsure whether your cover is subject to an **annual deductible** please call us on +44 (0) 1273 323563.

Important - please remember that:

- the amount of the **annual deductible** applies separately to each person

included on **your** membership

- even if the amount you are claiming is less than the amount of the **annual deductible**, you must submit a claim to BUPA International. This will allow us to include all eligible amounts you are claiming against the **annual deductible**
- the **annual deductibles** apply each **membership year**. Therefore, if a claim spans your **renewal date** the **annual deductible** will be re-applied for **treatment** received after the **renewal date**
- in order for us to collect any amounts that may become due under the **annual deductible**, you must have a valid direct debit agreement or credit card authority with us at all times during your **membership year**. We reserve the right to suspend or terminate your cover if you do not have such an agreement or authority in place.

How an annual deductible works: before BUPA will start paying benefits you must pay an amount towards the cost of **treatment** which would otherwise be payable by **BUPA International**. For example, if the amount of your **annual deductible** is £Sterling500, we will not pay the first £Sterling500 of costs for **treatment** each **membership year** if we would otherwise have paid for that **treatment**.

How claims will be settled: if the amount of the claim is less than the amount of the **annual deductible**, no benefits will be paid and the full payable amount of the claim will be accumulated towards the total value of the **annual deductible**. Subsequent claims will be calculated against the remaining **annual deductible**.

Please remember that this is an **annual deductible**. Therefore, if your first claim is towards the end of your **membership year**, and **treatment** continues over your **renewal date**, the annual deductible is payable for **treatment** received in each **membership year**.

Once the **annual deductible** has been satisfied, benefits will be paid in accordance with the table of benefits.

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

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

If you have requested that we make a payment direct to your medical provider:

- payment will be sent inclusive of any **annual deductible** amount payable by you to the provider
- we will then collect any sums payable by you using the direct debit mandate or credit card authority, depending on which is **your** usual method of payment
- we will also send you a statement showing the amount of the **annual deductible** that BUPA International will be collecting from your account.

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


Paying subscriptions and other charges

5.1 Paying subscriptions

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

Your subscriptions must be paid in £Sterling unless we agree in advance to accept payment in another currency.

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

If **you** are unable to pay your subscriptions for any reason please contact us on +44 (0) 1273 323563. 

5.2 Paying other charges

In addition to paying subscriptions, **you** also have to pay to us the amount of any insurance premium tax (IPT) and other taxes, levies or charges relating to your cover under the scheme that we are required by law to pay or to collect from **you**, depending on **your** residency country either on the


'effective date' of **your** membership (see 6.1) or **your annual renewal date**. The amount of any taxes, levies or charges that **you** have to pay to us is shown on your invoice.

You must pay to us any such IPT, taxes, levies and charges when **you** pay **your** subscriptions, unless otherwise required by law.

5.3 Changes to subscriptions and other charges

Each year on **your renewal date**, we may change how we calculate **your** subscriptions, how we determine the subscriptions, what **you** have to pay and the method of payment. Subscriptions generally rise above the UK inflation rate and there may be other factors which directly affect subscriptions, such as age or the country in which you are resident. Please be assured that if we do make changes they will only apply from **your renewal date**.

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

If we do make any changes to **your**  subscriptions or to the amount **you** have to pay in respect of IPT or other taxes, levies or charges, we will write to tell **you** about the changes. If **you** do not accept any changes we make **you** can end your membership and will treat the changes as not having been made if **you** end your membership:

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

Important events

Throughout this guide, you will see references to important events such as when you start, renew or end **your** membership, or include other people as your **dependants**. This section explains exactly when - and how - these events take place. Our aim is to continuously improve our service to our members. In order to help us to do this, if for any reason, you cancel your membership, please let us know the reason why.

6.1 Starting your membership

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

6.2 When cover starts for others included in your membership

If any other person is included as a **dependant** under **your** membership, their membership will start on the 'effective date' on the first membership certificate we sent **you** for **your** current continuous period of BUPA International Lifeline membership

which lists them as a **dependant**. Their membership may continue for as long as **you** remain a member of the scheme. If **your** membership ceases, **your dependants** can then, of course, apply for membership in their own right.

Please read 'Amending your membership certificate' in section 7.3.



6.3 Adding dependants

You may apply to include any of your **dependants** under your membership providing you fill in an 'Addition of dependants' form.



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

6.4 Renewing your membership

Your membership can be renewed automatically every year on **your renewal date**, subject to acceptance of our renewal terms and section 7.2, by continuing to pay **your** subscriptions and any other payments due under **your** agreement with us.

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

If we decide not to continue with the scheme of which you are currently a member, you may join another BUPA International scheme that we may offer you, on the basis of the benefits and rules of that scheme. If you transfer within one month, without a break in your cover, we will not add any special restrictions or exclusions to your cover under **your** new scheme, that are personal to you, other than those which apply to you under this scheme.

Please read 'If we make changes' in section 7.2

6.5 Ending your membership



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

Please remember that your membership will automatically end:

- if **you** do not pay any of **your** subscriptions on, or before, the date they are due. However, we may allow your membership to continue without you having to complete a new medical history, if **you** pay the outstanding subscriptions within 30 days. If **you** are unable to pay **your** subscriptions for any reason, please contact us on +44 (0) 1273 323563
- if **you** do not pay the amount of any IPT, taxes, levies or charges that **you** have to pay under **your** agreement with us on or before the date they are due

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

BUPA International can end a person's membership and that of all the other people listed on the membership certificate if there is reasonable evidence that the 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 scheme
- what subscriptions **you** have to pay
- whether we have to pay any claim.

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

Right to cancel



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

You may also cancel the membership of any of **your dependants** for any reason by writing to us or telephoning us on +44 (0) 1273 323563 within 28 days of **you** receiving **your** first membership certificate, listing them as a **dependant**. In that case you will be entitled to a full refund of all **your** subscriptions paid relating to them, subject to no claims having been made on their behalf.



General information

7.1 Making changes to your cover

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

Of course, should **you** have any concerns about **your** subscriptions or **your** dependants' circumstances have changed, please call us on +44 (0) 1273 323563 and we can discuss your available options.



7.2 If we make changes

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

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

Please read Section 5.1 'Paying subscriptions'.



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

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

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

We will of course write to tell **you** about any changes. If **you** do not accept any of the changes we make, **you** can end your membership and we will treat the changes as not having been made if you **end** your membership:

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



7.3 Amending your membership certificate

We will send **you** a new membership certificate if any of the following occur:

- if **you** are adding another dependant, such as a newborn child, to **your** membership
- if we need to record any other changes which **you** have requested, or we are entitled to make, such as changing the way **you** pay **your** subscriptions.

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

*Please refer to 'When cover starts for others included in **your** membership' in section 6.2*



7.4 Other parties

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



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

Any confirmation of your cover will only be valid if it is confirmed in writing by BUPA International in the UK.

7.5 If your treatment is needed as a result of somebody else's fault

You must write and tell us as soon as possible, or 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, if you need **treatment** for an injury suffered in a road accident in which you are a victim.

If so, you will need to take any reasonable steps we ask of **you** to:

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

If you are able to recover the cost of any **treatment** for which we have paid, you must repay that amount (and any interest) to BUPA International.

7.6 If you are covered by another insurance scheme

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



7.7 If you change your address

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



7.8 Correspondence

Letters between us must be sent by post and with the postage paid.



We usually do not return original documents

to you. However, if you ask us at the time you send any original documents to us, such as invoices, we will of course return them to you.

7.9 Applicable law

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


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

This can be obtained at all times by contacting services on +44 (0) 1273 323563 (lines are open 24 hours a day, 365 days a year) or email info@bupa-intl.com.

Making a complaint



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

8.1 Getting in touch

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

BUPA International
Russell Mews
Brighton
BN1 2NR
UK



We want to make sure that members   with special needs are not excluded in any way. For hearing and speech impaired members who have a textphone, please call +44 (0) 1273 866557. We can also offer a choice of Braille, large print or audio for correspondence and marketing literature. Please let us know which you would prefer.

8.2. Making a Complaint

If we have not been able to resolve the problem and you wish to take your complaint further, please write to the Director of Operations at

BUPA International
Russell Mews
Brighton
BN1 2NR
UK

If you are still dissatisfied and you want to take the matter further, please write to the Managing Director of BUPA International at the same address.

It's very rare that we can't settle a complaint, but if this does happen, you may refer your complaint to the **Financial Ombudsman Service**. You can write to them at South Quay Plaza, 183 Marsh Wall, London, E14 9JR, UK call them on 0845 080 1800 (from inside UK only), +44 (0) 207 964 1000, or find details at their website: www.financial-ombudsman.org.uk.

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

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

Confidentiality:

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

Glossary

This explains what we mean by various words and phrases in this membership guide. Words written in bold and italic, both here and in the membership guide, are particularly important as they have a specific meaning in the benefits and rules of your membership.

Acute conditions: A disease, illness or injury that is likely to respond quickly to ***treatment*** which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.

Annual deductible: The amount you have to pay towards the cost of the ***treatment*** that you receive each ***membership year*** that would otherwise have been covered under your membership.
The amount of your ***annual deductible*** is shown on your membership certificate. The ***annual deductible*** applies separately to each person covered under your membership.

Appliance: A knee brace which is an essential part of a repair to a cruciate (knee) ligament, or a spinal support which is an essential part of surgery to the spine.


Chronic conditions: A disease, illness or injury which has at least one of the following characteristics:

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

Complementary medicine practitioner:	An acupuncturist, chiropractor, homoeopath or osteopath who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which the treatment is received.
Consultant:	<p>A surgeon, anaesthetist or physician who:</p> <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 <i>World Directory of Medical Schools</i> as published from time to time by the World Health Organisation.</p>
Day-case treatment :	Treatment which for medical reasons requires the patient to be admitted to hospital and normally requires them to occupy a hospital bed during the day, but not overnight.
Dental practitioner:	<p>A person who:</p> <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 emergency dental treatment takes place.
Dependants:	The other people named on your membership certificate as being members of the scheme, including newborn children.
Diagnostic Tests:	Investigations, such as x-rays or blood tests, to find or help to find the cause of your symptoms.
Family doctor:	<p>A person who:</p> <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 require a consultant's training, and • is licensed to practice medicine in the country where the treatment is received

By recognised medical school we mean a medical school which is listed in the *World Directory of Medical Schools* as published from time to time by the World Health Organisation.

Hospital:	An establishment which is specifically recognised or registered under the laws of the territory in which it stands, as existing primarily for: <ul style="list-style-type: none">• carrying out major surgical operations, or• providing treatment which only consultants can provide.
In-patient treatment:	Treatment which for medical reasons normally requires you to be admitted to a hospital and to stay in a hospital bed overnight or longer.
Intensive care:	Treatment in an intensive care unit (ICU), intensive therapy unit (ITU), high dependency unit (HDU), or coronary care unit (CCU) which gives constant monitoring after an operation or illness.
Medical practitioner:	A complementary medicine practitioner, consultant, dental practitioner, family doctor, psychologist or therapist who provides active treatment of a known condition.
Membership year:	The period beginning on your start date or renewal date and ending on the day before your next renewal date . By start date we mean the 'effective from' date on your first membership certificate for your current continuous period of membership. ★
Out-patient treatment:	Treatment given at a hospital , consulting room, doctors' office or out-patient clinic where you do not go in for day-case or in-patient treatment .
Principal member:	The person who has taken out the membership, and is the first person named on the membership certificate. Please refer to ' you/your '.
Pre-existing condition:	Any disease, illness or injury for which: <ul style="list-style-type: none">• you have received medication, advice or treatment; or• you have experienced symptoms whether the condition has been diagnosed or not in the four years before the start of your cover.
Prosthesis:	An artificial body part which is designed to form a permanent part of your body. We only pay for those prostheses listed in Note 2f. ★

Psychiatric treatment:	Treatment of mental conditions, including eating disorders.
Psychologist:	A person who is legally qualified and is permitted to practice as such in the country where the treatment is received.
Qualified nurse:	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country in which the treatment takes place.
Rehabilitation:	Treatment aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke.
Renewal date:	Each anniversary of the date you joined the scheme. (If however you are a member of a BUPA International Lifeline group scheme with a common renewal date for all members, your renewal date will be the common renewal date for the group. You will have been advised of this when you joined.)
Specified country of nationality:	The country given by you on your enrolment form. This is the country to which you will be returned should you wish to make a claim for repatriation
Surgical operation:	An operation, including consultations immediately before and after the operation, and all essential aftercare before you leave hospital .
Therapists:	A physiotherapist, occupational therapist, orthoptist or a speech therapist who is legally qualified and is permitted to practice as such in the country where the treatment is received.
Treatment:	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure an acute condition , disease, illness or injury.
United Kingdom/UK:	Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.
You/your:	When printed in bold italic type - ie you/your this means you, the principal member, only. When printed in plain type - ie you/your we mean you, the principal member and your dependants. Please refer to Principal member and Dependants in this section. 

Medical words and phrases


Here are some everyday descriptions of some medical terms that you may find useful when visiting your consultant or when you are in hospital.


<i>Cytotoxic drugs:</i>	Drugs that are used specifically to kill off cancerous cells in the body.
<i>Diseased tissue:</i>	Unhealthy or abnormal cells in the human body.
<i>Ectopic pregnancy:</i>	When a foetus is growing outside the womb.
<i>Hormone Replacement Therapy:</i>	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.
<i>Pathology:</i>	Test carried out to help determine or assess a medical condition, for example blood tests.
<i>Post-partum haemorrhage:</i>	Heavy vaginal bleeding in the hours and days immediately after childbirth.
<i>Retained placental membrane:</i>	When the afterbirth is left in the womb after delivery of the baby.
<i>Sleep apnoea:</i>	Temporarily stopping breathing during sleep.


Symbols


 Benefits covered

 Benefits not covered


 Benefits that may be paid at our discretion

 Benefits paid up to the limits shown

 Telephone the number listed

 Please put in writing

Bold and *italic* text - Please refer to the glossary for meaning of words in bold and italic

 Cross reference to another benefit and/or part of the membership guide



THE WORLD OF BUPA

bupa.co.uk

BUPA International offers you

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

Call +44 (0) 1273 323563
bupa-intl.com

Your calls will be recorded
and may be monitored