TAKING GOOD CARE OF YOU WHEREVER YOU ARE

International Health and Hospital Plan
Valid from 2015 • EUR/GBP/USD
We want to make sure that customers with special needs are not excluded in any way. We also offer a choice of Braille, large print or audio for our letters and literature. Please let us know which you would prefer.
Whether you are in your home country or living and working abroad, it is important to make sure your health is taken care of.

You and your family need the reassurance that wherever you are in the world and whatever happens, you can rely on receiving assistance to obtain prompt access to expert medical treatment and the appropriate care. You need the confidence of knowing that you will be well looked after and treated as soon as possible and that the cost will be covered, leaving you to concentrate on getting better. That is why choosing the right international health insurance for you and your family is one of the most important decisions you will ever make.

International health insurance is Bupa Global's speciality. We provide customers all over the world with an excellent service. We help our customers by covering the cost of treatment and provide professional assistance in the event of illness and/or an accident.

As a Bupa Global customer you can trust us to always treat you as a valued individual rather than a policy number — we believe that every person and situation is different, and we focus on finding answers and solutions that work specifically for you.

With a Bupa Global health insurance plan, you can feel confident that you and your family have the high quality health insurance and expert support should you need it.
Bupa Global — your expert health insurer

Bupa Global is part of the Bupa group, a worldwide healthcare organisation that helps millions of people around the world to live longer, healthier and happier lives. Ten million customers worldwide, including 115 nationalities, in 190 countries rely on the organisation’s excellent services in private healthcare. And with no shareholders, we invest our profits back into the business.

Bupa Global has many years of expertise in caring for the health insurance needs of expats, local nationals and their families around the globe, and in that time we have grown to become a truly global company with offices in many countries and an extensive network of brokers and medical providers.

It is our passion for quality and customer satisfaction that has made the Bupa Global name synonymous with great health insurance.
EXPERIENCE THE BUPA GLOBAL DIFFERENCE

True flexibility and free choice
- International Health and Hospital Plan is truly flexible; you choose the modules of cover that are right for you and each of your family members.
- You are free to receive treatment anywhere in the world, in the country you live in or any other country of your choice.
- You have complete freedom to choose any recognised hospital, clinic, doctor or specialist you prefer.

Expert care, expertly delivered
- Bupa Global's staff provide a personal and professional service.
- A great majority of our Copenhagen-based staff have had international training or work experience and we employ staff from many countries. The result is a truly international company, familiar with the languages and cultures in countries around the world where you may need our assistance.
- Bupa Global employs many doctors and healthcare professionals.
Advice and support around the clock

We can manage all the practical matters when you are undergoing treatment, so you can concentrate on getting better.

- You have access to our 24/7 Copenhagen-based Bupa Global Assistance, open 365 days a year and staffed by a team of experienced advisers trained to deal with planned hospital stays and emergencies.
- The doctors in our in-house team of medical consultants can advise you on everything from simple symptoms to treatment of more complex diagnoses.
- Our advisers and medical consultants are always here to advice you on appropriate treatment and care.
- We are always here to support and guide you through what could be a complex and sometimes confusing time.

Making it easy for you

- We speak a variety of languages.
- We offer access to myPage where you can view your personal policy information online and receive correspondence from Bupa Global.
- Our policy wording, premiums and forms are easy to understand.
- When you claim we do not ask for a claim form.
- Chat online with our customer consultants
- View your policy details
- Pay your premium
- Claim online
- Choose to receive all your documents and letters online
- … and much more
TAILORING YOUR PLAN

Health insurance requirements differ from country to country and everyone has individual needs. This is why International Health and Hospital Plan allows you the flexibility of tailoring your own insurance plan.

Hospital Plan

Your core plan for treatment received whilst staying in hospital

The Hospital Plan gives you the reassurance of covering essential hospital treatment you may need, whether for planned treatment or in an emergency.

You may choose this cover together with a deductible on its own, or in combination with any of our four optional modules.

Choose your deductible

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

<table>
<thead>
<tr>
<th>EUR</th>
<th>GBP</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>350</td>
<td>250</td>
<td>400</td>
</tr>
<tr>
<td>1,050</td>
<td>750</td>
<td>1,600</td>
</tr>
<tr>
<td>4,000</td>
<td>2,750</td>
<td>5,000</td>
</tr>
<tr>
<td>8,000</td>
<td>5,500</td>
<td>10,000</td>
</tr>
<tr>
<td>16,000</td>
<td>11,000</td>
<td>20,000</td>
</tr>
</tbody>
</table>

You can choose to take out your plan with or without a deductible, in any of the three currencies.

Taking out a deductible lowers your premium.

The deductible does not apply to Medical Evacuation and Repatriation and/or Dental and Optical modules.

You can choose any of our four optional modules

Module 1 Non-Hospitalisation Benefits

Medical treatments that do not require a hospital stay: consultations with a doctor, specialist or therapist and annual health check-ups.

Module 2 Medicine and Appliances

Prescribed medicines, hearing aids and rent of appliances such as rental of a wheelchair.

Module 3 Medical Evacuation and Repatriation

Medical Evacuation when there is no possibility of receiving appropriate quality of treatment locally, eg by aeroplane or helicopter, and cover for an accompanying friend or family member.

Module 4A and 4B Dental and Optical

You have a choice between two levels of cover. Routine and special dental treatment, glasses and contact lenses dental treatment, glasses and contact lenses and eye check performed by an optician/optometrist.

Note: in the List of Reimbursements you can see in detail which benefits are covered under the different modules and the reimbursement limits.

Your tailored INTERNATIONAL HEALTH AND HOSPITAL PLAN
Planned hospital treatment
If you contact us prior to a planned or non-acute admission, we can take care of all of the practical details in connection with a hospital admission, allowing you to concentrate on getting well.

- We will check your cover and confirm that your treatment is covered by your plan.
- If you wish, we can help you find the right place of treatment — just send us medical information on your condition and we will provide you with information on appropriate providers of treatment or a specialist in the countries and/or cities of your choice.
- We will confirm to the hospital that your treatment is covered and issue a payment guarantee, matched to the cover under your plan.
- Our medical staff can also offer advice and help to make sure you are receiving the most appropriate care.
- We will settle the bill directly with the hospital where possible.

Expenses in connection with the notification of hospital admission will be refunded by Bupa Global (eg your call to Bupa Global from another country).
**Emergency admission**
Notify us as soon as possible, either directly or through the attending physician or a family member. When contacting us, please state the date of admission, diagnosis, treatment and expected date of discharge. We will make sure that there are no misunderstandings about the insurance cover, and will work closely with the hospital to ensure that you get the appropriate treatment.

**Medical Evacuation**
Only covered if you have chosen the Medical Evacuation and Repatriation module. If the treatment required in connection with acute serious illness and/or injury is not available at your location, Bupa Global will cover expenses in connection with transportation. Medical evacuation and repatriation must be pre-approved and arranged by Bupa Global. You must inform us before the transport is commenced, either directly or through the attending physician.

We arrange for bed to bed transportations such as collecting you from a given location, arranging for ground and air transportation and handing you over to the receiving hospital. We make sure that you are adequately accompanied and arrange for medical or non-medical escorts. And of course, we keep the relevant parties, e.g., family and doctors, updated at all times.

**Other treatment**
Only covered if you have chosen Non-Hospitalisation Benefits, Medicine and Appliances, and/or Dental and Optical module(s).

Should you need outpatient treatment such as consulting your doctor or a specialist, take prescribed medicine or have your teeth checked you should pay the bill and then send it to us for reimbursement. In order for us to process your claim please provide us with the following information:

- policy number
- itemised and receipted bill with:
  - patient’s name indicated on each bill
  - diagnosis or reason for treatment/visit
  - date of service
  - type of service
- if medicine/pharmacy bill: copy of doctor’s prescription

After the parent’s policy has been in force for 12 months newborn babies are covered from birth, irrespective of their state of health, excluding adopted children or children being born as a result of fertility treatment and/or born by a surrogate mother.
How we calculate your reimbursement

When we settle your claim your benefits are paid in line with the limits shown in the List of Reimbursements and any deductible you may have chosen. The deductible is the contribution you make towards the cost of your treatment each policy year before we will start reimbursing your expenses. The deductible applies separately for each person on your policy.

It is important that you send all your claims to us, even if the value of the claim is less than the remaining deductible. We will not make any payment, but the claim will count towards your deductible.

If you send us reimbursement statements and original bills that you have claimed from another private health insurer (eg a local plan) these will count towards your deductible if the benefits would have been covered under your International Health and Hospital Plan.

You will always receive a Reimbursement Statement showing how much has been counted towards your deductible and how much has been paid.

We can reimburse you in most currencies.

Please remember to state your policy number in all correspondence with Bupa Global.

Online claiming

It is also possible to submit your claims online on our website ihi.com/healthclaim.

All you need to do is to fill out the online claim form and attach your bills and corresponding receipts as a pdf, tiff, gif or jpeg document.

Once the claim has been submitted, you will receive an email as proof of submission.

Please note that when you claim online, your reimbursement documents will not be sent to you by post. When your claim has been assessed you will be notified by an email sent to the email address we have on record. Your reimbursement documents will then be available on your personal website, myPage.

Waiting Periods

Cover will come into force immediately on the commencement date:

- in the event of an acute, serious illness or injury
- if you switch to Bupa Global from another equivalent international health insurance plan with another company

Other waiting periods

- There is a general waiting period of four weeks from the policy’s commencement date, which means that we will not reimburse any claims occurring during that period of time.
- The waiting period is 12 months for pregnancy and childbirth.
- If you choose to add the Dental and Optical module (Module 4) there is a 24 month waiting period for orthodontics from the commencement date of this module.

Regardless of your profession, leisure and sports activities we do not restrict your cover. Even professional and high-risk sports are covered.

You can find more information about online claiming at ihi.com/healthclaim under the section “FAQ”.

You will always receive a Reimbursement Statement showing how much has been counted towards your deductible and how much has been paid.
YOUR BUPA GLOBAL ONLINE SERVICES

As a Bupa Global customer you have access to a range of online services.

Online services
On www.ihi.com you have access to a range of services and a comprehensive library of information and expert advice such as:

- online live chat with our customer consultants
- call me back service — write your question and we will call you
- use Facility Finder to guide you to hospitals in your area or in a specific country
- find information on how to claim
- find Questions and Answers

Manage your policy on myPage
Go to www.ihi.com and register for myPage and access your personal policy information:

- view your product guides and forms
- view all of your documents such as policy schedules, renewal letters, premium notices, receipts and reimbursement letters
- get a complete overview of your policy
- view reimbursement statements for your settled claims
- pay your premium
**LIST OF REIMBURSEMENTS**

**Become a paperless customer**
If you choose to become a paperless customer you will receive all documents and correspondence from Bupa Global via your personal myPage. We will notify you by email when you have updates on myPage so you are always fully informed. Go to the myPage section on ihi.com to sign up. Please be aware that you will not receive any hard copies to your postal or collection address and that it will be your responsibility to check all documents and correspondence online and to inform us of any changes to your email address.

**Get up to a 15% discount on a Bupa Global travel plan**
As an International Health and Hospital Plan customer you get 10% discount if you buy our Single Trip or Annual Travel and a further 5% if you buy online. There is no deductible on our travel plans. If your travel claims would also be covered by your International Health and Hospital Plan, the travel claims will count towards the annual deductible on the International Health and Hospital Plan.

Please note that the List of Reimbursements is part of the *Policy Conditions*. It is therefore recommended to read both the List of Reimbursements and the *Policy Conditions* carefully.

Words written in italic in the List of Reimbursements are “defined terms” which are specific terms relevant to your cover. Please check their meaning in the Glossary at the end of this product guide.
Valid from 1 January 2015
All amounts are in EUR/GBP/USD

### Hospital Plan

Reimbursements under the Hospital Plan are effected at 100% of the expenses, unless you have chosen a deductible. If you have chosen a deductible, please note that the reimbursement rates for the benefits listed in the List of Reimbursements will be reduced by any remaining deductible. Once your deductible has been reached, all covered expenses will be paid in line with your reimbursement rates. For the Hospital Plan and any additional modules the reimbursements will not in any event exceed the following amounts or the overall annual maximum cover per person per policy year of EUR 1,650,000/GBP 1,350,000/USD 2,000,000.

#### Hotel Services — during Hospitalisation

<table>
<thead>
<tr>
<th>Service</th>
<th>EUR</th>
<th>GBP</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semi-private/private room*</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensive care room</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room and board for a parent accompanying an insured child*</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical treatment, laboratory tests, X-rays</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicine for use during hospitalisation and relevant only for the insured condition being treated</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pacemaker</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric treatment</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pre-examinations that are medically necessary in order to perform the surgery or treatment which is to take place during hospitalisation are covered up to 30 days prior to hospitalisation. Check-ups that are medically necessary in order to verify that the insured is recovering successfully from the surgery or treatment received while hospitalised are covered up to 90 days after hospitalisation.

Physiotherapy following surgery must be evaluated and pre-approved by the Company.

#### Outpatient Treatment in a Hospital or Clinic

<table>
<thead>
<tr>
<th>Service</th>
<th>EUR</th>
<th>GBP</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemotherapy, radiotherapy</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dialysis</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endoscopic examinations</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other outpatient treatment is reimbursed under Module 1 - Non-Hospitalisation Benefits.

<table>
<thead>
<tr>
<th>Childbirth</th>
<th>Hospital Plan</th>
<th>Hospital Plan incl. Module 1 Non-Hospitalisation Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EUR</td>
<td>GBP</td>
</tr>
<tr>
<td>Normal delivery, delivery with complications and non-medically prescribed caesarean delivery incl. pre-and postnatal treatment for mother and child. Max. per delivery**</td>
<td>100%</td>
<td>5,725</td>
</tr>
<tr>
<td>Medically prescribed caesarean, incl. pre- and postnatal treatment for mother and child. Max. per delivery**</td>
<td>100%</td>
<td>10,625</td>
</tr>
<tr>
<td>Delivery/caesarean of one child following fertility treatment. Excluding pre- and postnatal treatment for mother and child (cf also art. 12.2h). Max.</td>
<td>100%</td>
<td>4,400</td>
</tr>
</tbody>
</table>

**cf also Glossary: "Hospital accommodation"**

**cf also art. 7.1.3**
Module 1
Non-Hospitalisation Benefits

Reimbursements under this supplementary module are effected at 100% of the expenses, unless you have chosen a deductible. If you have chosen a deductible, please note that the reimbursement rates for the benefits listed in the List of Reimbursements will be reduced by any remaining deductible. Once your deductible has been reached, all covered expenses will be paid in line with your reimbursement rates.

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

General Practitioners and Specialists

<table>
<thead>
<tr>
<th></th>
<th>EUR</th>
<th>GBP</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP consultations, per consultation</td>
<td>125</td>
<td>100</td>
<td>135</td>
</tr>
<tr>
<td>Chinese doctor consultation (if charged separately), per consultation</td>
<td>30</td>
<td>22</td>
<td>30</td>
</tr>
<tr>
<td>Eye and ear specialists/other specialists, per consultation</td>
<td>125</td>
<td>100</td>
<td>135</td>
</tr>
<tr>
<td>Psychiatrists, per consultation</td>
<td>125</td>
<td>80</td>
<td>130</td>
</tr>
</tbody>
</table>

Expenses are reimbursed for a max. of 15 consultations within a 30-day period.

Therapists

<table>
<thead>
<tr>
<th></th>
<th>EUR</th>
<th>GBP</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietetic guidance, speech therapy per consultation Max. four consultations per policy year</td>
<td>50</td>
<td>40</td>
<td>50</td>
</tr>
<tr>
<td>Physiotherapy, ergotherapy per consultation</td>
<td>85</td>
<td>65</td>
<td>85</td>
</tr>
<tr>
<td>Max. per policy year</td>
<td>1,050</td>
<td>700</td>
<td>1,200</td>
</tr>
<tr>
<td>Chiropractor/osteopath all inclusive, per consultation</td>
<td>65</td>
<td>50</td>
<td>65</td>
</tr>
<tr>
<td>Max. per policy year</td>
<td>1,050</td>
<td>700</td>
<td>1,200</td>
</tr>
</tbody>
</table>

Medical Check-Up all inclusive, per year

<table>
<thead>
<tr>
<th></th>
<th>EUR</th>
<th>GBP</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>450</td>
<td>400</td>
<td>500</td>
</tr>
</tbody>
</table>

Module 2
Medicine and Appliances

Reimbursements under this module are according to the list below. If you have chosen a deductible, please note that the reimbursement rates for the benefits listed in the List of Reimbursements will be reduced by any remaining deductible. Once your deductible has been reached, all covered expenses will be paid in line with your reimbursement rates.

Hearing Aids

<table>
<thead>
<tr>
<th></th>
<th>EUR</th>
<th>GBP</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribed hearing aids, per appliance, max.</td>
<td>300</td>
<td>200</td>
<td>325</td>
</tr>
<tr>
<td>Max. two appliances are reimbursed per policy year up to max.</td>
<td>600</td>
<td>400</td>
<td>650</td>
</tr>
</tbody>
</table>

Other Appliances

<table>
<thead>
<tr>
<th></th>
<th>EUR</th>
<th>GBP</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slings and bandages</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Arch support</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Rental of medical appliances</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Medicine

Prescribed medicine and traditional Chinese medicine

Traditional Chinese medicine administered by a traditional Chinese practitioner up to 10 sessions per policy year, up to an annual max. of EUR 250/GBP 175/USD 300

Limited to recognised traditional Chinese practitioners registered to practice locally

There is no reimbursement for homeopathic or naturopathic medicines and medicine which could have been purchased without a physician’s prescription

Medicine and other appliances are reimbursed up to an annual max. | 2,700 | 1,800 | 3,000 |

Module 3
Medical Evacuation and Repatriation

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

<table>
<thead>
<tr>
<th></th>
<th>EUR</th>
<th>GBP</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation expenses by aeroplane or helicopter</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanying person</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Return journey to residential address abroad/home country within three months after completion of treatment</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statutory arrangements in case of death, such as embalming and zinc coffin</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation of the urn/coffin</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Expenses are covered up to the overall annual insurance sum of your policy.

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

Medical Evacuation and Repatriation must be pre-approved by the Company.
**Policy Conditions**

**Modules 4A and 4B**

Dental and Optical

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

Eye check performed by optician/optometrist max. two visits per policy year. Module 4A max. per visit EUR 40/GBP 25/USD 40 and Module 4B max. per visit EUR 50/GBP 35/USD 50.

<table>
<thead>
<tr>
<th>Routine Dental Treatment</th>
<th>Module 4A</th>
<th>Module 4B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Examinations, max.</td>
<td>EUR 20</td>
<td>GBP 15</td>
</tr>
<tr>
<td></td>
<td>USD 20</td>
<td>EUR 40</td>
</tr>
<tr>
<td></td>
<td>GBP 30</td>
<td>USD 40</td>
</tr>
<tr>
<td></td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Tooth cleaning, max.</td>
<td>EUR 40</td>
<td>GBP 25</td>
</tr>
<tr>
<td></td>
<td>USD 40</td>
<td>EUR 60</td>
</tr>
<tr>
<td></td>
<td>GBP 35</td>
<td>USD 60</td>
</tr>
<tr>
<td></td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Fillings per tooth, max.</td>
<td>EUR 60</td>
<td>GBP 40</td>
</tr>
<tr>
<td></td>
<td>USD 60</td>
<td>EUR 110</td>
</tr>
<tr>
<td></td>
<td>GBP 65</td>
<td>USD 110</td>
</tr>
<tr>
<td></td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Root treatment per tooth, max.</td>
<td>EUR 70</td>
<td>GBP 45</td>
</tr>
<tr>
<td></td>
<td>USD 70</td>
<td>EUR 140</td>
</tr>
<tr>
<td></td>
<td>GBP 96</td>
<td>USD 140</td>
</tr>
<tr>
<td></td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Tooth extractions per tooth, max.</td>
<td>EUR 40</td>
<td>GBP 20</td>
</tr>
<tr>
<td></td>
<td>USD 40</td>
<td>EUR 100</td>
</tr>
<tr>
<td></td>
<td>GBP 60</td>
<td>USD 100</td>
</tr>
<tr>
<td></td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Surgery, max.</td>
<td>EUR 73</td>
<td>GBP 50</td>
</tr>
<tr>
<td></td>
<td>USD 81</td>
<td>EUR 174</td>
</tr>
<tr>
<td></td>
<td>GBP 120</td>
<td>USD 195</td>
</tr>
<tr>
<td></td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>X-ray, max.</td>
<td>EUR 40</td>
<td>GBP 20</td>
</tr>
<tr>
<td></td>
<td>USD 40</td>
<td>EUR 50</td>
</tr>
<tr>
<td></td>
<td>GBP 35</td>
<td>USD 50</td>
</tr>
<tr>
<td></td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Anaesthesia, max.</td>
<td>EUR 15</td>
<td>GBP 10</td>
</tr>
<tr>
<td></td>
<td>USD 15</td>
<td>EUR 20</td>
</tr>
<tr>
<td></td>
<td>GBP 15</td>
<td>USD 20</td>
</tr>
</tbody>
</table>

**Special Dental Treatment**

<table>
<thead>
<tr>
<th></th>
<th>50%</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridgework</td>
<td>EUR 2000</td>
<td>GBP 1500</td>
</tr>
<tr>
<td>Crowns</td>
<td>EUR 2000</td>
<td>GBP 1500</td>
</tr>
<tr>
<td>Dental implants</td>
<td>EUR 2000</td>
<td>GBP 1500</td>
</tr>
<tr>
<td>Periodontitis</td>
<td>EUR 3000</td>
<td>GBP 2250</td>
</tr>
<tr>
<td>Orthodontics (tooth adjustment)</td>
<td>EUR 3000</td>
<td>GBP 2250</td>
</tr>
<tr>
<td>Dentures</td>
<td>EUR 3000</td>
<td>GBP 2250</td>
</tr>
<tr>
<td>Special dental treatment per policy year, max.</td>
<td>EUR 2000</td>
<td>GBP 1500</td>
</tr>
<tr>
<td></td>
<td>EUR 2000</td>
<td>GBP 1500</td>
</tr>
</tbody>
</table>

**Glasses and Contact Lenses**

<table>
<thead>
<tr>
<th></th>
<th>Module 4A</th>
<th>Module 4B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>One pair of glasses (excl. frames) per policy year, max.</td>
<td>EUR 160</td>
<td>GBP 100</td>
</tr>
<tr>
<td>Contact lenses, per policy year, max.</td>
<td>EUR 160</td>
<td>GBP 100</td>
</tr>
<tr>
<td>Frames and sunglasses are not covered</td>
<td>EUR 220</td>
<td>GBP 150</td>
</tr>
<tr>
<td>Frames and sunglasses are not covered</td>
<td>EUR 220</td>
<td>GBP 150</td>
</tr>
</tbody>
</table>

**Eye check**

Eye check performed by optician/optometrist max. two visits per policy year.

<table>
<thead>
<tr>
<th></th>
<th>max. per visit</th>
<th>max. per visit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40</td>
<td>25</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>

Words written in italic in the Policy Conditions are “defined terms” which are specific terms relevant to your cover. Please check their meaning in the Glossary at the end of this product guide.
Art. 1
Acceptance of the insurance
1.1: Bupa Insurance Limited, hereinafter called the Company, shall decide whether the insurance can be accepted. In order for the insurance to be accepted and the Company to become the insurer, the application must be approved by the Company and the necessary premium paid to the Company.

1.2: In order for the insurance to be accepted by the Company on standard terms, the applicant must be of sound health at the time of acceptance and must not suffer nor have suffered from any recurring disease, illness, injury, bodily infirmity or physical disability, and the applicant must not have attained 60 years of age at the time of acceptance.

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

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

Art. 2
Commencement date
2.1: The insurance shall be valid as of the date on which the application is approved by the Company.

The commencement date is stated in the policy schedule. The Company may agree on another date with the policyholder.

Art. 3
Waiting periods in connection with new insurance contracts and extension of cover
3.1: When a new insurance contract is entered into, the right to reimbursement under the new insurance contract shall only take effect four weeks after the commencement date of the insurance. However, this does not apply when the policyholder can prove simultaneous transference from an equivalent insurance with another international health insurance company.

3.1.1: In the event of acute serious illness and serious injury, the right to reimbursement shall take effect concurrently with the commencement date of the insurance.

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

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

b) for expenses incurred for orthodontics the right to reimbursement shall only take effect 24 months after the commencement date of the insurance.

3.2: The insured may change his/her insurance cover to another type of cover as from a policy anniversary by giving one month’s written notice to the Company and subject to proof of insurability according to Art. 1.
3.3: The Company will process the extension of cover as a new application in accordance with Art. 1.

3.4: If extended cover is taken out under the insurance contract, the right to reimbursement under such extension shall only become effective four weeks after the commencement date of the extension. However, Art. 3.12 a) and b) shall still apply. During the waiting period, the previous cover shall apply.

3.4.1: In the event of acute serious illness and serious injury, the right to reimbursement under the extended cover shall, however, take effect concurrently with the commencement date of the extension.

Art. 4
Who is covered by the insurance?
4.1: The insurance shall cover the insured person(s) named in the policy schedule, including children registered therein.

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

4.2.1: Cover at no extra cost for children shall furthermore be subject to:
- the child being registered with the Company, and
- one of the insured persons having legal custody of the child, and
- the child being registered at the same address as the insured having legal custody of the child.

4.3: An application must be submitted for newborn children.

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

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

4.3.2: In case of adoption, the insured must submit a Medical Questionnaire for the adopted child.

Art. 5
Where is cover provided?
5.1: The insurance shall provide worldwide cover unless otherwise stated in the policy schedule.

Art. 6
What is covered by the insurance?
6.1: The insurance shall cover the medical expenses incurred by the insured in accordance with the cover chosen and the applicable List of Reimbursements. The benefits for which expenses are covered and the reimbursement rates are stated in the List of Reimbursements.

6.2: Reimbursement shall be paid following the Company’s approval of the expenses as being covered by the insurance after the receipted and itemised bills, provided with the policy number, have been received by the Company. (cf also page 17).

6.3: Once the covered expenses have met the annual deductible, the reimbursable amount will be paid. The deductible shall be reduced by amounts not exceeding the maximum rates specified in the valid List of Reimbursements. The deductible shall apply per person per policy year.

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

6.4: Physicians, specialists, dentists, etc. performing the treatment must have authorisation in the country of practice (cf also art. 12.2 p).

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

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

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

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

Art. 7
Hospital Plan
7.1: The Hospital Plan shall be taken out before any other supplementary module(s) can be added. The following terms shall also apply:

7.1.1: The Company shall cover the medical expenses incurred by the insured’s hospitalisation in accordance with the deductible chosen and the applicable reimbursement rates as stated in the List of Reimbursements. It is required that the insured is hospitalised in order to get reimbursement under this plan.

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

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

Art. 8
Module 1: Non-Hospitalisation Benefits
8.1: If the insurance has been extended to include Module 1, the following terms shall also apply:

8.1.1: Module 1 can only be taken out as a supplement to the Hospital Plan.
8.1.2: Module 1 shall cover the insured's expenses in accordance with the deductible chosen and the applicable reimbursement rates as stated in the List of Reimbursements.

8.1.3: Any bill for expenses incurred by outpatient treatment shall be reported by submitting the receipted and itemised bills provided with the policy number to the Company. Physician’s bills must also include a diagnosis of the illness being treated.

Art. 9
Module 2: Medicine and Appliances
9.1: If the insurance has been extended to include Module 2, the following terms shall also apply:

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

9.1.2: Module 2 shall cover the expenses in accordance with the deductible chosen and the applicable reimbursement rates as stated in the List of Reimbursements.

9.1.3: Any bill for expenses incurred by outpatient medicine and appliances shall be reported by submitting the receipted and itemised bills provided with the policy number to the Company. Bills for medicine should also be accompanied by a copy of the prescription.

Art. 10
Module 3: Medical Evacuation and Repatriation
10.1: If the insurance has been extended to include Module 3, the following terms shall also apply:

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

10.1.2: Module 3 shall cover the reasonable expenses incurred for the insured's medical evacuation/repatriation in the event of acute serious illness, serious injury or death in accordance with the applicable reimbursement rates as stated in the List of Reimbursements.

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

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

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

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

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

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

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

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

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

The next of kin have the following options:

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

b) home transportation of the deceased.

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

Art. 11
Modules 4A and 4B: Dental and Optical
11.1: If the insurance has been extended to include Module 4, the following terms shall also apply:

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

11.1.2: Module 4 shall cover the insured's expenses for dental treatments and glasses and lenses in accordance with the applicable reimbursement rates as stated in the List of Reimbursements.

11.1.3: Any bill for expenses incurred by dental treatment and glasses and lenses shall be reported by submitting the receipted and itemised bills provided with the policy number to the Company.

Art. 12
Exceptions to cover
12.1: The insurance shall not cover expenses incurred for any disease, illness or injury known to the policyholder and/or the insured at the time of application, unless agreed upon with the Company.

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

a) non-medically essential and cosmetic surgery and treatment unless medically prescribed and pre-approved by the Company,

b) obesity surgery and treatment (including diet pills),

c) venereal diseases, AIDS, AIDS-related diseases and diseases relating to HIV antibodies (HIV positive). However, diseases relating to AIDS and HIV antibodies (HIV positive) are covered, if proven to be caused by a blood transfusion received after the commencement of the policy. The HIV-virus will also be covered if proven to be contracted as the result of an accident occurring during the course of only the following occupations: doctors, dentists, nurses,
laboratory personnel, ancillary hospital workers, medical and dental assistants, ambulance personnel, midwives, fire brigade personnel, policemen/-women, and prison officers. The insured shall notify the Company within 14 days after such accident and at the same time provide a negative HIV antibody test.

d) any use or misuse of alcohol, drugs and/or medicines unless it can be documented that the illness or injury is unrelated thereto,

e) intentional self-inflicted bodily injury,

f) contraception, including sterilisation,

g) induced abortion unless medically prescribed,

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

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

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

k) treatment by naturopaths or homoeopaths and naturopathic or homoeopathic medications and other alternative methods of treatment, unless specified in the List of Reimbursements,

l) health certificates,

m) treatment of diseases during military service,

n) treatment for sickness or injuries directly or indirectly caused while actively engaging in:

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

- nuclear reactions or radioactive fallout,

- treatment performed by an unrecognised medical practitioner, provider or facility,

- epidemics which have been placed under the direction of public authorities,

- treatment by a psychologist,

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

- any treatment or medicine which is experimental based on acceptable evidence, unless undertaken as part of a phase 3 or phase 4 registered clinical trial (the Company reserves the right to ask for full clinical details before authorising any treatment and the insured must receive the Company’s written agreement before the treatment takes place),

- any treatment or medicine which is not proven to be effective based on acceptable evidence,

- medication and equipment used for purposes other than those defined under their licence.

Art. 13
How to report a claim

13.1: Any claim for reimbursement of expenses incurred for treatment by a physician or specialist as well as hospital treatment and medicine shall be reported by submitting receipted and itemised bills provided with the policy number to the Company. (cf also page 17).

The Company scans submitted bills upon receipt. Any retrieval of the submitted bills is not possible.

The Company reserves the right at any time to require provision of original bills from the insured. If an original bill is not provided upon request the Company may deny reimbursement of the expenses to which the bill relates.

13.2: Any claim shall be reported to the Company immediately and no later than three months after the circumstances underlying the claim have become known to the insured.

13.3: The Company shall be notified immediately of any stays in hospital, and such notification must include the physician’s diagnosis. All notifications should be made by telephone, fax or email; the Company shall defray all expenses incurred in this connection.

Art. 14
Cover by third parties

14.1: Where there is cover by another insurance policy or healthcare plan, this must be disclosed to the Company when claiming reimbursement, and the cover under this insurance shall be secondary to any such other insurance policy or healthcare plan.

14.2: In these circumstances, the Company will co-ordinate payments with other companies and the Company will not be liable for more than its rateable proportion.

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

14.4: The policyholder and any insured person undertake to co-operate with the Company and to notify the Company immediately of any claim or right of action against third parties.

14.5: Furthermore, the policyholder and any insured person shall keep the Company fully informed and shall take any reasonable step in making a claim upon another party and to safeguard the interests of the Company.

14.6: In any event, the Company shall have the full right of subrogation.
If they apply to the policyholder’s insurance premium, they will be included within the total that has to be paid on the premium notice. The charges may apply from the commencement date or the anniversary of the commencement date. The policyholder must pay these charges to us when paying the premiums, unless otherwise required by law.

Art. 16
Information necessary to the Company

16.1: The policyholder and/or the insured shall be under the obligation to notify the Company in writing of any changes of name or address and changes in health insurance cover with another company, including a consolidated company. The Company must also be notified in the event of death of the policyholder or an insured. The Company shall not be liable for the consequences if the policyholder and/or the insured fails to notify the Company in such events.

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

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

If the Company would have accepted the insurance but on other terms, the Company shall be liable as if such incorrect information had not been disclosed.

Art. 17
Assignment, cancellation and expiry

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

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

17.2.1: The insurance may be terminated by the policyholder with effect from the end of a calendar month with one month’s prior written notice.

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

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

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

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

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

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

Accordingly, upon expiry, cancellation or termination of the insurance, an insured’s right to claim reimbursement shall cease. Claims for reimbursement of medical expenses incurred during the insurance period must be filed within six months of the date of expiry, cancellation or termination of the insurance in order to be eligible for reimbursement.
Art. 18
Complaints

18.1: How to file a complaint
We are always pleased to hear about any aspect of the insurance cover that the insured has particularly appreciated, or which may have caused the insured any problems.

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

For any comments or complaints, the Bupa Global Customer Service can be contacted at the phone number +45 70 23 00 42, by email at Complaints-Global@ihi.com, or by writing to us at:

Bupa Global
Palægade 8
DK-1261 Copenhagen K
Denmark

18.2: External appeal
It’s very rare that we can’t settle a complaint, but if this does happen, the complainant may be entitled to refer the complaint to an independent organisation for review. Which organisation it will be depends on the nature of the complaint and the location of the Bupa Global office where the cause of the complaint occurred. We will advise the complainant at the time. In most cases this will be either the Danish Insurance Complaints Board or the UK Financial Ombudsman Service.

Further information about the Danish Insurance Complaints Board can be requested by:
- writing to them at
  Anker Heegaards Gade 2, 1,
  DK-1572 Copenhagen V, Denmark
- calling them on +45 33 15 89 00

More details can be found on their website
www.ankeforsikring.dk

Further information about the UK Financial Ombudsman Service can be requested by:
- writing to them at Exchange Tower, London
  E14 9SR, UK
- calling them on 0800 023 4 567 from a UK landline, or 0300 123 9 123 from a UK mobile telephone, or for calls from outside of the UK +44 20 7964 0500

More details can be found on their website
www.financial-ombudsman.org.uk

A full copy of our complaints procedure can be requested by contacting Bupa Global. (None of these procedures affect the complainant’s legal rights.)

Art. 19
Confidentiality

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

Art. 20
The Financial Services Compensation Scheme (FSCS)

20.1: The Company is covered by the FSCS. In the unlikely event that the Company cannot meet the Company’s financial obligations, the insured may be entitled to compensation from the FSCS, if the insured is usually a resident of the EEA (European Economic Area). More information is available from the FSCS by calling +44 (0) 20 7892 7301 or on its website fscs.org.uk

Art. 21
Applicable Law

21.1: The policy is governed by Danish law. Any dispute that cannot otherwise be resolved will be dealt with by courts in Denmark. If any dispute arises as to the interpretation of this document, then the English version of this document shall be deemed to be conclusive and taking precedence over any other language version of this document. A copy can be obtained at any time by contacting our Customer Service on +45 70 23 00 42 or write an email to ihi@ihi.com.
This Glossary with definitions is part of the Policy Conditions.

A

Acceptable evidence
International medical and scientific evidence which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people and clinical trials which are not registered.

Acute serious illness
An “acute serious illness” shall be determined to exist only after review and agreement by both the attending physician and the Company’s medical consultant.

Anniversary date
The renewal of the insurance.

Appliances
Durable medical equipment that:
- can be used more than once
- is not disposable
- is used to serve a medical purpose
- is not used in the absence of a disease, illness or injury
- is fit for use in the home

Applicant
A person named on the Application Form and the Medical Questionnaire as an applicant for insurance.

Application
The Application Form and Medical Questionnaire.

B

Birthing centre
A medical facility often associated with a hospital that is designed to provide a homelike setting during childbirth.

Bupa Global (incl. we/us/our)
Bupa Insurance Limited. Bupa Global is a trading name of Bupa Insurance Limited.

C

Claim
The financial demand covered in whole or in part by the insurance. In the Company’s evaluation/determination of the claim, the time of treatment is decisive, not the time of the occurrence of the injury/illness.

Commencement date
The date indicated in the policy schedule on which the insurance commences, unless otherwise stated in the Policy Conditions.
**Company, the:**
Bupa Insurance Limited, a company registered in England No. 3956433. Our address is: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA, UK.

**Country of residence**
The country where the insured is living/spending most of his/her time. This should be the country in which the relevant authorities (such as tax authorities) will consider the insured to be resident for the duration of the insurance.

**D**
**Deductible**
The total amount of money noted in the policy schedule which each insured agrees to pay each policy year before being reimbursed by the Company.

**Documents**
Any written information related to the insurance including bills, policy schedules and the like.

**Due date**
Date on which a premium is due to be paid.

**H**
**Hospitalisation**
Surgery or medical treatment in a hospital or clinic as an inpatient when it is medically necessary to occupy a bed overnight.

**Hospital accommodation**
Coverage of a room that is no more expensive than the hospital’s standard single room with a private bathroom. Charges for the insured’s standard meals and refreshments are also covered. The charges will be paid for the length of stay that is medically appropriate for the procedure the insured is admitted for and any accompanying relative (if covered under the insurance plan).

**Hospital cash benefit**
This benefit is paid instead of any other benefit for each night you receive eligible in-patient treatment without charge.

To claim this benefit, please ask the hospital to sign and stamp a letter stating that you were treated with no charge.

**I**
**Insurance**
The Policy Conditions and policy schedule representing the insurance contract with the Company and setting out the scope of the insurance terms, the premium payable, deductible and reimbursement rates.

**Insured**
The policyholder and/or all other insured persons as listed in the valid policy schedule.

**O**
**Outpatient**
Treatment provided at a hospital, outpatient clinic or associated facility where it is not medically necessary to occupy a bed overnight.

**P**
**Policy Conditions**
The terms and conditions of the insurance purchased.

**Policyholder**
The person identified as the policyholder on the Application Form.

**Policy schedule**
Policy details showing the type of insurance purchased, deductible and any special terms.

**Pre-existing condition**
The medical history, including the illnesses and conditions listed in the Medical Questionnaire, which may affect the Company’s decision to insure or not to insure or to impose special terms.

**R**
**Registered clinical trial**
An ethically approved and clinically controlled trial that is registered on a national or international database of clinical trials.

**Reimbursement rates**
The maximum amount of money which will be paid by way of reimbursement of medical expenses in one year from the commencement date or from each anniversary date, as further detailed in the Policy Conditions.

**Renewal**
The automatic renewal of the insurance as per the anniversary date.

**S**
**Serious injury**
A “serious injury” shall be determined to exist only after review and agreement by both the attending physician and the Company’s medical consultant.

**Special terms**
Restrictions, limitations or conditions applied to the Company’s standard terms as detailed in the policy schedule.
Standard terms
The Company's standard insurance terms with no special restrictions, limitations or conditions.

Subrogation
The insurer's right to enforce a remedy which the insured has against a third party and the insurer's right to require the insured to repay the insurer if the insurer has paid expenses recouped by the insured from a third party.

Surgery
A medical procedure that involves the use of instruments or equipment which are inserted into the body. This does not apply to minor surgical procedures e.g. removal of wart.

Terminal phase
When the advent of death is highly probable and medical opinion has rejected active therapy in favour of the relief of symptoms and support of both patient and family. This decision must be confirmed by the Company's medical consultants.

Treatment
Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.

Unrecognised medical practitioner, provider or facility
An unrecognised medical practitioner, provider or facility includes:
- treatment provided by a medical practitioner, provider or facility who is not recognised by the relevant authorities in the country where the treatment takes place as having specialised knowledge, or expertise in, the treatment of the disease, illness or injury being treated.
- treatment by any medical practitioner, provider or in any facility to whom we have sent a written notice that we no longer recognise them for the purposes of our plans.
- treatment provided by anyone with the same residence as the insured or who is a member of the insured's immediate family or an enterprise owned by one of the above mentioned persons.

Waiting period
A period of time from the commencement date where the insurance provides no cover unless as per specification in Art. 3.
Call Bupa Global Customer Service for questions on your policy, payment, coverage etc.

Open 8am - 9pm (CET) weekdays
Tel: +45 70 23 00 42
Fax: +45 33 32 25 60
Email: ihi@ihi.com

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Call Bupa Global Assistance for 24-hour emergency service and medical help

Tel: +45 70 23 24 60
Fax: +45 33 32 25 60
Email: emergency@ihi.com

Calls will be recorded and may be monitored.

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