

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

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

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

bupa-intl.com

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## 2. HOW TO USE YOUR PLAN

# TAKING GOOD CARE OF YOU WHEREVER YOU ARE

### Worldwide Health Options

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

# WELCOME

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

**Your** Worldwide Health Options plan is insured by **Al Ahlia Insurance Company** and administered by **Bupa International**.

**You** can contact **your insurer** by writing to:

**Al Ahlia Insurance Company**  
4th Floor Chamber of Commerce Building  
PO Box 5282  
Manama  
Bahrain

## **Bold words**

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

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## IMPORTANT MEMBERSHIP DOCUMENTS

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

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## HOW TO USE YOUR PLAN

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

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## TABLE OF BENEFITS

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

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## QUICK REFERENCE GUIDE

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

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# HOW YOUR PLAN WORKS

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In this section **you'll** find information on how **your** plan works.

Find out more about:

- **our** service
- what happens if **you** need **treatment**
- **treatment** in the USA
- how to claim
- how **you** will be paid

## Our service

As a member, **you** have access to a number of services to help make **your** life easier.

## Round the clock reassurance from our Medical Centre

**Our** dedicated Medical Centre gives **you** the confidence of knowing that all **your** medical and wellbeing needs will be looked after by medically trained people who understand **your** situation.

**You** can call **our** Medical Centre on +44 (0) 1273 333 911 for healthcare advice, support and assistance at any time of the day or night.

## What help can you expect?

**You'll** find **our** Medical Centre an accessible, knowledgeable and comprehensive resource for all health related questions and concerns. **We** will talk in **your** own language and give **you** access to medical experts and local facilities around the globe.

**You** can ask **us** for help with\*:

- o medical referral options and advice
- o booking appointments
- o medical 'second opinions'
- o travel advice
- o security advice

If **you** have purchased the Worldwide Evacuation option **you** can ask **us** to arrange medical evacuations and repatriations, including:

- o air ambulance transportation
- o commercial flights, with or without medical escorts
- o stretcher transportation
- o transportation of mortal remains
- o travel arrangements for relatives and escorts

**Our** Medical Centre teams will handle **your** case from start to finish, so that **you** can always talk to someone who knows what is happening and they will aim to give **you** the support and consistent advice **you** require.

**You'll** be treated 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**.

## Online support at MembersWorld

To make **your** life easier and save **you** time and hassle, **we** have created an exclusive, secure and password protected members website.

**You** can log on to **your** MembersWorld website at [www.bupa-intl.com/membersworld](http://www.bupa-intl.com/membersworld) from anywhere in the world to manage **your** cover and access a comprehensive library of information and expert advice.

**You** can use **our** online features to:

- o view **your** plan documents
- o update **your** personal details
- o track the progress of **your** claims\*\*
- o search **our** international **hospital** directory
- o download claim forms and other useful documents
- o talk to **us** using webchat

## Get expert health advice from bupa.com

**Our** health area is full of up-to-date information that can help **you** to stay fit and well. Look up the names of commonly used medicines and find out how they work and any side-effects and alternatives.

## What happens if you need treatment

If for any reason **you** need **treatment**, please get in touch with **us** first. **We** can then check **your** cover, talk through any concerns **you** may have and arrange prior approval\*.

## Prior approval

**We** want to make sure things run as smoothly as possible. After all, the last thing **you** want to worry about when **you're** not well is filling in forms and paying bills.

That's why **we** ask **you** to seek prior approval before going into **hospital**. It's important that **you** contact **us** before receiving **treatment**, whether **you** are:

- o staying overnight in **hospital**
- o visiting **hospital** as a **day-case**
- o having **treatment** for cancer
- o having advanced imaging, for example magnetic resonance imaging (MRI), computerised tomography (CT) or positron emission tomography (PET)

**We** can then confirm that **your treatment** is covered by **your** plan. **Our** medically qualified staff can also offer advice and help to make sure **you** are receiving the most appropriate care.

Prior approval also allows **us** to be in direct contact with **your hospital** or clinic, so that **we** can take care of the bills, while **you** concentrate on getting well.

When **we** have been contacted about prior approval, **we** will send **you** a pre-authorisation statement to **your hospital** or clinic, to let them know that **your treatment** is covered and ask them to send all the bills directly to **us**. **We** will also send **you** a pre-authorisation statement. This can be used as a claim form to send to **us** with the original invoices if **you** need to pay for any of **your treatment**.

## How does it work?

Please follow these simple steps:

- o make sure **you** take **your** membership card when **you** go for **treatment**
- o give **your** card to the admissions staff when **you** arrive and ask them to contact **us** – all the information they need is on the card
- o we will confirm whether the **treatment** **you** are having is covered and that **your** membership is in order
- o we will arrange direct settlement with them, wherever possible.

And that's it. **You** can then relax and have **your treatment** knowing that **we** will take care of the costs for **you**.

## Treatment in the USA

If **you** chose to include USA Cover, **we** have special arrangements in place if **you** need to be hospitalised while **you** are there. These include access to a select **network** of quality **hospitals** and other medical **treatment** providers with direct settlement of all covered expenses when **you** receive **treatment** in a **network hospital**. To access these benefits, and avoid penalties, prior approval must be obtained for all **treatment in hospital** using the same simple process as before. Please call 800 554 9299 (from inside the US) or +1 800 554 9299 (from outside the US).

When **you** get prior approval for **your treatment** and **you** go to a **network hospital**, all covered expenses are paid in full – direct to the providers of **your treatment**.

\* **We** obtain health, travel and security information from third parties. **You** should check this information, as **we** cannot be held responsible for any errors or omissions, or any loss, damage, illness and/or injury that may occur as a result of this information.

\*\* MembersWorld may not track claims in the USA as **we** use a third party here.

\*Neither **your** insurer nor **Bupa International** can be held responsible for any loss, damage, illness and/or injury that may occur as a result of receiving medical **treatment** at a **hospital** or from a **medical practitioner**, even when **we** have approved the **treatment** as being covered under **your** plan.

This cover still gives **you** the freedom to choose to have **your treatment** at any **hospital**. However, if **you** decide to have **your treatment** at a **hospital** which is not included in the **network**, **you** will be required to share the cost and pay 20 percent of **your** covered expenses.

There may be occasions when it is not possible for **you** to be treated at a **network hospital**.

These include:

- there is no **network hospital** within 30 miles/50 kilometres of **your** address
- the **treatment you** need is not available in the **network hospital**

In these cases, **we** won't ask **you** to share the cost of **your treatment**.

If **you** choose not to get prior approval for **your treatment** in **hospital**, **you** will be required to pay 50 percent of **your** covered expenses. Without prior approval, the special arrangements and **network** pricing **we** have put in place for **you** cannot be accessed.

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

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

## How to claim

**We** always aim to settle **your** claim directly with **your treatment** provider. If **we** cannot do this for any reason, please send **us** a claim by post.

To help **us** to settle **your** claim promptly, **you** should include:

- a fully completed claim form
- all the original invoices for **your treatment**

**We** cannot return original documents such as invoices or letters, but **we** are happy to send certified copies if **you** ask for these when **you** submit **your** claim.

**We** may need to ask for extra information to help **us** process **your** claim, for example:

- medical reports or other information about **your** condition
- the results of any independent medical examination that **we** may ask and pay for
- written confirmation that **you** cannot claim against another person or insurer

If this is the case, there will be a delay before **we** are able to make any claim payment.

**We** will pay for:

- **treatment** and conditions included on **your** plan while **you** are covered by **your** membership
- costs as described in 'What is covered' as applicable on the date(s) of **your treatment**
- **treatment** which is clinically appropriate and suitable for you
- **active treatment** of a disease, illness or injury that leads to **your** recovery, conservation of **your** condition or to restore **you** to **your** previous state of health

- costs for **treatment** which **you** have received, but not deposits or advance payments for **treatment** to be received in the future, or registration/administration fees charged by the provider of **treatment**
- reasonable and customary costs. This means that the costs charged by **your treatment** provider should not be more than they would normally charge and be representative of charges by other **treatment** providers in the same area\*

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

## How you will be paid

**We** will pay only one of the following:

- the member who received the **treatment**
- the **main member**
- the **treatment** provider, or
- the executor or administrator of the member's estate

**We** will pay by either:

- electronic transfer direct to **your** bank account, or
- cheque

Electronic transfers are quick, secure and convenient, and **we** even pay the administration costs for making payments in this way. **Our** bank is instructed to pass these charges back to **us** for payment, but sometimes **you** will still be charged by **your** local bank. If this happens, **we** will refund these costs to **you**. Any other bank charges or fees, such as for currency exchange, are **your** responsibility, unless they are charged as a result of **our** error.

If **you** wish **us** to pay **you** using electronic transfer, **we** will need the following details:

- full account number
- SWIFT code
- bank address
- IBAN number (if **your** account is held in Europe)

Please include all this information in the payment section of **your** claim form.

If **we** pay **you** by cheque and **you** don't cash it within 12 months, it will no longer be valid. If this happens simply get in touch and **we** will send **you** a replacement.

## Which currency will you be paid in?

**We** will pay **you** in the currency **you** asked for in the payment section of **your** claim form, unless **we** are not allowed to due to international banking regulations. If this happens, **we** will pay **you** in the currency **you** use to pay **us**.

If **we** need to make a conversion to calculate **your** claim, the exchange rate will be the average of the buying and selling rates across a wide range of rates quoted by the banks in London, either on the date when the invoice was issued or on the last date of **your treatment** – whichever is later.

## How much will you be paid?

**Your** benefits are paid in line with the limits shown in the 'What is covered?' section of the 'Table of benefits' booklet.

The benefit limits are shown in three currencies. The currency in which **you** have chosen to pay **your** subscriptions is the one **we** use to calculate **your** benefits.

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

There are different types of benefit limits, which are quoted separately for each person included in **your** membership:

- annual maximum – **we** will pay up to this amount for all **treatments** in total, each **membership year**
- money limit – **we** will pay up to this amount for a particular **treatment**, each **membership year**
- visits limit – **we** will cover up to this number of visits or **treatments**, each **membership year**
- lifetime limit – **we** will pay up to this amount (in money or visits) for the whole of **your** membership of this plan\*
- single condition limit – **we** will pay up to this amount (in money or visits) for a single diagnosis, each **membership year**

### Discretionary payments

Sometimes, in certain situations, **we** may pay for **treatment you** have received which is outside the terms of **your** cover. This is called a discretionary or ex-gratia payment. Any payment that **we** may make on this basis will still count towards the maximum limits on **your** membership. If **you** receive a discretionary payment like this, it does not mean that **we** are required to pay similar costs in the future.

**We** are not required to pay for any **treatment** or condition that is not covered by **your** plan, even if **we** have paid an earlier claim for similar or identical **treatments** or conditions.

### Treatment after an accident

If **you** need **treatment** after an accident caused by someone else, **we** will do everything **we** can to help. It is important that **you** complete the correct section on the claim form so that **we** can help **you** to:

- get the cost of **treatment we** have paid from the person at fault (or their insurance company) and return it to us
- claim interest on **your treatment** costs if **you** are allowed to

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

### Claiming with joint or double insurance

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

IMPORTANT  
INFORMATION

\* Exception – the lifetime limit for **psychiatric treatment** in **hospital** applies to the whole of **your** membership with **your** insurer. Please read about **psychiatric treatment** in **your** 'Table of benefits' booklet.

## Your membership

**Your** plan is an annual contract that will begin on the 'Period of cover from' date on **your** membership certificate. **Your anniversary** falls on this date in each following year of **your** membership. **Your** membership will continue automatically each year, regardless of **your** age or current state of health.

Please read 'What happens on my **anniversary**?' section.

## Our legal agreement

**You** (the **main member**) have formed an agreement with **your insurer** about **your** cover on Worldwide Health Options. Only **you** and **your insurer** have legal rights under this agreement. This means that only **you** and no-one else may enforce the terms of this agreement.

**You**, or anyone else who is covered under **your** membership, have complete access to **our** complaints and dispute resolution process.

Please read 'Making a complaint' section.

## What forms my membership?

**Your** membership with **us** consists of:

- o **your** application, whether **you** have sent in a form or applied by telephone or online and any declarations that **you** made during **your** enrolment for **you** and other members included in **your** membership
- o **your** rules and benefits in the 'How to use your plan' booklet and 'Table of benefits' booklet within your membership pack
- o **your** membership certificate, which shows full details of **your insurer**

## What happens if I move?

**You** must always let **us** know when **you** change **your** address, so that **we** can keep in touch and get important documents to **you**.

If **you** move to another country, **you** must let **us** know straight away. **Your** new country may have different regulations for health insurance, and **we** can make sure that **you** have the right cover and that all local regulations are being met.

## Specified country of residence

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

The details of regulations vary from country to country and may change at any time.

In some countries **Bupa International** have other local partners who are licensed to provide insurance cover but which are administered by **Bupa International**.

This means that customers experience the same quality **Bupa International** service.

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

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

**You** may need to add or remove cover for the USA during the course of **your** membership, if **you** move to or from that country. If this is the case, please contact **us** to discuss. Please note that **your** subscriptions will be higher or lower from the effective date of adding or removing cover for the USA.

Please read 'How are my subscriptions calculated?' section.

## When does my membership begin?

**Your** membership begins on the 'Period of cover from' date on the first membership certificate **we** send. **Your anniversary** falls on this date each year.

If **you** include any **additional people**, their membership will begin on the 'Period of cover from' date on the first membership certificate **we** send on which they are listed.

If, for any reason, **you** do not continue **your** membership, any **additional people** included in **your** plan can apply for their own membership.

## What happens on my anniversary?

**Your** membership will continue automatically, regardless of **your** age or state of health.

**We** will write to **you** and let **you** know:

- o any changes to the benefits provided
- o any changes to **your** membership pack, or
- o the subscriptions and other charges payable

Any new changes will come into effect after **your anniversary** only.

In some circumstances, **we** may decide to end the plan **you** are a member of. This is a rare event, but if it does happen **we** will do **our** best to make sure **you** are not inconvenienced in any way. **We** will:

- o offer **you** membership of another suitable plan, wherever possible, or
- o transfer **your** membership within one month without any new personal restrictions or exclusions

## Can I cancel my membership?

**You** can cancel **your** membership, and that of any **additional people** covered under **your** plan, within 28 days of receiving **your** first membership certificate. Should **you** wish to, simply write and let **us** know. **You'll** find **our** address in the 'Quick Reference Guide'.

If **you** or the **additional people** covered have not made any claims, **we** will refund any subscriptions **you** have paid.

## Ending your membership

**You** can end **your** membership by letting **us** know:

- o as soon as possible in advance of the date **you** wish to end **your** membership
- o whether or not the membership of **additional people** is also to be ended, or
- o the date that **you** want **your** membership to end (**you** can't backdate the ending of **your** membership)

To help **us** continue to maintain and improve **our** level of service, **we** would appreciate it if **you** could also let **us** know the reason **you** are ending **your** membership.

Please be aware that **your** membership will end automatically in the following circumstances:

- o if **you** do not pay subscriptions or other charges (such as Insurance Premium Tax (IPT) taxes or levies) before, or within 30 days of, the date they are due. If **you** are having trouble paying **your** subscriptions please get in touch – **we** may be able to help, or

- o in the event of the death of the **main member**. In this case, any **additional people** in **your** plan can apply to become the **main member**. If the membership is transferred within one month of the date of death of the original **main member** and without a break in cover, **we** will not apply any new personal restrictions or exclusions

### Refunding your subscriptions

**We** will refund any subscriptions **you** have paid which relate to a period after **your** membership ends. However, **we** are entitled to deduct money **you** may owe **us** from any refund.

### How can I change my plan?

**Your** membership with **us** is an annual contract. This means that **we** can only add or remove options for **you** on **your anniversary**.

If **you** want to add or remove options, please contact **us** before **your anniversary** to discuss **your** choices. If **you** add options to **your** plan, **your** subscriptions will be higher. If **you** remove options from **your** plan, **your** subscriptions will be lower.

If **you** add new options to **your** cover, **we** may ask **you** to complete a medical history questionnaire. This means that **we** may apply new special restrictions or exclusions on the new options **you** have chosen, which are personal to **you**.

### Adding members to your plan

**You** can apply to include **additional people** in **your** membership by filling in a membership amendment form. **You** can download this easily from MembersWorld at [www.bupa-intl.com/membersworld](http://www.bupa-intl.com/membersworld) or **you** can contact **us** and **we** will send one to **you**.

The medical history for all **additional people you** apply to include on **your** membership, including newborn children, will be reviewed by **our** medical underwriters. This may result in special restrictions or exclusions, which are personal to any **additional people you** add and which will be shown on **your** membership certificate, or **we** may decline to offer cover.

Newborn children can only be included on **your** membership from their date of birth when:

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

Newborn children who have been born as a result of **assisted reproduction technologies, ovulation induction treatment**, adopted, born to a surrogate or who are being enrolled on their own membership can be included from their 91st day and **you** have completed a membership amendment form or application form.

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

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

### New membership certificates

**We** will send **you** a new membership certificate to record any changes made on **your** plan, such as a change of address or the addition of another person.

**Your** new membership certificate will replace any earlier ones **you** have received with effect from the 'Certificate issue date', so please discard the previous one.

### How are my subscriptions calculated?

**Your** subscriptions are calculated according to the country in which **you** reside.

Countries are grouped into nine different zones according to the costs of **treatment** in those countries. For example, the cost of **treatments** in France and Finland are similar and these countries are both in Zone 6.

If **you** live in the USA, **you** must pay for Zone 1 which covers those living in the USA. Please note that **we** cannot cover anyone who is permanently resident in the USA as **you** must be insured through a local company.

If **you** live outside the USA, **your** subscription is calculated according to the zone where **you** spend most of **your** time. **You** can choose to add USA Cover to any of the zones. This then covers **you** for the zone where **you** spend most of **your** time and includes cover for medical **treatment** if needed when **you** are visiting the USA.

### How do I pay subscriptions and other charges?

The subscriptions for **your** membership must be paid by the 'Due date' shown on the invoice. All subscriptions are payable in advance. **Your** invoice will also show you:

- o the amount **you** need to pay
- o the method **you** have chosen to pay by (credit card, etc)
- o the currency **you** have chosen to pay in, and
- o how often **you** need to make a payment (monthly, quarterly or yearly)

**You** may also have to pay other charges, such as Insurance Premium Tax (IPT), or other taxes, levies or charges, depending on the laws of **your** residency country. If they apply to **you**, they will be included within the total that **you** have to pay on **your** invoice. The charges may apply from the 'Period of cover from' date of **your** membership or **your anniversary**. **You** must pay these charges to **us** when **you** pay **your** subscriptions, unless otherwise required by law.

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

### What happens if I don't pay?

If **you** do not pay subscriptions and other charges when they are due, **your** membership may be suspended. **We** may also suspend **your** membership if **you** do not pay in full any relevant contribution for a claim **we** have paid direct to **your treatment** provider.

Claims submitted while **your** membership is suspended will not be paid. Once **you** have paid **your** subscriptions and **your** membership suspension has ended, **we** will be happy to consider **your** claim.



### Will the amount I pay change?

It is likely that the amount **we** charge **you** at **your anniversary** will change. Some of the factors which might affect this include the rising cost of medical **treatments**, which **we** aim to control through negotiating cost control measures with **hospitals** and clinics. Additionally, the ages of everyone on **your** membership, **your** resident country and changes to **your** cover such as adding, changing or removing options may also influence **your** subscription.

Other charges including IPT or other taxes, levies and charges may change at any time if there is a change in the rate or if any new tax, levy or charge is introduced in the country where **you** live.

### Bank charges

**You** are responsible for any administration charges that **your** bank may make for the payment of **your** subscriptions.

### Making a complaint

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

If **you** have any comments or complaints, **you** can call our customer helpline on +44 (0) 1273 323 563, 24 hours a day, 365 days a year. Alternatively **you** can email us at [www.bupa-intl.com/membersworld](http://www.bupa-intl.com/membersworld), or write to **us** at:

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

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

### Taking it further

If we have not been able to resolve the problem and you wish to take your complaint further, please write to the Head of Customer Relations at:

**Al Ahlia Insurance Company**  
4th Floor Chamber of Commerce Building  
PO Box 5282  
Manama  
Bahrain

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

### Useful notes and legal information

#### Other parties

No other party 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, which may be by letter, email or webchat. Any confirmation of **your** cover will only be valid if it is confirmed in writing by **your insurer**, as above.

#### Correspondence

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

### Applicable law

**Your** membership is governed by the laws of Bahrain. Any dispute that cannot otherwise be resolved will be dealt with by courts in Bahrain. 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. **You** can obtain a copy at any time by contacting **our** customer helpline on +44 (0) 1273 323 563.

### False information

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

- o giving false information
- o keeping necessary information from **us**, or
- o working with another party to give false information

either intentionally or carelessly and which may influence **us** in deciding:

- o whether **you** (or they) can join the plan
- o what subscription has to be paid, or
- o whether **we** have to pay any claim

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

**We** may alternatively:

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

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

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

# GLOSSARY

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

DEFINED TERM	DESCRIPTION
<b>Acceptable evidence</b>	International medical and scientific evidence which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people, or clinical trials which are not registered.
<b>Active treatment:</b>	<b>Treatment</b> from a <b>medical practitioner</b> of a disease, illness or injury that leads to <b>your</b> recovery, conservation of <b>your</b> condition or to restore <b>you</b> to <b>your</b> previous state of health as quickly as possible.
<b>Additional people:</b>	The other people named on <b>your</b> membership certificate as being members of the plan and who are eligible to be members, including newborn children.
<b>Al Ahlia Insurance Company:</b>	<b>Al Ahlia Insurance Company</b> , your insurer.
<b>Anniversary:</b>	Each <b>anniversary</b> of the date <b>you</b> joined the plan. (If however <b>you</b> are a member of a Worldwide Health Options group plan with a common <b>anniversary</b> for all members, <b>your anniversary</b> will be the common <b>anniversary</b> for the group. <b>We</b> tell <b>you</b> the group <b>anniversary</b> when <b>you</b> join).
<b>Assisted Reproduction Technologies</b>	Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction.
<b>Birth centre:</b>	A medical facility often associated with a <b>hospital</b> that is designed to provide a homelike setting during childbirth.
<b>Bupa International:</b>	Bupa Insurance Services Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited, acting as administrator.
<b>Complementary therapist:</b>	An acupuncturist, homeopath or traditional Chinese medicine practitioner who is fully trained and legally qualified and permitted to practise by the relevant authorities in the country in which the <b>treatment</b> is received.
<b>Day-case:</b>	<b>Treatment</b> which for medical reasons requires <b>you</b> to stay in a bed in <b>hospital</b> during the day only. <b>We</b> do not require <b>you</b> to occupy a bed for <b>day-case psychiatric treatment</b> .
<b>Diagnostic tests:</b>	Investigations, such as X-rays or blood tests, to find the cause of <b>your</b> symptoms.
<b>Dietician:</b>	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the <b>treatment</b> is received.
<b>Doctor:</b>	A person who: <ul style="list-style-type: none"> <li>○ is legally qualified in medical practice following attendance at a recognised medical school to provide medical <b>treatment</b></li> <li>○ does not need a <b>specialist's</b> training, and</li> <li>○ is licensed to practise medicine in the country where the <b>treatment</b> is received</li> </ul> <p>By recognised medical school <b>we</b> mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.</p>
<b>Emergency:</b>	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgment of a reasonable person, requires immediate <b>treatment</b> , generally within 24 hours of onset, and which would otherwise put <b>your</b> health at risk.

DEFINED TERM	DESCRIPTION
<b>Hospital:</b>	A centre of <b>treatment</b> which is registered, or recognised under the local country's laws, as existing primarily for: <ul style="list-style-type: none"> <li>o carrying out major <b>surgical operations</b>, and</li> <li>o providing <b>treatment</b> which only <b>specialists</b> can provide</li> </ul>
<b>Intensive care:</b>	<b>Intensive care</b> includes: <ul style="list-style-type: none"> <li>o High Dependency Unit (HDU): a unit that provides a higher level of medical care and monitoring, for example in single organ system failure.</li> <li>o Intensive Therapy Unit/<b>Intensive Care Unit (ITU/ICU)</b>: a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation.</li> <li>o Coronary Care Unit (CCU): a unit that provides a higher level of cardiac monitoring.</li> </ul>
<b>Main member:</b>	The person who has taken out the membership, and is the first person named on the membership certificate. Please refer to <b>you/your</b> .
<b>Medical practitioner:</b>	A <b>complementary therapist, specialist, doctor, psychologist, physiotherapist, osteopath, chiropractor, dietician, speech therapist or therapist</b> who provides <b>active treatment</b> of a known condition.
<b>Membership year:</b>	The period beginning on <b>your</b> start date or renewal date and ending on the day before <b>your</b> next renewal date. By start date <b>we</b> mean the 'Period of cover from' date on <b>your</b> first membership certificate for <b>your</b> current continuous period of membership.
<b>Network:</b>	A <b>hospital</b> or similar facility, or <b>medical practitioner</b> , that has an agreement in effect with <b>Bupa International</b> or a <b>service partner</b> to provide <b>you</b> with eligible <b>treatment</b> .
<b>Out-patient:</b>	<b>Treatment</b> given at a <b>hospital</b> , consulting room, <b>doctor's</b> office or <b>out-patient</b> clinic where <b>you</b> do not stay overnight or as a <b>day-case</b> to receive <b>treatment</b> .
<b>Ovulation Induction Treatment</b>	<b>Treatment</b> including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.
<b>Persistent vegetative state:</b>	<ul style="list-style-type: none"> <li>o a state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and</li> <li>o the person does not respond to stimuli such as calling their name, or touching</li> </ul> <p>The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.</p>
<b>Physiotherapy, osteopathy and chiropractor:</b>	Practitioners must be fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the <b>treatment</b> is received.
<b>Pre-existing condition:</b>	Any disease, illness or injury for which: <ul style="list-style-type: none"> <li>o <b>you</b> have received medication, advice or <b>treatment</b>, or</li> <li>o <b>you</b> have experienced symptoms</li> </ul> <p>whether the condition was diagnosed or not in the seven years before the start of <b>your</b> current continuous period of cover.</p>
<b>Prophylactic surgery:</b>	Surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland.

DEFINED TERM	DESCRIPTION
<b>Psychiatric treatment:</b>	<b>Treatment</b> of mental conditions, including eating disorders.
<b>Psychologist:</b>	A person who is legally qualified and is permitted to practise as such in the country where the <b>treatment</b> is received.
<b>Qualified nurse:</b>	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the <b>treatment</b> is received.
<b>Registered clinical trial</b>	An ethically approved and clinically controlled trial that is registered on a national or international database of clinical trials (eg www.clinicaltrials.gov, www.ISRCTN.ORG or http://public.ukcrn.org.uk).
<b>Rehabilitation:</b>	<b>Treatment</b> in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.
<b>Service partner:</b>	A company or organisation that provides services on behalf of <b>Bupa International</b> . These services may include approval of cover and location of local medical facilities.
<b>Sound natural tooth/teeth:</b>	A natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally in chewing and speech.
<b>Specialist:</b>	A surgeon, anaesthetist or physician who: <ul style="list-style-type: none"> <li>o is legally qualified to practise medicine or surgery following attendance at a recognised medical school</li> <li>o is recognised by the relevant authorities in the country in which the <b>treatment</b> is received as having specialised qualification in the field of, or expertise in, the <b>treatment</b> of the disease, illness or injury being treated</li> </ul> <p>By 'recognised medical school' <b>we</b> mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.</p>
<b>Specified country of nationality:</b>	The country of nationality specified by <b>you</b> in <b>your</b> application form or as advised to <b>us</b> in writing, which ever is the later.
<b>Specified country of residence:</b>	The country of residence specified by <b>you</b> in <b>your</b> application and shown in <b>your</b> membership certificate, or as advised to <b>us</b> in writing, which ever is the later. The country <b>you</b> specify must be the country in which the relevant authorities (such as tax authorities) consider <b>you</b> to be resident for the duration of the policy.
<b>Speech therapist:</b>	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the <b>treatment</b> is received.
<b>Subrogation:</b>	The assumption of the member's right by <b>Al Ahlia Insurance Company</b> to recover from another party the costs of any claims paid by <b>Al Ahlia Insurance Company</b> for <b>treatment</b> to the member.
<b>Surgical operation:</b>	A medical procedure involving an incision into the body.
<b>Therapists:</b>	An occupational <b>therapist</b> or orthoptist, who is legally qualified and is permitted to practise as such in the country where the <b>treatment</b> is received.
<b>Treatment:</b>	Surgical or medical services (including <b>diagnostic tests</b> ) that are needed to diagnose, relieve or cure disease, illness or injury.

DEFINED TERM	DESCRIPTION
<b>UK:</b>	Great Britain and Northern Ireland.
<b>We/us/our:</b>	<b>Al Ahlia Insurance Company</b> , acting as insurer, or <b>Bupa International</b> , acting as administrator (as the case may be).
<b>You/your:</b>	This means <b>you</b> , the <b>main member</b> and <b>your</b> dependants unless <b>we</b> have expressly stated otherwise that the provisions only refer to the <b>main member</b> .
<b>Your insurer</b>	The insurer, providing <b>your</b> cover as stated on <b>your</b> membership certificate.

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