INTERNATIONAL HEALTH AND HOSPITAL PLAN

International Health and Hospital Plan

Valid from 2019 • EUR/GBP/USD

ihi.com

Welcome

Welcome to your Bupa Global Quick Reference Guide on how to use your insurance.

Important insurance documents
The product guide including the List of Reimbursements, Policy Conditions and Glossary must be read alongside your policy schedule, as together they set out the terms and conditions of your insurance and form your insurance documentation.

Quick Reference Guide
This booklet explains how to use your insurance, including how to make a claim and other important information.

It also contains a summary of all your important contact information, the sort of information you are likely to use on a regular basis.

Contents

Contact us

Healthline
+45 70 23 24 65

Our Healthline's multilingual staff can assist you with:

- General medical information
- Advice from health professionals
- Finding local medical facilities and physicians
- Referral to second medical opinion service

Bupa Global Assistance

For medical emergencies and verification of benefits 24/7 contact our multilingual staff:

Tel: +45 70 23 24 60
Email: emergency@ihi.com

In case of an emergency, we recommend you to call your local emergency number (eg 911 or 112) for immediate assistance.

General enquiries
+45 70 23 00 42

Bupa Global
Palægade 8
DK-1261 Copenhagen K
Denmark

Bupa Global Customer Services can assist you with:

- information about your cover and about your policy
- payment queries
- claims information

email: ihi@ihi.com
online chat on ihi.com
fax: +45 70 20 70 56

Open all weekdays between 8am and 9pm (CET).

Calls are recorded for training and quality purposes and may be shared when legally required to.

Please note that we cannot guarantee the security of email as a method of communication. Some companies, employers and/or countries do monitor email traffic, so please bear this in mind when sending us confidential information.

Authorised person

Please notice that in case you need another person to contact Bupa Global on your behalf in relation to policy administration, including but not limited to claims assessment and verification of benefits for treatment, we will always need that person to be formally authorised by yourself before we share information about you and your insurance plan with that person.

Please inform Bupa Global about your authorised person and give your consent to Bupa Global to exchange information, including medical information, with the authorised person.

Please contact us to request a consent form.

Contact details changed?

It's very important that you let us know when you change your contact details (correspondence address, email or telephone). We need to keep in touch with you so we can provide you with important information regarding your plan or your claims. Simply log onto myPage or call, email or write to us.

Easier to read information

Braille, large print or audio
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.

Making a complaint

We are always interested I hearing your opinion about our products and services.

Should you at any time experience a situation involving your insurance that gives rise to a compliment or a complaint, all you need is to call the Bupa Global Customer Service on +45 70 23 00 42.

Alternatively you can email via Complaints-Global@ihi.com or write to us at our correspondence address.

Verification of Benefits

Please remember to obtain a Verification of Benefits for your inpatient treatment

Call: +45 70 23 24 60
Fax: +45 70 20 70 56
Email: emergency@ihi.com

Calls are recorded for training and quality purposes and may be shared when legally required to.

If we send you a verification of benefits of your treatment, it means that we will pay reasonable and customary costs up to the limits of your insurance plan provided that all the following requirements are met:

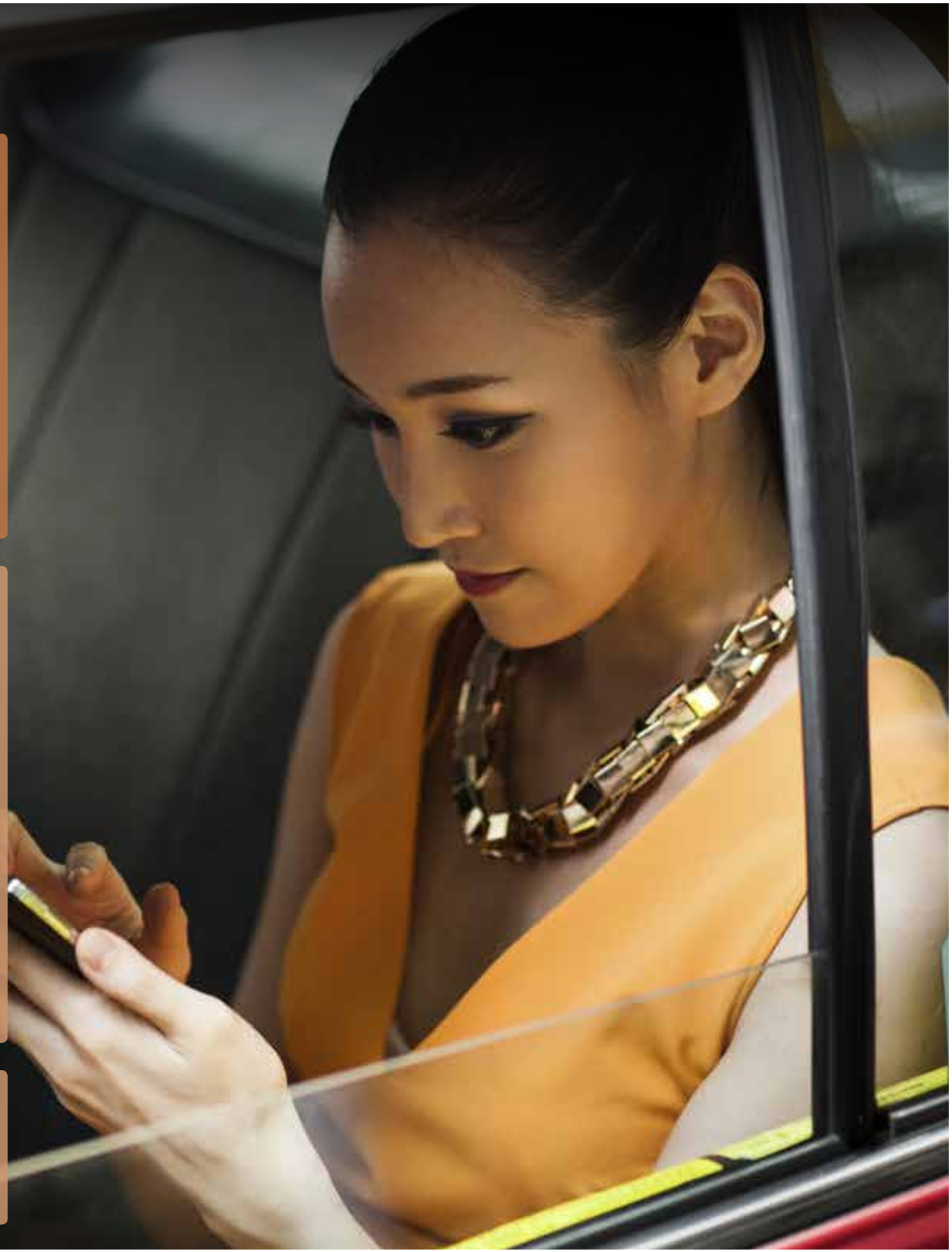
- the treatment is eligible treatment in accordance with your insurance cover (we will confirm eligibility before sending a verification of beneifts)
- you have an active insurance cover at the time that treatment takes place
- your premiums are paid up to date
- the treatment carried out matches the treatment authorized
- you have provided a full disclosure of the condition and treatment required
- you have enough benefit entitlement to cover the cost of the treatment
- the treatment is medically necessary.

Case management

Should you be in need of longer and/or continuous treatment or hospitalisation we will follow you closely doing our utmost to ease your journey through Bupa Global. We will secure that your case is being dedicated to few people who will know your case in depth to be able to assist you the best way possible.

Important rules: please note that a verification of benefits is only valid if all the details of the approved treatment, including dates and locations, match those of the treatment received. If there is a change in the treatment required, if you need to have further treatment, or if any other details change, then you or your relatives or doctor/ hospital staff must contact us to verify those benefits separately. We make our decision to approve your treatment based on the information given to us. We reserve the right to withdraw our decision if additional information is withheld or not given to us at the time the decision is being made.

This is a summary, please ensure you read the full details of your cover in the List of Reimbursements, Policy Conditions and your policy schedule.



HOW TO CLAIM

Direct Settlement
Inpatient treatment

Contact:
Bupa Global Assistance
+45 70 23 24 60
emergency@ihi.com

Request a verification of benefits

Required information:

- Patient's name, date of birth and policy number
- Hospital's/clinic's name
- Date for surgery/treatment
- Diagnosis
- Contact details for treating doctor
- Contact details for general practitioner

You are required to submit copies of your medical reports relating to the diagnosis or a signed consent form permitting Bupa Global Assistance to request the information on your behalf.

→ Eligible cover will be confirmed → We pay hospital/clinic → We send your reimbursement statement to you

You settle any shortfall (eg outstanding deductible) with hospital, clinic or doctor

Pay and Claim
Outpatient treatment

Submit your claims online on our website ihi.com/healthclaim

Alternatively, you can also send your claims by email to eclaim@ihi.com

If you have any questions, please contact Bupa Global Customer Service: +45 70 23 00 42

Request reimbursement of claims

Required information:

- Patient's name and date of birth indicated on each invoice
- Diagnosis or reason for treatment/consultation
- Date of service
- Type of service
- If medicine/pharmacy invoice: copy of doctor's prescription

Please remember to always state your policy number when sending a claim to us as well as your preferred payment type for reimbursement with the respective details (eg. reimbursement to a bank account with the name and address of the bank account number/IBAN number and SWIFT/ABA code).

→ We pay your claims covered by your insurance → We send your reimbursement statement to you

You settle any shortfall (eg outstanding deductible) with hospital, clinic or doctor

Your Cover

Your cover consists of your chosen insurance plan and any deductible, loading or exclusions which might be applied. For full details, please read the List of Reimbursements and the policy conditions of your insurance product together with your personal policy schedule.

If you are uncertain about what your cover includes, please contact your service team using the email address or direct telephone number on your insurance card.

How will my deductible affect my reimbursement?

The deductible is the contribution you make towards the cost of your treatment each policy year before receiving any reimbursement. This means that the total cost of the claims you submit must exceed your chosen deductible amount before we are able to make any reimbursement payments to you. Every year when you renew your policy a new deductible will be applied. The deductible applies separately for each person on your insurance policy.

Information regarding the status of your deductible is included on your reimbursement statement.

Please see next page for a guide to understand your reimbursement statement.

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

If you have an insurance policy with another health insurer (eg a local plan) you can send us copies of any bills covered by the other insurer and the corresponding reimbursement statements/explanation of benefits. We can then count these towards your deductible if the benefits would have been covered under your Bupa Global insurance plan.

How do I make a maternity claim?

If you or any insured on your policy become pregnant, please let us know and we will send you a maternity form which must be completed and returned to us before any maternity-related claims can be processed.

You will also receive a maternity guide which is designed to answer any questions you or your family may have in relation to maternity cover, claims and adding a newborn child to your policy.

REIMBURSEMENT STATEMENT EXAMPLE

Reimbursement Statement
Health Insurance
Name Surnameson

Policy number: 1234567-1234
Service offer: SNE
February 4, 2018
Page 1 of 1

Cover: Hospital Plan + Module 1+2

Claim type: Other medical assistance
Service: Laboratory test, analysis and

1 Date	2 Unit/Days	3 Invoice amount	4 Exchange rate	5 Converted amount	6 Maximum	7 Applied to Deductible	8 Co-insurance	9 Reim-bursement
01.01.2018		USD 600,00	USD 100,000000	USD 600,00	USD 500	USD 400,00	USD 0,00	USD 100,00
Total USD				600,00		400,00	0,00	100,00

Name Surnameson: The deductible for the period 01.01.2018 - 01.01.2019 is now USD 0,00.

Amount: USD 100,00 (10)
(11) **Exchange rate:** 100,0000000
Date of settlement: 04.02.2018 (12)

1. **Date:** Date of service eg the day you went to the doctor.
2. **Units/Days:** Eg number of days admitted to the hospital or number of physiotherapy sessions.
3. **Invoice amount:** The bill amount in the original currency.
4. **Exchange rate:** The exchange rate used to exchange the amount from the original currency into the base currency of the insurance plan. The exchange rates for major currencies are updated daily according to Danske Bank.
5. **Converted amount:** The cost of the service converted into the base currency of the insurance plan. It is the converted amount that applies to any possible deductible or maximum.
6. **Maximum:** This shows if there is a maximum cover.

The maximum can be an amount or a percentage depending on which insurance plan you have. If nothing is stated in this field it means that there is no maximum.

7. **Applied to Deductible**: The amount in base currency applied to a possible deductible. At the end of the reimbursement statement you can see your deductible status. If you do not have a deductible it will always say 0,00 in this column.
8. **Co-insurance:** Co-insurance is a type of patient responsibility. If co-insurance applies to your insurance plan this will clearly be stated in your List of Reimbursement and Policy Conditions. If there is no co-insurance on your insurance plan it will always say 0,00 in this column.
9. **Reimbursement:** The actual reimbursement in the base currency of your insurance plan which we pay out either to you, the hospital or a 3rd party as per your choice.
10. **Amount:** The reimbursed amount in the currency chosen for the reimbursement payment.
11. **Exchange rate:** The exchange rate from the base currency of the insurance plan to the currency chosen for the reimbursement payment.
12. **Date of settlement:** The date the claim was processed.

Your website: myPage

MyPage is an exclusive and secure website for our customers designed to make your life easier and save you time and hassle.

You can log on to myPage from anywhere in the world to manage your policy, see your claims and reimbursements and access your personal documents.

Some of the benefits waiting for you online:

- You can sign up as an online customer. All your documents will be available on myPage and we will send an email when a new document is uploaded.
- No need to carry documents around with you - access your documents 24 hours a day anywhere in the world.
- Purchased your policy via a broker? You now have the possibility to grant your broker access to view certain policy information.
- You can edit your personal information and eg. ask us to register a preferred reimbursement address - useful if you have multiple addresses or are travelling.
- If you want a second medical opinion, just send an email to emergency@ihi.com stating 'Second medical opinion' in the subject line and provide information regarding your request. For more information, please click the tab 'Private' and under 'Bupa Global Assistance' find the link to the second medical opinion details.
- Webchat - instant access, to our experienced advisers, who will be able to chat with you in real time, wherever you are and whatever your needs.

There are many more benefits online; log in to see for yourself.

Contents

Deductible choices

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

EUR: Nil, 350, 1,050, 4,000, 8,000, 16,000

GBP: Nil, 250, 750, 2,750, 5,500, 11,000

USD: Nil, 400, 1,600, 5,000, 10,000, 20,000

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.

Change of cover*

At an *insurance* policy anniversary you can change your cover by adding or removing a *deductible* or the following optional modules:

- Module 1: Non-*Hospitalisation* Benefits
- Module 2: Medicine and *Appliances*
- Module 3: Medical Evacuation and Repatriation
- Module 4: Dental and Optical

Discount on Bupa Global travel plan

With your health *insurance* you are eligible for a 10% discount if you buy *our* Single Trip or Annual Travel and a further 5% if you buy online.

* Please see the *Policy Conditions* for further information.

List of Reimbursements

Please note that the List of Reimbursements is part of the *Policy Conditions*. It is therefore necessary to read both the List of Reimbursements and the *Policy Conditions* (including Glossary) 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 commencement date or policy renewal in 2019. All amounts are in EUR / GBP / USD.

The currency chosen for the *insurance* at point of *application* is the currency all your reimbursements will be based on. This means that eg. when your base currency is EUR all your reimbursements will be based on the EUR benefit limits stated in the below List of Reimbursements although you might have been treated in eg. UK or the USA.

Hospital Plan

Reimbursements under the Hospital Plan are effected according to the List of Reimbursements 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*. One joint *deductible* applies per person per policy year for Hospital Plan, Module 1 and Module 2 (if chosen). Example: You have inpatient *surgery*, which costs USD 900. If you have a *deductible* of USD 400 the amount reimbursed by *us* will be USD 500. If you have a *deductible* of USD 1,600 no payment for reimbursement will be provided but the remaining *deductible* for that policy year will now be USD 700.
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 3,600,000 / GBP 3,000,000 / USD 4,400,000.

Hospital Services — during Hospitalisation	**Hospital plan**
Private room (cf also Glossary: '*Hospital accommodation*')	100%
Intensive care room	100%
Room and board for a parent or legal guardian accompanying an *insured* child (cf also Glossary: '*Hospital accommodation*')	100%
Surgery	100%
Initial reconstruction *surgery*, immediate or delayed, following an injury or illness (excluded corrective reconstruction *surgery* for enhancement of appearance and replacement of implant/prosthesis)	100%
Medical *treatment*, laboratory tests, X-rays	100%
Medicine for use during *hospitalisation* and relevant only for the *insured* condition being treated	100%
Pacemaker	100%
Prescribed *outpatient* medicine up to 7 days after discharge from hospital (medicine must be licensed for the condition which was treated while hospitalised), max. per policy year	EUR 900 / GBP 600 / USD 1,000
Psychiatric *treatment*	100%

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 180 days after *hospitalisation*.

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

Hospital Plan (continued)

Outpatient Treatment in a Hospital or Clinic	Hospital Plan
*Surgery**	100%
Cancer *treatment** Once cancer has been diagnosed this benefit includes fees that are related specifically to planning and carrying out *active treatment for cancer*. This includes tests, diagnostic imaging, consultations and prescribed medicines (when receiving anti-hormonal drug as sole *treatment* for cancer, only the anti-hormonal drug expenses are covered)	100%
Dialysis (including home dialysis), intravenous drug infusion which is only available as an infusion (must be pre-approved by the *Company*)	100%
Endoscopic examinations	100%

*Pre-examinations that are medically necessary in order to perform the *treatment/surgery* are covered up to 30 days prior to *surgery*. Check-ups that are medically necessary in order to verify that the *insured* is recovering successfully from the *treatment/surgery* are covered up to 180 days after *surgery*. Physiotherapy following *treatment/surgery* must be evaluated and pre-approved by the *Company*.

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

Childbirth* (subject to a 12 month waiting period)	Hospital Plan	Hospital Plan incl. Module 1 Non-Hospitalisation Benefits
Delivery and non-medically prescribed caesarean delivery incl. pre- and postnatal *treatment* for mother and child (cf also art. 7.1.3). Max. per delivery	Covered 100% up to EUR 5,725 / GBP 3,925 / USD 7,150	Covered 100% up to EUR 9,675 / GBP 6,650 / USD 12,100
Medically prescribed caesarean, incl. pre- and postnatal *treatment* for mother and child. (cf also art. 7.1.3) Max. per delivery	Covered 100% up to EUR 10,625 / GBP 7,325 / USD 13,200	Covered 100% up to EUR 12,650 / GBP 8,575 / USD 15,400
Delivery and caesarean following fertility *treatment*. Excluding pre- and postnatal *treatment* for mother and child (cf also art. 12.2 h), max.	Covered 100% up to EUR 5,725 ./ GBP 3,925 / USD 7,150	Covered 100% up to EUR 7,150 / GBP 4,850 / USD 8,800

Childbirth / Home Delivery or delivery at birthing centre *(subject to a 12 month waiting period)	
Doctor/specialist, midwife	EUR 145 / GBP 100 / USD 165
Home nursing in connection with home delivery or delivery at *birthing centre*	EUR 435 / GBP 300 / USD 490

Pre- and postnatal examinations are reimbursed under Module 1 Non-*Hospitalisation* Benefits

**Deductible*, if chosen, also applies to childbirth benefit. Only the amount of one full annual *deductible* will be applied to maternity claims for one pregnancy, even if the course of pregnancy spans two policy years.

Organ Transplant	
Organ transplant	100%

Hospital Plan (continued)

Organ Transplant	
Per diagnosis and course of *treatment* per lifetime, to include all related costs up to the financial maximum The *insurance* policy must be valid throughout the course of *treatment*. The procurement of the organ must be pre-approved by the *Company*	EUR 450,000 / GBP 315,000 / USD 500,000

Emergency Room Treatment	
Emergency room *treatment* in connection with an acute illness or accident	100%

Local medical transport	
Ground transport to and from hospital when it is medically necessary that special medical services and/or medical equipment are provided	100%

Inpatient Rehabilitation	
Medically prescribed inpatient rehabilitation at an authorised medical facility following *hospitalisation* for *treatment* covered by this *insurance* (must be pre-approved by the *Company*) The rehabilitation has to include *treatment* in the form of therapy such as physical, occupational and/or speech therapy aimed at restoring as much function as possible.	100%
Max. per day for max. three months per illness	EUR 330 / GBP 220 / USD 355

Home Nursing	
For expenses incurred for medically prescribed assistance in your private home by a certified nurse (must be pre-approved by *the Company*)	100%
Max. per day for max. 40 days per policy year	EUR 130 / GBP 84 / USD 135

Hospice and palliative care	
Hospice and palliative care, max per lifetime	EUR 30,500 / GBP 27,000 / USD 34,000

Hospital Plan (continued)

Hospital Cash Benefit	
If room, board and *treatment* are received free of charge or at a minor admission/service fee at a public hospital, per night max. Max. 60 nights per policy year (must be pre-approved by the *Company*)	EUR 90 / GBP 60 / USD 100

Emergency Dental Treatment	
Acute emergency dental *treatment* due to serious accident requiring *hospitalisation* In case of doubt, the decision will be left with the *Company*'s dental consultant	100%

Module 1
Non-Hospitalisation Benefits

Reimbursements under this module are according to the List of Reimbursements 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*. One joint *deductible* applies per person per policy year for Hospital Plan, Module 1 and Module 2 (if chosen). Example: You have a laboratory test which costs USD 600. The maximum amount of USD 500 for this benefit will be applied. If you have a *deductible* of USD 400 the amount reimbursed by *us* will be USD 100. If you have a *deductible* of USD 1,600 no payment for reimbursement will be provided but the remaining *deductible* for that policy year will now be USD 1,100.

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*	
GP consultations, per consultation	EUR 220 / GBP 175 / USD 235
Chinese doctor consultation (if charged separately), per consultation	EUR 30 Max. per policy year EUR 300 GBP 22 Max. per policy year GBP 220 USD 30 Max. per policy year USD 300
Eye and ear specialists/other specialists, per consultation	EUR 220 / GBP 175 / USD 235
Psychiatrists, per consultation	EUR 190 / GBP 120 / USD 195

Psychologist*	
Psychologist, per consultation	EUR 190 / GBP 120 / USD 195

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

Module 1
Non-Hospitalisation Benefits (continued)

Therapists	
Dietetic guidance, speech therapy per consultation Max. four consultations per policy year	EUR 50 / GBP 40 / USD 50
Physiotherapy, ergotherapy/occupational therapy, per consultation	EUR 95 Max per policy year EUR 1,050 GBP 70 Max per policy year GBP 700 USD 95 Max per policy year USD 1,200
Chiropractor/osteopath (including Chinese bonesetter) all inclusive, per consultation	EUR 65 Max per policy year EUR 1,050 GBP 50 Max per policy year GBP 700 USD 65 Max per poicy year USD 1,200

Medical Check-Up	
Medical Check-Up all inclusive, per policy year	EUR 900 / GBP 800 / USD 1,000

Examinations and other Medical Assistance	
Laboratory test, analysis Max. per test	EUR 450 / GBP 305 / USD 500
X-ray	EUR 450 / GBP 305 / USD 500
ECG	EUR 450 / GBP 305 / USD 500
Scan, per examination	EUR 1,020 / GBP 780 / USD 1,200
Injection and vaccination, per injection/vaccination	EUR 85 / GBP 65 / USD 100
Acupuncture and homeopathic *treatment*, performed by a physician Acupuncture and homeopathic *treatment* shall only be covered when performed by a physician/doctor authorised in the country of practise	EUR 55 / GBP 35 / USD 60

Minor procedures or interventions	
Minor procedures or interventions (eg removal of a wart) performed at the clinics of the General Practitioners or Specialists in connection with visits to such medical practitioners	100%

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*.One joint *deductible* applies per person per policy year for Hospital Plan, Module 1 and Module 2 (if chosen). Example: You buy traditional Chinese medicine for USD 600. The maximum amount for this benefit of USD 450 will be applied. If you have a *deductible* of USD 400 the amount reimbursed by *us* will be USD 50. If you have a *deductible* of USD 1,600 no payment for reimbursement will be provided but the remaining *deductible* for that policy year will now be USD 1,150.

Hearing Aids	
Prescribed hearing aids, per appliance, max.	Covered 50% up to EUR 300 / GBP 200 / USD 325
Max. two *appliances* are reimbursed per policy year up to max.	Covered 50% up to EUR 600 / GBP 400 / USD 650

Other Appliances	
Slings and bandages	100%
Arch support	100%
Medical *appliances*	100%

Medicine	
Prescribed medicine and traditional Chinese medicine	100%
Traditional Chinese medicine administered by a traditional Chinese practitioner (cf also art. 12.2 w) Limited to recognised traditional Chinese practitioners registered to practice locally	Max. per policy year EUR 375/GBP 260/USD 450 for traditional Chinese medicine
Medicine and other *appliances* are reimbursed up to an annual max. of	EUR 3,000 / GBP 2,000 / USD 3,300

There is no reimbursement for homeopathic or naturopathic medicines

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.

Medical Evacuation and Repatriation	
Transportation expenses by aeroplane or helicopter	100%
Accompanying person	100%
Return journey to residential address abroad/home country within three months after completion of *treatment*	100%
Statutory arrangements in case of death, such as embalming and zinc coffin Transportation of the urn/coffin	100%

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*

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 Module 4A and 4B max. per policy year EUR 240 / GBP150 / USD 240.

Dental Treatment	**Module 4A**	**Module 4B**
Examinations, max.	Covered 80% up to EUR 30 / GBP 25 / USD 30	Covered 80% up to EUR 50 / GBP 40 / USD 50
Tooth cleaning, max.	Covered 80% up to EUR 50 / GBP 30/ USD 50	Covered 80% up to EUR 70 / GBP 40 / USD 70
Fillings per tooth, max.	Covered 80% up to EUR 80 / GBP 55 / USD 80	Covered 80% up to EUR 130 / GBP 80 / USD 130
Root *treatment* per tooth, max.	Covered 80% up to EUR 380 / GBP 245 / USD 380	Covered 80% up to EUR 540 / GBP 370 / USD 540
Tooth extractions per tooth, max.	Covered 80% up to EUR 75 / GBP 40 / USD 75	Covered 80% up to EUR 145 / GBP 90 / USD 145
Surgery, max.	Covered 80% up to EUR 160 / GBP 110 / USD 180	Covered 80% up to EUR 465 / GBP 320 / USD 520
X-ray, max.	Covered 80% up to EUR 60 / GBP 30 / USD 60	Covered 80% up to EUR 70 / GBP 50 / USD 70
Anaesthesia, max.	Covered 80% up to EUR 30 / GBP 20 / USD 30	Covered 80% up to EUR 50 / GBP 40 / USD 50

Special Dental Treatment	**Module 4A**	**Module 4B**
Bridgework Crowns Dental implants Periodontitis Orthodontics (tooth adjustment) (subject to a 24 month wiating period) Dentures	Covered 50% Max per policy year for special dental *treatment* 2,650 / GBP 2,000 / USD 2,650	Covered 50% Max per policy year for special dental *treatment* EUR 3,650 / GBP 2,750 / USD 3,650

Glasses and Contact Lenses	**Module 4A**	**Module 4B**
One pair of glasses (excl. frames)	80% Max per policy year EUR 160 / GBP 100 / USD 160	80% Max per policy year to EUR 220 / GBP 150 / USD 220
Contact lenses	80% Max per policy year EUR 100 / GBP 60 / USD 100	80% Max per policy year EUR 130 / GBP 80 / USD 130

Frames and sunglasses are not covered

Modules 4A and 4B
Dental and Optical (continued)

Eye check	Module 4A	Module 4B
Eye check performed by optician/optometrist, per policy year	Max. EUR 240 / GBP 150 / USD 240	Max EUR 240 / GBP 150 / USD 240

Policy Conditions

Valid from commencement date or policy renewal in 2019.

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.

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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 (cf also glossary term *'pre-existing conditions'*), and the *applicant* must not have attained 60 years of age at the time of acceptance.

If the conditions in Art. 1.2 are not met and the *applicant* has not attained 80 years of age at the time of acceptance, the *Company* may offer the *insurance* on *special terms*. If the *Company* decides to offer the *insurance* on *special terms*, the *policyholder* will receive a *policy schedule* in which these terms are stated.

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, however, 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 *policyholder* may change his/her *insurance* cover (eg change of *deductible*, adding/removing additional cover) to another type of cover as from a policy anniversary by giving one month's notice by email, letter or phone 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. 3.1.2 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 each person the *policyholder* whishes to add to the *insurance*, including 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 and for children born as a result of fertility *treatment* and/or born by a surrogate, the *insured* must submit a Medical Questionnaire for such children.

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 'Quick Reference Guide').

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: Medical practitioners performing *treatment* must have authorisation in the country of practice. Medical providers and facilities must also be authorised (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, *reasonable and customary* 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.

6.8.1: The *Company* is not required to pay for any *treatment* or condition that is not covered by the *insured*'s *insurance* cover, even if the *Company* has paid an earlier claim for similar or identical *treatments* or conditions, including where such earlier payment was made at the *Company*'s error.

6.9: The *Company*'s global health *insurance* products are non-*US insurance* products and accordingly are not designed to meet the requirements of the *US* Patient Protection and Affordable Care Act (the Affordable Care Act). The *Company*'s *insurance* products may not qualify as minimum essential
coverage or meet the requirements of the individual mandate for the purposes of the Affordable Care Act, and the *Company* is unable to provide tax reporting on behalf of those *US* taxpayers and other persons who may be subject to it. The provisions of the Affordable Care Act are complex and whether or not the *insured* is subject to its requirements will depend on a number of factors. The *insured* should consult an independent professional financial or tax advisor for guidance. For customers whose coverage is provided under a group *insurance*, the *insured* should speak to the group health *insurance* administrator for more information.

Art. 7
Hospital Plan

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

7.1.1: The Hospital Plan 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 for any 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 one week 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, pre- 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 reassignments,

j) hospital stay 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 by the *insured* putting him/herself in danger by entering a known area of conflict as listed below or the *insured* was an active participant or the *insured* has displayed a blatant disregard for his/her personal safety:
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,

o) nuclear reactions or radioactive fallout,

p) *treatment* performed by an *unrecognised medical practitioner*, *provider or facility*,

q) *treatment* for or arising from any *epidemic* disease and/or *pandemic* disease, including vaccinations, medicines or preventive *treatment* for or related to any *epidemic* disease and/or *pandemic* disease,

r) *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,

s) any diagnostic testing, *treatment* or medicine which is experimental based on *acceptable current clinical evidence* and practice,

t) any *treatment* or medicine which is not proven to be effective based on *acceptable current clinical evidence* and practice,

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

v) any of the following traditional Chinese medicines: cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American Ginseng; Radix Ginseng Silvestris; antelope horn powder; placenta hominis; Agaricus blazei murill; musk; and pearl powder, rhinoceros horn and substances from Asian Elephant, Sun Bear, and Tiger or other endangered species.

w) inpatient *treatment* for more than 90 continuous days for permanent neurological damage or when the *insured* is in a *persistent vegetative state*.This article only applies to insurances with a *commencement date* on or after 1 January 2017.

x) Artificial Life Maintenance, including mechanical ventilation, when the patient is in a state of profound unconsciousness and/or with no sign of awareness or a functioning mind, where such *treatment* will not or is not expected to result in the *insured*'s recovery or restore the *insured* to the *insured*'s previous state of health. This means, eg cover is not provided when the *insured* is unable to feed or breathe independently and requires percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days. This article only applies to insurances with a *commencement date* on or after 1 January 2017.

y) any genetic testing, unless medically necessary

- as the result of the test will directly impact the *treatment* of an existing covered disease, or
- for prenatal testing due to suspicion of fetal abnormality

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 'Quick Reference Guide'). 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.

14.1.1.: Upon receipt of an itemized statement from another insurer and a copy of the reimbursed bills the *Company* will apply the amount reimbursed by that other insurer to write down the existing *deductible* and/or co-*insurance* on the *insured*'s *Bupa Global* health *insurance* plan(s) if the reimbursed benefits would have been covered by *Bupa Global*.

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*.

Art. 15
Payment of premium

15.1: Premiums are determined by the *Company* and shall be payable in advance. The *Company* adjusts the premiums once a year as from the policy anniversary on the basis of changes in the cover and/or the loss experience in the *insurance* class during the previous calendar year.

15.2: The premium is age-related and will therefore also be adjusted on the first policy anniversary after the *insured*'s birthday.

15.3: The initial premium shall fall due on the *commencement date*. The *policyholder* may choose between quarterly, semi-annual and annual payment.

15.4: Changes in the terms of payment can only be made at 30 days' notice by email, letter or phone prior to the policy anniversary.

15.5: The premium is due on the *due date* stated in the premium notice.

15.6: The *policyholder* shall be responsible for punctual payment of the premium to the *Company*. If the premium has not been received by the *Company* on the *due date*, the *Company*'s liability shall cease.

15.7: The *policyholder*'s attention is drawn to Art. 6.5 regarding payment of outstanding amounts.

15.8: Other charges, such as *Insurance* Premium Tax (IPT), or other taxes, levies or charges, depending on the laws of the *policyholder*'s *country of residence* may apply. 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* by email, letter or phone of any changes of name or address, change in residency, and changes in health *insurance* cover with another company, including a consolidated company. The *policyholder* is required to immediately notify the *Company* if any of the *insured* become a permanent resident of the USA, as described under Article 17.7. 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.

16.4: The *Company* fully complies with applicable data protection legislation (see also art. 19.1). Generally, *we* therefore cannot disclose any personal or sensitive information (eg. medical information) nor discuss cases with anyone not authorised by the *insured* in question. It is therefore recommended that the *insured* authorises any person he or she wants to share information with. A third party authorisation form will be provided by the *Company* on request.

Art. 17
Assignment, cancellation, termination 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 notice by email, letter or phone.

17.2.2: The policyholder has the right to withdraw from the purchase of the insurance. The period during which the insurance can be withdrawn lasts 28 days and begins on the date on which the policyholder has entered into the insurance agreement. This will normally be on the date on which the policyholder has purchased the insurance and/or received the insurance documents. Under the Danish Insurance Contracts Act the policyholder has a right to receive certain information about the right to cancel the insurance and about the insurance. The notice period for cancellation does not commence until the policyholder has received this information

in writing (e.g. on paper or by email). If, for example, the policyholder receives the insurance documents, and also has received the above information, eg on Monday the 1st, he/she can cancel the insurance until and including Monday the 29th. If the period expires on a public holiday, Saturday or Sunday, the policyholder can wait until the following day. If the policyholder wants to withdraw the insurance the Company must be notified by letter, email or phone. The Company's contact details are listed at the end of this document. It is sufficient that the Company is contacted before the expiry of the notice period.

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: Where upon taking out the *insurance* or subsequently, the *policyholder* and/or the *insured* has disclosed incorrect information, the *insurance* contract shall be void, and the *Company* shall not be liable if the *Company* would not have accepted the *insurance* if the correct information had been disclosed. If the *Company* would have accepted the *insurance* but on other terms, the *Company* shall be liable to the extent to which the *Company* would have undertaken the obligations in accordance with the agreed premium.

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 in-correct 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 *policyholder* is required to immediately notify the *Company* by email, letter or phone if any of the *insured* become a permanent resident of the USA, failing which the *Company* may terminate the *insurance* with immediate effect or (where permitted to continue the *insurance* until such date) with effect from the policy anniversary. The *Company* may terminate the *insurance* with immediate effect or (where permitted to continue the *insurance* until such date) with effect from the policy anniversary, if the law of the country in which the *insured* is located, or the *insured*'s *country of residence* or nationality, or any other law which applies to the *Company* or this *insurance*, prohibits the provision of healthcare cover by the *Company* to local nationals, residents or citizens.

Without limitation to the foregoing, the *insurance* shall not be renewed at the next policy anniversary if the *policyholder* becomes a permanent resident of the USA, and, if an *insured* who is not the *policyholder* becomes a resident of the USA, their cover under the *insurance* shall not be renewed at the next policy anniversary. 'Permanent resident' shall mean a person residing in the USA who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in the USA, and 'USA' shall include the Commonwealth of Puerto Rico for this purpose.

This Art. 17.7 only applies to insurances with a *commencement date* after 31 December 2015.

17.8: Sanction clause
The *Company* will not provide cover nor pay claims under this *insurance* policy if the *Company*'s obligations (or the obligations of the *Company*'s group companies and administrators) under the laws of any relevant jurisdiction, including UK, European Union, the United States of America, or international law, prevent the *Company* from doing so. The *Company* will normally tell the *policyholder* if this is the case unless this would be unlawful or would compromise the *Company*'s reasonable security measures. This *insurance* policy does not provide cover to the extent that such cover would expose the *Company* (or the *Company*'s group companies and administrators) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, UK or United States of America, or under other relevant international law. This Art. 17.8 only applies to insurances with a *commencement date* on or after 1 January 2016.

17.9: 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
If *we* can't settle your complaint you may be able to refer your 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 occured. *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. Please see the *Bupa Global* Privacy Notice above the glossary section.

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 7741 4100 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.

Privacy Notice

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides details about the information *we* collect about you, how *we* use it and how *we* protect it. It also provides information about your rights (see section 13 'your rights' below).

If you have any questions about how *we* handle your information, please contact the *Bupa Global* service team on +45 70 23 00 42. Alternatively you can email or write to the team via ihi@ihi.com or *Bupa Global*, Palægade 8, DK-1261 Copenhagen K, Denmark.

Last updated: 03 May 2018

1. Information about us

Summary: In this privacy notice, '*we*', '*us*' and '*our*' means *Bupa Global* and *Bupa Global* Travel. Please see 'More information' below for *company* contact details.

More information: Depending on which of *our* products and services you ask *us* about, buy or use, different companies within *our* organisation will process your information. The *Bupa Global* companies that handle your information, including which *company* makes decisions about how your information is handled will depend on the products and services you access or use.

International private medical *insurance*:

Bupa Global is a trading name of Bupa *Insurance* Limited and Bupa *Insurance* Services Limited which are registered in England and Wales at Companies House under numbers 3956433 and 3829851 respectively. The registered offices are 1 Angel Court, London, EC2R 7HJ.

Bupa Denmark Services A/S, CVR No. 32451780, is an agent of Bupa *Insurance* Limited.

Bupa *Insurance* Services Limited is authorised and regulated by the Financial Conduct Authority. Bupa *Insurance* Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The Financial Conduct Authority does not regulate the activities of Bupa *Insurance* Limited that take place outside of the UK. The PRA and FCA regulation numbers of Bupa *Insurance* Limited and Bupa *Insurance* Services Limited are 203332 and 312526 respectively.

Travel:

Bupa Denmark, filial af Bupa *Insurance* Limited, England (in English: Bupa Denmark, branch of Bupa *Insurance* Limited, England), Business Registration Number 31602742, which has its registered office at 8 Palægade, 1261 Copenhagen K, Denmark, uses the brand-name *Bupa Global* Travel and is authorised by the Prudential Regulation Authority (PRA) in England and is under limited regulation by the Danish Financial Services Authority (Finanstilsynet). Read more at www.finanstilsynet.dk.

2. Scope of our privacy notice

Summary: This privacy notice applies to anyone who interacts with *us* about *our* products and services ('you', 'your'), in any way (for example, by email, through *our* website, by phone, through *our* app). *We* will give you further privacy information if necessary for specific contact methods or in relation to specific products or services.

More information: This privacy notice applies to you if you ask *us* about, buy or use *our* products and services. It describes how *we* handle your information, regardless of the way you contact *us* (for example, by email, through *our* website, by phone, through *our* app and so on). *We* will provide you with further information or notices if necessary, depending on the way *we* interact with each other, for example if you use *our* apps *we* may give you privacy notices which apply just to a particular type of information which *we* collected through that app.

If you have any questions about this, please contact *us* at ihi@ihi.com.

3. How we collect personal information

Summary: *We* collect personal information from you and from third parties (anyone acting on your behalf, for example, brokers, health-care providers and so on).

Where you provide us with information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

More information: *We* collect personal information from you:

- through your contact with *us*, including by phone (*we* may record or monitor phone calls to make sure *we* are keeping to legal rules, codes of practice and internal policies, and for quality assurance purposes), by email, through *our* websites, through *our* apps, by post, by filling in *application* or other forms, by entering competitions, through social media or face-to-face (for example, in medical consultations, diagnosis and *treatment*).

We also collect information from other people and organisations.

For all our customers, we may collect information from:

- your parent or guardian, if you are under 18 years old;
- a *family member*, or someone else acting on your behalf;
- doctors, other clinicians and health-care professionals, hospitals, clinics and other health-care providers;
- any service providers who work with *us* in relation to your product or service, if *we* don't provide it to you direct, such as providing you with apps, medical *treatment*, dental *treatment* or health assessments;
- organisations, such as CACI or Binleys, who carry out customer-satisfaction surveys or market research on *our* behalf, or who provide *us* with statistics and other information (for example, about your interests, purchases and type of household) to help *us* to improve *our* products and services;
- fraud-detection and credit-reference agencies; and
- sources which are available to the public, such as the edited electoral register or social media.

If we provide you with insurance products and services, we may collect information from:

- the main member, if you are a dependant under a family *insurance* policy;
- your employer, if you are covered by an *insurance* policy your employer has taken out;
- brokers and other agents (this may be your broker if you have one, or your employer's broker if they have one); and
- other third parties *we* work with, such as agents working on *our* behalf, other insurers and reinsurers, actuaries, auditors, solicitors, translators and interpreters, tax advisers, debt-collection agencies, credit-reference agencies, fraud-detection agencies (including health-*insurance* counter-fraud groups), regulators, data-protection supervisory authorities, health-care professionals, other health-care providers and medical-assistance providers.

If we provide you with health-care, dental or care-home services, we may collect information from:

- your employer, if you are covered by a contract for services your employer has taken out or if *we* are providing occupational health services;
- brokers and other agents (this may be your broker if you have one, or your employer's broker if they have one); and
- those paying for the products or services *we* provide to you, including other insurers, public-sector commissioners and embassies.

4. Categories of personal information

Summary: *We* process two categories of personal information about you and (where this applies) your dependants:

- standard personal information (for example, information *we* use to contact you, identify you or manage *our* relationship with you); and
- special categories of information (for example, health information, information about your race, ethnic origin and religion that allows *us* to tailor your care, and information about crime in connection with checks against fraud or anti-money-laundering registers).

More information:

Standard personal information includes:

- contact information, such as your name, username, address, email address and phone numbers;
- the country you live in, your age, your date of birth and national identifiers (such as your National *Insurance* number or passport number);
- information about your employment;
- details of any contact *we* have had with you, such as any complaints or incidents;
- financial details, such as details about your payments and your bank details;
- the results of any credit or any anti-fraud checks *we* have made on you;
- information about how you use *our* products and services, such as *insurance* claims; and
- information about how you use *our* website, apps or other technology, including IP addresses or other device information (please see *our* Cookies Policy below) for more details).

Special category information includes:

- information about your physical or mental health, including genetic information or biometric information (*we* may get this information from *application* forms you have filled in, from notes and reports about your health and any *treatment* and care you have received or need, or it may be recorded in details of contact *we* have had with you such as information about complaints or incidents, and referrals from your existing *insurance* provider, quotes and records of medical services you have received);
- information about your race, ethnic origin and religion (*we* may get this information from your medical or care-home preferences to allow *us* to provide care that is tailored to your needs); and
- information about any criminal convictions and offences (*we* may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity.

5. What we use your personal information for

Summary: *We* process your personal information for the purposes set out in this privacy notice. *We* have also set out some legal reasons why *we* may process your personal information (these depend on what category of personal information *we* are processing). *We* normally process standard personal information if this is necessary to provide the services set out in a contract, it is in *our* or a third party's legitimate interests or it is required or allowed by any law that applies. Please see below for more information about this and the reasons why *we* may need to process special category information.

More information: By law, *we* must have a lawful reason for processing your personal information. *We* process standard personal information about you if this is:

- **necessary to provide the services set out in a contract** – if *we* have a contract with you, *we* will process your personal information in order to fulfil that contract (that is, to provide you and your dependants with *our* products and services);
- **in our or a third party's legitimate interests** – details of those legitimate interests are set out in more detail in section 6 'legitimate interests' below.
- **required or allowed by law.**

We process special category information about you because:

- **it is necessary for the purposes of preventive or occupational medicine**, to assess whether you are able to work, medical diagnosis, to provide health or social care or *treatment*, or to manage health-care or social-care systems (including to monitor whether *we* are meeting expectations relating to *our* clinical and non-clinical performance);
- **it is necessary for an insurance purpose** (for example, advising on, arranging, providing or managing an *insurance* contract, dealing with a claim made under an *insurance* contract, or relating to rights and responsibilities arising in connection with an *insurance* contract or law);
- **it is necessary to establish, make or defend legal claims** (for example, claims against *us* for *insurance*);
- **it is necessary for the purposes of preventing or detecting an unlawful act** in circumstances where *we* must carry out checks without your permission so as not to affect the outcome of those checks (for example, anti-fraud and anti-money-laundering checks or to check other unlawful behaviour, or carry out investigations with other insurers and third parties for the purpose of detecting fraud);
- **it is necessary for a purpose designed to protect the public against dishonesty, malpractice or other seriously improper behaviour** (for example, investigations in response to a safeguarding concern, a member's complaint or a regulator (such as the Care Quality Commission or the General Medical Council) telling *us* about an issue);
- **it is in the public interest, in line with any laws that apply**;
- **it is information that you have made public; or**
- **we have your permission**. As is best practice, *we* will only ask you for permission to process your personal information if there is no other legal reason to process it. If *we* need to ask for your permission, *we* will make it clear that this is what *we* are asking for, and ask you to confirm your choice to give *us* that permission. If *we* cannot provide a product or service without your permission (for example, *we* can't manage and run a health trust without health information), *we* will make this clear when *we* ask for your permission. If you later withdraw your permission, *we* will no longer be able to provide you with a product or service that relies on having your permission.

6. Legitimate interests

Summary: *We* process your personal information for a number of legitimate interests, including managing all aspects of *our* relationship with you, for marketing, to help *us* improve *our* services and products, and in order to exercise *our* rights or handle claims. More detailed information about *our* legitimate interests is set out below.

More information: Legitimate interest is one of the legal reasons why *we* may process your personal information. Taking into account your interests, rights and freedoms, legitimate interests which allow *us* to process your personal information include:

- to manage *our* relationship with you, *our* business and third parties who provide products or services for *us* (for example, to check that you have received a service that you're covered for, to validate invoices and so on);
- to provide health-care services on behalf of a third party (for example, your employer);
- to make sure that claims are handled efficiently and to investigate complaints (for example, *we* may ask your *treatment* provider for information to make sure *we* receive accurate information and to monitor the quality of your *treatment* and care);
- to keep *our* records up to date and to provide you with marketing as allowed by law;
- to develop and carry out marketing activities and to show you information that is of interest to you, based on *our* understanding of your preferences (*we* combine information you give *us* with information *we* receive about you from third parties to help *us* understand you better);
- for statistical research and analysis so that *we* can monitor and improve products, services, websites and apps, or develop new ones;
- to contact you about market research *we* are carrying out;
- to monitor how well *we* are meeting *our* clinical and non-clinical performance expectations in the case of health-care providers;
- to enforce or apply *our* website terms of use, *our* policy terms and conditions or other contracts, or to protect *our* (or *our* customers' or other people's) rights, property or safety;
- to exercise *our* rights, to defend ourselves from claims and to keep to laws and regulations that apply to *us* and the third parties *we* work with; and
- to take part in, or be the subject of, any sale, purchase, merger or takeover of all or part of the Bupa business.

7. Marketing and preferences

We may use your personal information to send you marketing by post, by phone, through social media, by email and by text.

We can only use your personal information to send you marketing material if *we* have your permission or a legitimate interest as described above.

If you don't want to receive emails from *us*, you can click on the 'unsubscribe' link that appears in all emails *we* send. If you don't want to receive texts from *us* you can tell *us* by contacting *us* at any time. Otherwise, you can always contact *us* to update your contact preferences. See section 14 'data protection contacts' for details of how to contact *us*.

You have the right to object to direct marketing and profiling (the automated processing of your information to help *us* evaluate certain things about you, for example, your personal preferences and your interests) relating to direct marketing. Please see section 13 'your rights' below for more details.

8. Processing for profiling and automated decision-making

Summary: Like many businesses, *we* sometimes use automation to provide you with a quicker, better, more consistent and fair service, and marketing information *we* think will be of interest to you (including discounts on *our* products and services). This will involve evaluating information about you and, in some cases, using technology to provide you with automatic responses or decisions (automated decisions). Please see 'more information' below for further details.

You have the right to object to direct marketing and profiling relating to direct marketing (see section 13 'your rights' for more information). You may also have the right to object to other types of profiling and automated decision-making set out below. In these cases, you have the right to ask *us* to make sure that one of *our* advisers reviews an automated decision, to let *us* know how you feel about it and to ask *us* to reconsider the decision. You can contact *us* to exercise these rights. See section 14 'data protection contacts' for full contact details.

More information:

By law, *we* must tell you about:

- automated decision-making (making a decision using technology, without any person being involved); and
- profiling (automated processing of your information to help *us* evaluate certain things about you, for example, your personal preferences and your interests).

This is because you have certain rights relating to both automated decision-making and profiling. You have the right to object to profiling relating to direct marketing. If you do this, *we* will no longer carry out profiling for direct marketing purposes. You also have the right to object to profiling in other circumstances set out below.

When *we* make decisions using only automated processing which produce legal effects which concern you or which have a significant effect on you, *we* will let you know. You then have 21 days to ask *us* to reconsider *our* decision or to make a new decision that is not based only on automated processing. If *we* receive a request from you, within 21 days of receiving your request, *we* will:

- consider the request, including any information you have provided that is relevant to it;
- meet your request; and
- let you know in writing what *we* have done to meet your request, and the outcome.

You can contact *us* (see section 14 'data protection contacts' for details) to ask about these rights (see section 13 'your rights' for more details).

Profiling and automated decision-making

The processes set out below involve both profiling and automated decision-making.

- Depending on the type of health-*insurance* product that you want to benefit from, to help *us* decide what level of cover *we* can offer you, *we* will ask you to provide information about your medical history. *We* may use software to review this information to find out whether you have any previous or existing health conditions which *we* cannot cover you for and which will be excluded from your policy.
- *We* may use software to help *us* calculate the price of products and services based on what *we* know about you and other customers. For example, *our* technology may analyse information about your claims history and compare it with the information *we* hold about previous claims to evaluate how likely you are to need to make a claim. *We* may also evaluate your age, where you live and other details relating to your health (such as existing health conditions and whether you smoke) to calculate prices for community-rated products which are based on predefined groups with similar risk profiles.

Profiling

The processes set out below involve profiling.

- In order to improve outcomes and be more efficient, and allow *us* to offer advice about different *treatment* paths (for example, alternatives to *surgery* or other invasive *treatments*), *we* may use software to evaluate medical history and information about the general population in an area to identify customers who are likely to need that advice most.
- When your policy is due for *renewal*, *our* software tells *us* this and may also evaluate your payment and claims history, information about the general information in a particular area, and other information from third parties

to automatically provide you with information about what incentives *we* can offer you and the marketing messages you will receive.
- *We* ask other organisations to carry out some of *our* consumer and market analysis to improve *our* marketing processes. This involves sharing personal information relating to *our* customers with third parties who specialise in profiling and segmenting people (putting people into groups of different types of customer, based on different kinds of information collected about them, to help *us* to better target *our* products to them). These companies match the information *we* give them with information they get from other sources to improve the accuracy of their analysis. *We* use the results of this analysis to help *us* target marketing and offers.
- *We* may use information about the products you have bought, and information about what other customers who have bought the same products you have bought, to make sure *we* send you information about the products you are most likely to be interested in.
- *We* may share your personal information (including your name, date of birth, sex and the country you live in) with third-party companies, such as FINSCAN, who *we* use to carry out anti-fraud checks. *We* will review any matches from this process. (*We* will not use automated decision-making for this.)

9. Sharing your information

Summary: *We* share your information within the Bupa Group, with relevant policyholders (including your employer if you are covered under a group scheme), with funders arranging services on your behalf, with people acting on your behalf (for example, brokers and other agents) and with others who help *us* provide services to you (for example, health-care providers and medical-assistance providers) or who *we* need information from to allow *us* to handle or confirm claims or entitlements (for example, professional associations). *We* also share your information in line with the law.

More information: *We* sometimes need to share your information with other people or organisations for the purposes set out in this privacy notice.

For all our customers, we share your information with:

- other members of the Bupa Group;
- other organisations you belong to, or are professionally associated with, in order to confirm your entitlement to claim discounts on *our* products and services;
- doctors, clinicians and other health-care professionals, hospitals, clinics and other health-care providers;
- suppliers who help deliver products or services on *our* behalf;
- people or organisations *we* have to, or are allowed to, share your personal information with by law (for example, for fraud-prevention or safeguarding purposes, including with the Care Quality Commission);
- the police and other law-enforcement agencies to help them perform their duties, or with others if *we* have to do this by law or under a court order;
- if *we* (or any member of the Bupa group) sell or buy any business or assets, the potential buyer or seller of that business or those assets; and
- a third party who takes over any or all of the Bupa Group's assets (in which case personal information *we* hold about *our* customers or visitors to the website may be one of the assets the third party takes over).

If we provide insurance or manage a health-care trust, we share your information with:

- the *policyholder* or their agent if you are not the main member under an individual policy (*we* will send them all membership *documents* and confirmation of how *we* have dealt with a claim, and all people who are *insured* on the policy may have access to correspondence and other information *we* provide through *our* online portal);
- your employer (or a their broker or agent) for product or service administration purposes if you are a member or beneficiary under your employer's group scheme;
- your broker or agent (or both);
- other third parties *we* work with to provide *our* products and services, such as agents working on *our* behalf, other insurers and reinsurers, actuaries, auditors, solicitors, translators and interpreters, tax advisers, debt-collection agencies, credit-reference agencies, fraud-detection agencies (including health-*insurance* counter-fraud groups), regulators, data-protection supervisory authorities, health-care professionals, health-care providers and medical-assistance providers; and
- organisations who provide your *treatment* and other benefits, including travel-assistance services.

If we provide health-care, dental and care-home services, we share your information with:

- your employer, if your employer is paying for the services *we* are providing;
- *our insurance* partners, for example, brokers, reinsurers, actuaries, auditors, solicitors, translators and interpreters, tax advisers, debt-collection agencies, credit-reference agencies, fraud-detection agencies, regulators, data-protection supervisory authorities;
- those paying for the products or services *we* provide to you, including insurers, public-sector commissioners and embassies;
- those providing your *treatment* and other benefits;
- national registries such as the Cancer Registry;
- national screening databases, such as the NHS Cervical Screening recall system;
- government authorities and agencies, including the Health Protection Agency (for infectious diseases such as TB and meningitis); and
- organisations that carry out patient surveys on *our* behalf (for example, NPS).

If *we* share your personal information, *we* will make sure appropriate protection is in place to protect your personal information in line with data-protection laws.

10. Anonymised and combined information

We support ethically approved clinical research. *We* may use anonymised information (with all names and other identifying information removed) or information that is combined with other people's information, or reveal it to others, for research or statistical purposes. You cannot be identified from this information and *we* will only share the information in line with legal agreements which set out an agreed, limited purpose and prevent the information being used for commercial gain.

11. Transferring information outside the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, *we* transfer your personal information to countries outside the EEA (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy notice. Not all countries outside the EEA have data-protection laws that are similar to those in the EEA and if so, the European Commission may not consider those countries as providing an adequate level of data protection.

We take steps to make sure that, when *we* transfer your personal information to another country, appropriate protection is in place, in line with data-protection laws. Often, this protection is set out under a contract with the organisation who receives that information. For more information about this protection, please contact *us* at ihi@ihi.com.

12. How long we keep your personal information

We keep your personal information in line with set periods calculated using the following criteria.

- How long you have been a customer with *us*, the types of products or services you have with *us*, and when you will stop being *our* customer.
- How long it is reasonable to keep records to show *we* have met the obligations *we* have to you and by law.
- Any time limits for making a claim.

- Any periods for keeping information which are set by law or recommended by regulators, professional bodies or associations.
- Any relevant proceedings that apply.

If you would like more information about how long *we* will keep your information for, please contact *us* at ihi@ihi.com.

13. Your rights

Summary: You have the right to access your information and to ask *us* to correct any mistakes and delete and restrict the use of your information. You also have the right to object to *us* using your information, to ask *us* to transfer of information you have provided, to withdraw permission you have given *us* to use your information and to ask *us* not to use automated decision-making which will affect you.

More information: You have the following rights (certain exceptions apply).

- **Right of access:** You have the right to make a written request for details of your personal information and a copy of that personal information.
- **Right to rectification:** You have the right to have inaccurate information about you corrected or removed.
- **Right to erasure ('right to be forgotten'):** You have the right to have certain personal information about you deleted from *our* records.
- **Right to restriction of processing:** You have the right to ask *us* to use your personal information for restricted purposes only.
- **Right to object:** You have the right to object to *us* processing (including profiling) your personal information in cases where *our* processing is based on a task carried out in the public interest or where *we* have let you know it is necessary to process your information for *our* or a third party's legitimate interests. You can object to *us* using your information for direct marketing and profiling purposes in relation to direct marketing.
- **Right to data portability:** You have the right to ask *us* to transfer the personal information you have given *us* to you or to someone else in a format that can be read by computer.
- **Right to withdraw consent:** You have the right to withdraw any permission you have given *us* to handle your personal information. If you withdraw your permission, this will not affect the lawfulness of how *we* used your personal information before you withdrew permission, and *we* will let you know if *we* will no longer be able to provide you with your chosen product or service.
- **Right in relation to automated decisions:** You have the right not to have a decision which produces legal effects which concern you or which have a significant effect on you based only on automated processing, unless this is necessary for entering into a contract with you, it is authorised by law or you have given your permission for this. *We* will let you know if *we* make automated decisions, *our* legal reasons for doing this and the rights you have.

Please note: Other than your right to object to *us* using your information for direct marketing (and profiling for the purposes of direct marketing), your rights are not absolute. This means they do not always apply in all cases, and *we* will let you know in *our* correspondence with you how *we* will be able to meet your request relating to your rights.

If you make a request, *we* will ask you to confirm your identity if *we* need to, and to provide information that helps *us* to understand your request better. If *we* do not meet your request, *we* will explain why.

In order to exercise your rights, please contact *us* at ihi@ihi.com.

14. Data protection contacts

If you have any questions, comments, complaints or suggestions in relation to this notice, or any other concerns about the way in which *we* process information about you, please contact *our* service team on +45 70 23 00 42. Alternatively you can email or write to *our* Data Protection Officer or Privacy Team at ihi@ihi.com or *Bupa Global*, Palægade 8, DK-1261 Copenhagen K, Denmark.

You also have a right to make a complaint to your local privacy supervisory authority. *Our* main establishment is in the UK, where the local supervisory authority is the Information Commissioner.

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire, United Kingdom
SK9 5AF

Phone: 0303 123 1113 (local rate) or 01625 545 745 (national rate)

You can also make a complaint with another supervisory authority which is based in the country or territory where:

- you live;
- you work; or
- the matter you are complaining about took place.

Glossary

This Glossary with definitions is part of the *Policy Conditions*.

Defined term	Description
Acceptable current clinical evidence:	International medical and scientific evidence which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people and clinical trials which are not registered.
Active treatment for cancer	*Active treatment for cancer* is chemotherapy, radiotherapy and immunotherapy.
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.
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.
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.
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, 1 Angel Court, London EC2R 7HJ, UK

Defined term	Description
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*.
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.
Epidemic:	An outbreak of a contagious and infective disease that spreads quickly, affecting more persons than expected in a given time period, in a locality where the disease is not permanently prevalent or its normal prevalence have been exceeded.
Family members:	Persons of a family relationship (related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
Hospital 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 elegible in-patient *treatment* without charge or at a minor admission/service fee at a public hospital. To claim this benefit, the customer needs to ask the hospital to sign and stamp a letter stating that the *insured* was treated with no charge or at a minor admission/service fee.

Defined term	Description
Hospitalisation:	*Surgery* or medical *treatment* in a hospital or clinic as an in-patient when it is medically necessary to occupy a bed overnight.
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*.
Outpatient:	*Treatment* provided at a hospital, *outpatient* clinic or associated facility where it is not medically necessary to occupy a bed overnight.
Pandemic:	An *epidemic* occurring over a widespread area (multiple countries or continents) and usually affecting a substantial proportion of the population.
Persistent vegetative state	*Persistent vegetative state*: • state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and • the person does not respond to stimuli such as calling their name, or touching. 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.
Policy anniversary:	Each anniversary of the date the *policyholder* joined the *insurance*.
Policy Conditions:	The terms and conditions of the *insurance* purchased.
Policy schedule:	Policy details showing the type of *insurance* purchased, *deductible* and any *special terms*.
Policyholder:	The person identified as the *policyholder* on the *Application* Form.
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*

Defined term	Description
Reasonable and Customary	The 'usual', or 'accepted standard' amount payable for a specific healthcare *treatment*, procedure or service in a particular geographical region, and provided by *treatment* providers of comparable quality and experience. These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by *our* experience of usual, and most common, charges in that region.
Reimbursement rates:	The maximum amount of money which will be paid by way of reimbursement of medical expenses as further detailed in the List of Reimbursements.
Renewal:	The automatic *renewal* of the *insurance* as per the policy anniversary.
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, limitaitons or condtions.
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.

Defined term	Description
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 *family members* or anyone with the same residence as the *insured*, including the *insured* him-/herself.
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.

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Calls are recorded for training and quality purposes and may be shared when legally required to.

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