

BUPA provides
first-class
health care cover
for **residents of**
Malta at home and
abroad

BUPA  is brought to you by
Malta



GlobalCapital Health Insurance Agency Ltd.
120, The Strand, Gzira GZR 03, Malta
Tel: 21 342 342 Fax: 21 333 100
GlobalCapital Health Insurance Agency Ltd is authorised to act as
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BUPA  is brought to you by
Malta



International Scheme
Membership Guide
from 1 December 2006

What to do if treatment is needed...

Call BUPA Malta First **21 342 342**

1 If your GP refers you to a consultant or a therapist



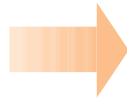
- Ask your GP to complete a BUPA claim form.
- If in doubt about the eligibility of your proposed treatment:

Call BUPA Malta First on 21 342 342

We will confirm whether:

- your consultant or therapist is recognised by BUPA Malta
- your proposed treatment is covered

We can also send you a claim form.



2 If your consultant recommends day-case or in-patient treatment

Call BUPA Malta First on 21 342 342

We will:

- confirm whether your treatment will be covered and the benefits available to you.
- help you choose an appropriate hospital.



3 When you go to the hospital

- Advise the hospital of your BUPA Malta membership number.



4 When you leave the hospital

- Settle any personal expenses such as newspapers, phone calls or guest meals.
- We will settle the eligible medical and hospital bills covered under your membership.



Please also see Section 4 (pages 38 & 39) - Claiming

Calling BUPA Malta First Please help us to help you

In order to confirm your cover we need to ask you some questions. Please have the information at hand when you call us. We will ask for your BUPA Malta registration number - this is shown on your membership card and certificate. We will also ask you for the following:

- What condition are you suffering from?
- When did your symptoms begin?
- When did you first see your GP about them?
- What treatment has been recommended?
- What is the name of your consultant or therapist?
- Where will the treatment take place?



If you need to contact us 4

Introduction 7

What is covered 10

What is not covered 30

Claiming 38

Subscriptions and important events - personal membership 40

Subscriptions and important events - group membership 44

General information 46

Glossary 48

Contents

If you need to contact us

Tel: 21 342 342
Fax: 21 333 100
Email: bupa@globalcapital.com.mt

Postal address:
GlobalCapital Health Insurance Agency Ltd
120 The Strand
GZIRA GZRO3

Call BUPA Malta First on 21 342 342

To help you make the most of your membership you should always call BUPA Malta before arranging any *treatment*.

We will be able to confirm:

- whether or not your proposed *treatment* is covered under your membership
- whether or not your *consultant* or *therapist* is recognised by BUPA Malta
- the benefits available to you
- whether or not your chosen hospital is a participating hospital.

We will also be able to send you a claim form.

On the inside front cover of this guide we have included a quick reference page for what to do if *treatment* is needed or if you need to make a claim. So, for peace of mind, call BUPA Malta first as soon as your GP or *consultant* recommends *treatment*.

Pre-authorise your treatment by calling BUPA Malta First on 21 342 342

To help you make the most of your membership you must pre-authorise all in-patient treatment locally or overseas, except for accidents and emergencies, by calling BUPA Malta before arranging any treatment.

If you fail to pre-authorise your treatment with BUPA Malta, we will not be able to meet your claim.

TABLE OF BENEFITS

We pay for any necessary treatment, services and facilities listed in the *table of benefits* and explained in the accompanying notes but only if the charges are *customary and reasonable* (according to the BUPA Malta Schedule of professional fees) or, where appropriate, up to the BUPA Malta *table of benefits limits*.

By *customary and reasonable* we mean that what you are charged for and how much you are charged is not more than what the majority of our other members are charged for similar treatment, services or facilities (according to the BUPA Schedule of Professional Fees) in the country in which you receive them.

OBTAINING TREATMENT

Wherever possible, treatment should be received in a BUPA Participating Hospital or from a BUPA Malta network provider. Please call BUPA Malta First on 21 342 342 for details or information on how to access the BUPA International List of Participating Hospitals.

If you choose to receive your treatment from a non-participating or non-network provider, and this has been pre-authorised by BUPA Malta, benefits will be paid at a lower level (80% of eligible costs).

IMPORTANT: a hospital or provider, whether or not they are a participating or network provider, may not be suitable for the treatment of all conditions. For example, we will not authorise treatment in a particular hospital in the following, or other similar circumstances:

- treatment of a cardiac condition in a hospital that does not have suitable ICU/ITU facilities
- treatment in a hospital when BUPA has in place special arrangements for the treatment of that condition at a nearby centre of excellence or other participating or network provider
- if a specific course of treatment is not covered by BUPA contract with the hospital/provider and that treatment is available elsewhere.

What is not covered

Benefit will not be paid for treatment in the UK or overseas when it appears, in the sole opinion of BUPA, cover was purchased for these areas for the purpose of receiving treatment for a condition/symptoms which was/were known to you prior to purchasing or upgrading your cover.

If you have already received treatment for a disease, illness or injury in Malta prior to increasing your cover, benefit will not be paid for treatment of that disease, illness or injury in the UK or overseas unless we agree in writing to do so beforehand. We will, however, continue to pay for eligible costs for such treatment received in Malta.

DISCOUNTS

Any premium discounts are entirely discretionary and may be revised or removed by BUPA at renewal.

Members will not be removed from a group unless notice in advance has been provided by the Company.

UPGRADING YOUR COVER

Members can only upgrade at renewal.

Please ensure you pre-authorise your treatment by calling BUPA Malta First on 21 342 342.

Welcome to the BUPA Malta International Scheme.

This Membership Guide sets out and explains the terms and conditions of your membership, including how your membership works, what is and is not covered and how to make a claim.

At BUPA Malta our aim is to provide you with fast, easy access to information, advice and support when you need **treatment**.

You should always call BUPA Malta First on 21 342 342 before you arrange any treatment.

Our customer service or claims staff will be able to confirm whether your proposed **treatment** is covered and the benefits available to you.

Bold and italic: Words in **bold and italic** are defined terms relating to your membership. Always check the meaning of a defined term in the glossary.

Personal membership and group membership

Two types of membership are covered in this Membership Guide. It is important that you understand the type of membership you have.

- **Personal membership** is where **you**, the **principal member**, have joined the **scheme** yourself under an **agreement** between **you** and BUPA Malta, and under which **you** have arranged cover for **you** and **your dependants** (if any).
- **Group membership** is where **your** membership of the **scheme** is governed by an **agreement** between **your sponsor** (usually **your** employer) and BUPA Malta and under which **your sponsor** has arranged cover for **you** and **your dependants** (if any).

The sections in this Membership Guide have clear headings to show whether they apply to **personal membership**, **group membership** or to both. It is important you read those sections that apply to your type of membership. **Your** membership certificate will show which type of membership you have. If you are unsure call us on 21 342 342.

PERSONAL MEMBERSHIP

1.1 About this Membership Guide

This section 1.1 applies to *personal membership*. If you are covered under *group membership* this section does not apply.

- This Membership Guide applies from the date shown on the front cover. For anyone joining the *scheme*, this Membership Guide applies from the date they join. For anyone renewing their membership it applies from the first *renewal date* on or after the date shown on the front cover.
- To be covered under the *scheme* you need to be habitually resident and actually living in *Malta* for more than six months per year of cover. Please see section 5 of this Membership Guide.
- The following documents make up the *agreement* between the *principal member* and BUPA Malta and should be read together:
 - this Membership Guide
 - your application form
 - *your* membership certificate.

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

For full details of who is providing your cover please refer to *your* membership certificate.

- The *scheme* offers two cover options: *Malta/UK* and *Malta/Overseas* (excluding USA and Canada). *Your* membership certificate shows which cover option *you* have bought.

The *scheme* also offers three levels of cover: PersonalCare, Standard and Gold. *Your* membership certificate shows which level of cover *you* have bought. You need to read the *table of benefits* and notes that apply to your level of cover.

If you are unsure which cover option or level of cover you have call us on 21 342 342.

GROUP MEMBERSHIP

1.2 About this Membership Guide

This section 1.2 applies to *group membership*. If you are covered under *personal membership* this section does not apply.

- The terms and conditions of your membership of the *scheme* are governed by an *agreement* between your *sponsor* and BUPA Malta. There is no legal contract between you and BUPA Malta covering your membership of the *scheme*. To be covered under the *scheme* your cover must be confirmed by the *sponsor* and you must be habitually resident and actually living in Malta for more than six months per year of cover. Please see Section 6 of this Membership Guide.
- You need to read this Membership Guide along with:
 - your application form
 - *your* membership certificate.

Together, they set out the details of your cover, subject to any variations agreed between BUPA Malta and your *sponsor*. Your *sponsor* is responsible for informing you of any variations to the terms and conditions of your membership that have been agreed between your *sponsor* and BUPA Malta.

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

- The *scheme* offers two cover options: *Malta/UK* and *Malta/Overseas* (excluding USA and Canada). *Your* membership certificate shows which cover option applies to you as agreed between your *sponsor* and BUPA Malta.

The *scheme* also offers three levels of cover: PersonalCare, Standard and Gold. *Your* membership certificate shows which level of cover applies to you as agreed between your *sponsor* and BUPA Malta. You need to read the *table of benefits* and notes that apply to your level of cover.

If you are unsure which cover option or level of cover you have call us on 21 342 342.

PERSONAL MEMBERSHIP AND GROUP MEMBERSHIP

This section 2 applies to *personal membership* and *group membership*

Please ensure you pre-authorise your treatment by calling BUPA Malta First on 21 342 342.

We will be able to confirm, for example, whether or not your proposed *treatment* is covered under your membership, and the benefits available to you. We will also be able to send you a claim form.

The hospitals you are covered for

There are three cover options under the BUPA Malta International scheme:

- **Malta/BUPA Hospital UK cover - PersonalCare**
- **Malta/Overseas cover** (excluding USA and Canada) - **Standard**
- **Malta/Overseas cover** (excluding USA and Canada with prescribed drugs and emergency dental treatment) - **Gold**

The hospitals you are covered for depend on the cover option that applies to your cover under the *scheme*.

- If you have **Malta/UK cover**
 - for *treatment* you receive in a **participating hospital** in **Malta**
 - for *treatment* you receive in a **BUPA hospital** in the **UK**
- If you have **Malta/Overseas cover**
 - for *treatment* you receive in **Malta**
 - for *treatment* you receive outside **Malta** (excluding USA and Canada) in an **international hospital**

You should always check with us before arranging any *treatment* that the hospital of your choice is:

- recognised by us as a **participating hospital**, and
- is covered by your BUPA Malta International scheme cover option for the country in which your *treatment* is to take place.

Your membership certificate will show which cover option you have. If you are unsure please call us on 21 342 342.

The type of treatment covered

ACUTE AND CHRONIC CONDITIONS
The *scheme* covers you for the costs of specialist *treatment* of **acute conditions**. This is *treatment* of diseases, illnesses or injuries that arise suddenly and unexpectedly and that respond quickly to medical or surgical care and is likely to lead to a full recovery or to restore you to your previous state of health without prolonged *treatment*.

The type of treatment not covered

Your cover does not include *treatment* for non-acute and **chronic conditions**. These are long-standing diseases, illnesses or injuries such as diabetes or allergies. A more detailed description of what we mean by **chronic conditions** is given in the 'What is not covered' section (page 30).

CONSULTANT TREATMENT

Unless specifically stated otherwise, we only pay benefits for *treatment* provided by a **consultant**.

Table of benefits

Here are the **tables of benefits** for the BUPA Malta International Scheme. The *scheme* offers three levels of cover: PersonalCare,

Standard and Gold. You need to read the **table of benefits** that applies to your level of cover. Your membership certificate will show which level of cover you have. If you are unsure call us on 21 342 342.

The **table of benefits** shows your cover for the costs of *treatment* and cash benefits subject to the rules of the scheme, including the exclusions and benefit limits. The benefits are explained in more detail in the notes. It is, therefore, important that you read your **table of benefits** along with the notes.

We pay for any necessary *treatment*, services and facilities listed in the **table of benefits** and explained in the accompanying notes but only if the charges are **customary and reasonable** according to the BUPA Schedule of Professional Fees. By **customary and reasonable** we mean that what you are charged for and how much you are charged is not more than what the majority of our other members are charged for

similar *treatment*, services or facilities according to the BUPA Schedule of Professional Fees in the country in which you receive them.

OVERALL ANNUAL MAXIMUM LIMIT
The overall total amount we will pay under the BUPA Malta International Schemes for all *treatment*, services and facilities are Lm 250,000 for PersonalCare and LM 350,000 for Standard and Gold each person each **membership year**. These amounts are the maximum we will pay for benefits in total for each person each **membership year** and for each level of cover. This limit does not apply to each benefit separately.

In addition to the overall benefit limit, individual benefit limits apply to certain benefits. These separate benefit limits are shown in the **table of benefits** and apply to each person covered under **your** membership.

Overall maximum each person each membership year	Lm 250,000	Lm 350,000	Lm 350,000
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*According to the BUPA Schedule of Professional Fees

OUT-PATIENT TREATMENT (see note 1)		PersonalCare	Standard	Gold
Consultants' fees for pathology, radiology, diagnostic tests and treatment by therapists	note 1a	up to Lm 375 each membership year	up to Lm 375 each membership year	up to Lm 375 each membership year
MRI and CT Scans	note 1b	refund of all customary and reasonable fees*		
Cancer treatment				
Consultant oncologist fees and hospital charges for tests and drugs for all of the active phase of the cancer	note 1c	refund of all customary and reasonable fees*		
Mini-Minor procedures performed by a general practitioner under local anaesthetic	note 1d	Procedure fee up to Lm 20 per episode Surgery fee up to Lm 20 per episode		

continued



*According to the BUPA Schedule of Professional Fees

DAY-CASE AND IN-PATIENT TREATMENT (see note 2)				
		PersonalCare	Standard	Gold
Consultants' fees				
Surgeons' fees	note 2a	refund of all customary and reasonable fees*		
Anaesthetists' fees		refund of all customary and reasonable fees*		
Physicians' fees		refund of all customary and reasonable fees*		
Hospital charges				
Hospital accommodation and nursing services	note 2b	refund of all customary and reasonable fees*		
Parent accommodation - staying with a child under 13	note 2c	refund of all customary and reasonable fees*		
Theatre charges, drugs and surgical dressings	note 2d	refund of all customary and reasonable fees*		
Pathology, radiology, diagnostic tests and physiotherapy	note 2e	refund of all customary and reasonable fees*		
Prostheses and appliances	note 2f	refund of all customary and reasonable fees*		
MRI and CT Scans	note 2g	refund of all customary and reasonable fees*		
Cancer treatment				
Consultant oncologists' fees for treatment and hospital charges for cancer tests and drugs for all of the active phase of the cancer	note 2h	refund of all customary and reasonable fees*		

continued

*According to the BUPA Schedule of Professional Fees

OTHER BENEFITS (see note 3)				
		PersonalCare	Standard	Gold
General practitioner treatment	note 3a	up to Lm 25 each membership year	up to Lm 25 each membership year	up to Lm 125 each membership year
Prescribed drugs and dressings	note 3b	not covered	not covered	
Emergency dental treatment for the immediate relief of pain	note 3c	not covered	not covered	up to Lm 300 each membership year
Emergency local road ambulance journeys related to day-case or in-patient treatment	note 3d	up to Lm 400 each membership year	up to Lm 400 each membership year	up to Lm 400 each membership year
24 hour home nursing following in-patient treatment	note 3e	refund of all customary and reasonable fees*		
Home nursing immediately following in-patient treatment	note 3f	up to Lm 375 each membership year subject to a maximum of 180 days each membership year	up to Lm 375 each membership year subject to a maximum of 180 days each membership year	up to Lm 375 each membership year subject to a maximum of 180 days each membership year
Convalescence home charges for up to 14 days immediately following a major surgical operation	note 3g	up to Lm 40 each day	up to Lm 40 each day	up to Lm 40 each day
Routine Maternity Cash benefit (after 12 months membership)	note 3h	Lm 100 each pregnancy	Lm 100 each pregnancy	Lm 100 each pregnancy
Cash benefit	note 3i	Lm 25 each night for up to 35 nights each membership year	Lm 25 each night for up to 35 nights each membership year	Lm 25 each night for up to 35 nights each membership year



OPTIONAL EXTRA BENEFITS
(see notes 4 to 6)

The following benefits only apply to your cover if they have been purchased as part of your BUPA Malta International Scheme. A separate membership certificate will show if you have cover for any of these Optional Extra Benefits.

EMERGENCY OVERSEAS EVACUATION COVER
(see note 4)

Emergency overseas evacuation is carried out by International SOS Assistance. If you are suffering from a serious accident or illness and appropriate in-patient treatment is not available locally, you will be evacuated on the recommendations of BUPA's local medical representatives in consultation with the attending doctor by whatever method of transport is considered necessary to ensure that you receive the required treatment.

Emergency Treatment is defined as standard medical/surgical treatment which is indicated **urgently** in the particular circumstances of the case. Not available to membership under PersonalCare.

Personal membership: This benefit only applies to your cover if **you** have purchased it as part of your selected BUPA Malta International Scheme (Standard and Gold). **Your** membership certificate will show if **you** have purchased this additional cover.

Group membership: This benefit only applies to your cover if your **sponsor** has purchased it as part of your BUPA International Scheme (Standard or Gold). A separate membership certificate will show if you have this additional cover.

The overall annual maximum benefit limit does not apply to Emergency Evacuation Cover.

Emergency Overseas Evacuation Cover	For benefit entitlement see note 4
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OPTIONAL EXTRA BENEFITS
(see note 5)

Prosthetic and medical appliances	note 5a	up to Lm 100 each membership year
Speech therapy	note 5b	up to Lm 100 each membership year
Complementary medical treatment	note 5c	up to Lm 100 each membership year
Routine cervical cancer screening	note 5d	up to Lm 15 each membership year
Routine mammography	note 5e	up to Lm 30 each membership year
Annual dental check-up	note 5f	up to Lm 10 each membership year
Prostate Specific Antigen	note 5g	up to Lm 15 each membership year

ROUTINE MATERNITY COVER (Group members only)
(see note 6)

Hospital charges for normal childbirth	note 6	up to the amount agreed between BUPA Malta and your sponsor
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These notes apply to **personal membership** and **group membership**. Please read them carefully along with the **table of benefits** as they set out the details of your cover. They apply to each person covered under **your** membership.

Please note that your entitlement to a full refund of all customary and reasonable fees according to the BUPA Schedule of Professional Fees, where applicable, will depend on you using certain providers and facilities as explained in the notes.

NOTE 1: OUT-PATIENT TREATMENT

Out-patient treatment is **treatment** that does not normally require a patient to occupy a **hospital** bed. We pay the **out-patient treatment** charges explained in this note 1 and the following notes 1a to 1d. The **treatment** must be on the initial referral of a **general practitioner** and be provided by a **consultant** or **therapist**.

1a: Consultants' fees for consultations; pathology, radiology, and diagnostic tests; treatment by therapists

We pay for **out-patient treatment** as set out in this Note 1a up to a total amount of Lm 375 each **membership year**. This is the total amount we will pay for all such **out-patient treatment** and not for each consultation, **treatment** or service charged separately.

■ Consultants' fees for consultations

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

■ Pathology, radiology and diagnostic tests

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

■ Treatment by therapists

We pay for **out-patient treatment** by **therapists** (such as physiotherapy).

If your **consultant** refers you to a medical or health practitioner who is not a **therapist** we may pay the cost of **treatment** as if the practitioner were a **therapist** if all of the following apply:

- your **consultant** refers you to the practitioner, for example an osteopath, chiropractor, acupuncturist, homoeopath, before the **treatment** takes place and remains in overall charge of your care,

- the **treatment** is an essential part of an overall course of **treatment** provided by that **consultant**
- the **treatment** and condition is covered by your membership.

1b: MRI and CT Scans

A full refund of all **customary** and **reasonable** fees (according to the BUPA Schedule of Professional Fees) is given for MRI and CT Scans carried out as **out-patient treatment** in a **hospital**.

1c: Cancer treatment

A full refund of all **customary** and **reasonable** fees (according to the BUPA Schedule of Professional Fees) is given for **consultant** oncologists' fees and **hospital** charges for tests and drugs that are specifically related to planning and carrying out **out-patient treatment** for cancer in a **hospital**.

1d: Mini Minor procedures

For the following surgical procedures, to be performed under local anaesthetic by a Family Doctor, we will pay the **customary** and **reasonable** charges to a maximum of Lm 20 per episode for the procedure fee and another Lm 20 per episode as the surgery fee concerned. The overall maximum limit for each one of these procedures is therefore Lm 40.

If a specimen needs to be sent for Histopathology, we accept a reasonable extra charge for this additional service.

Please call BUPA First to pre-authorise your treatment and ensure that it falls within your cover.

Exception: if the procedure is urgently required you should undergo the procedure and then claim subsequently through the normal channels.

The procedures in this category are as follows :

- excision / curettage / cryotherapy of skin lesions
- wedge excisions or nail avulsions
- suturing of lacerated wounds
- incision and drainage of abscesses
- aspirations of subcutaneous haematomas
- infiltrations into joints or soft tissue (including local anaesthetic and steroids)
- diagnostic aspirations of joints

NOTE 2: DAY-CASE AND IN-PATIENT TREATMENT

Day-case treatment is **treatment** which for medical reasons normally means you have to stay in a bed in **hospital** during the day, but not overnight. **In-patient treatment** is **treatment** which for medical reasons normally means you have to stay overnight or longer in **hospital**. We pay **day-case** and **in-patient treatment** charges as explained in this note 2 and the following notes 2a to 2h.

Using a hospital

When your **day-case** and **in-patient treatment** is provided by a **consultant** and carried out in a **hospital** you have full cover

for eligible **consultants** fees and **hospital** charges covered under your membership.

- If you have **Malta/UK** cover a **hospital** means:
 - for **treatment** you receive in **Malta**
 - for **treatment** you receive in a **BUPA hospital** in the UK
- If you have **Malta/Overseas** cover a **hospital** means:
 - for **treatment** you receive in **Malta**
 - for **treatment** you receive outside Malta (excluding USA and Canada) - an **international hospital**

You should always check with us before arranging any **treatment** that the hospital of your choice is:

- recognised by us as a **hospital**, and
- is covered by your BUPA Malta International scheme cover option for the country in which your **treatment** is to take place.

Hospital charges

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

- Hospital accommodation and nursing care (see note 2b)
- Parent accommodation, staying with a child under 13 (see note 2c)
- Theatre charges, drugs and surgical dressings (see note 2d)

- Pathology, radiology, diagnostic tests and physiotherapy (see note 2e)
- Prostheses and appliances (see note 2f)
- MRI and CT Scans (see note 2g)

The **day-case** or **in-patient treatment** must be provided by a **consultant** and received in a **hospital** and:

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

If you need to stay in **hospital** we may request you to send us a medical report. The **consultant** must tell us in the report:

- the exact diagnosis;
- what **treatment** you have received so far;
- what **treatment** you are going to have in future; and
- the date you are expected to leave **hospital**.

Please ensure you pre-authorise your treatment.

2a: Consultants' fees

We pay **consultants'** fees according to note 2 and this note 2a for **day-case** and **in-patient treatment** you receive in a **hospital**.

Surgeons' and anaesthetists' fees

We pay all **customary** and **reasonable** fees **consultant** surgeons' and anaesthetists' fees for **day-case** or **in-patient treatment** according to the BUPA Schedule of Professional Fees, carried out in a **hospital**.

Physicians' fees

We pay **consultant** physicians' fees for **day-case** or **in-patient treatment** carried out in a **hospital** if the **treatment**:

- does not include a **surgical operation**, and/or
- is not for or is not related to cancer **treatment**

If your **day-case** or **in-patient treatment** does include a **surgical operation** or cancer **treatment** we will only pay if the attendance of a physician is medically necessary because of the **surgical operation** and/or the cancer **treatment** for example:

- in the rare event of a heart attack following a **surgical operation** or
- if, as a result of your cancer **treatment** you develop an infection that requires **in-patient treatment**

Where applicable, a full refund of all **customary** and **reasonable** fees (according to the BUPA Schedule of Professional Fees), is given for **day-case** or **in-patient treatment** carried out in a **hospital**.

2b: Hospital accommodation and nursing services

A full refund of all **customary** and **reasonable** fees (according to the BUPA Schedule of Professional Fees), is given for **hospital** accommodation and nursing services required as part of your **day-case** or **in-patient treatment** in the **hospital**.

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

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

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

We pay for nursing services provided as part of your **day-case** or **in-patient treatment**. We do not pay for additional nursing services. By this we mean services which a **hospital** would usually provide as part of normal patient care without making

an additional charge. We may at our sole discretion pay for additional nursing services but you will need our prior written agreement and we need full clinical details from your **consultant** or **hospital** before we can give our decision.

2c: Parent accommodation (staying with a child under 13)

We pay of all **customary** and **reasonable** fees **hospital** charges in full (according to the BUPA Schedule of Professional Fees), for the cost of **hospital** accommodation for each night you need to stay with your child in the **hospital**. This is limited to only one parent each night and your child must be:

- aged under 13;
- included in a family membership; and
- receiving **in-patient treatment** for which the child is covered under their membership.

2d: Theatre fees, drugs and surgical dressings

A full refund of all **customary** and **reasonable** fees (according to the BUPA Schedule of Professional Fees), is given for theatre fees and drugs and surgical dressings required as part of your **day-case** or **in-patient treatment**.

We only pay the **hospital** charges for using an operating theatre at the **hospital** for **day-case** or **in-patient treatment** covered under your membership.

We pay for drugs and surgical dressings you need as part of your **day-case** or **in-patient treatment**. We do not pay for any drugs or surgical dressings that are provided or prescribed for **out-patient treatment** or for you to take home with you when you leave the **hospital**.

Please note: For **hospital** charges for drugs related to cancer **treatment** see notes 1c and 2h. They are not payable under this note 2d.

Note 2e: Pathology, radiology, diagnostic tests and physiotherapy

A full refund of all **customary** and **reasonable** fees (according to the BUPA Schedule of Professional Fees), is given for pathology, radiology and diagnostic tests recommended by your **consultant** to help determine or assess your condition when carried out in the **hospital** as part of **day-case** or **in-patient treatment**.

A full refund of all **customary** and **reasonable** fees (according to the BUPA Schedule of Professional Fees), is also given for **treatment** provided by **therapists** (such as physiotherapy) if needed as part of your **day-case** or **in-patient treatment** in the **hospital**.

2f: Prostheses and appliances

A full refund of all **customary** and **reasonable** fees (according to the BUPA Schedule of Professional Fees), is given for a **prosthesis** or **appliance** charged by a **hospital** or your **consultant** if:

- the **prosthesis** or **appliance** is an essential part of your **day-case** or **in-patient treatment**, and
- that **day-case** or **in-patient treatment** is received in the **hospital**.

By a **prosthesis** we mean an artificial body part designed to form a permanent part of your body and which is surgically implanted for one or more of the following reasons:

- to replace a joint or ligament
- to replace one or more heart valves
- to replace the aorta or an arterial blood vessel
- to replace a sphincter muscle
- to replace the lens or cornea of the eye
- to control urinary incontinence (bladder control)
- to act as a heart pacemaker
- to remove excess fluid from the brain
- to reconstruct a breast within two years of surgery for cancer.

By an **appliance** we mean:

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

2g: MRI and CT Scans

A full refund is given for all **customary** and **reasonable** fees (according to the BUPA

Schedule of Professional Fees), for MRI (Magnetic Resonance Imaging) and CT (Computed Tomography) Scans when recommended by your **consultant** to help determine or assess your condition as part of **day-case** or **in-patient treatment** in the **hospital**.

2h Cancer treatment

A full refund of all **customary** and **reasonable** fees (according to the BUPA Schedule of Professional Fees), is given for **consultant** oncologists' fees in full for **day-case** and **in-patient treatment** specifically related to planning and carrying out cancer **treatment** in a **hospital**.

A full refund of all **customary** and **reasonable** fees (according to the BUPA Schedule of Professional Fees), is also given for **day-case** and **in-patient treatment** for cancer including tests and drugs, such as cytotoxic drugs, that are specifically related to planning and carrying out that cancer **treatment**.

Please also see note 2.

NOTE 3: OTHER BENEFITS

Please ensure you pre-authorise your treatment

3a: General Practitioner treatment

For PersonalCare and Standard level only

If you are covered under PersonalCare or Standard level we pay up to a total amount of Lm 25 each **membership year** for

treatment you receive from your *general practitioner*.

3b: Prescribed drugs and dressings

For Gold level only

If you are covered under Gold level we pay up to a total amount of Lm 125 each *membership year* for *treatment* you receive from your *general practitioner*. This includes the cost of drugs and dressings prescribed by your *general practitioner* for your *treatment*.

3c: Emergency dental treatment

For Gold level only

If you are covered under Gold level we pay up to Lm 300 each *membership year* for 'emergency dental treatment' that you receive from a *dental practitioner*.

We only pay for emergency dental treatment that you receive during your first visit to the *dental practitioner* for each dental emergency. We do not pay for any treatment you receive during any follow-up visits related to that dental emergency.

By emergency dental treatment we mean *treatment* which you urgently require to alleviate pain, inability to eat or an acute dental condition which presents an immediate and serious threat to your health.

Note 3d: Emergency private ambulance

We pay up to LM 400 each *membership year* for emergency travel by private

ambulance if you need private *day-case* or *in-patient treatment* and:

- the *treatment* is covered under your membership, and is carried out in a *hospital*
- it is medically necessary for you to travel by road ambulance

We pay for ambulance travel:

- from your home to *hospital*
- between *hospitals* when you are discharged from one hospital and admitted to a *hospital* for *in-patient treatment*
- from *hospital* to your home
- between an airport or sea port and *hospital*

3e: 24 hour home nursing following in-patient treatment

We may pay for 24 hour home nursing following *in-patient treatment* for which you are covered under your membership if the home nursing:

- is directly related to the *in-patient treatment*
- is needed for medical reasons (and not for domestic or social reasons)
- is necessary (that is without it you would have to stay in *hospital*)
- starts immediately after you leave *hospital*
- is provided by a *qualified nurse* in your home; and

- is carried out under the supervision of the *consultant* who provided the *in-patient treatment*.

Please note, however, that you will need our written agreement before the 24 hour home nursing takes place. We need full clinical details from your *consultant* before we can give our decision.

Please note: If this benefit is payable it is payable instead of benefit 3f, and not in addition to that benefit.

3f: Home nursing immediately following in-patient treatment

We may pay for home nursing following *in-patient treatment* for which you are covered under your membership if the home nursing:

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

Please note, that you will need our written agreement before the home nursing takes place. We need full clinical details from

your *consultant* before we can give our decision.

If we agree to pay for home nursing we pay up to Lm 375 each *membership year*, subject to a maximum of 180 days each *membership year*.

Where the home nursing is for less than a week we pay a pro-rata daily amount. This amount will be one-seventh of the weekly amount.

3g: Convalescent home stays

We may pay for nursing home or convalescent home charges for *treatment* you receive following *in-patient treatment* covered under your membership for a Major, Major Plus or Complex Major *surgical operation* determined by reference to the *schedule of procedures*.

The convalescent home *treatment* must start immediately after you leave *hospital* and must be:

- directly related to the *in-patient treatment*
- needed for medical reasons (and not for domestic or social reasons)
- necessary (that is without it you would have to stay in *hospital*)
- carried out under the supervision of the *consultant* who provided the *in-patient treatment*.

Please note, you will need our written agreement before the home nursing or convalescent home *treatment* takes place. We need full clinical details from your *consultant* before we can give our decision.

If we agree to pay for convalescent home **treatment** we will pay up to Lm 40 each day for a maximum of the first 14 days following the **in-patient treatment**.

3h: Maternity Cash Benefit

This note, 3h, applies to **Personal Membership** and **Group Membership** members.

Important note for group membership members:

If you are covered under group membership and your sponsor has purchased Routine Maternity Cover for you under the agreement (as set out in note 6 to the **table of benefits**) this note 3h does not apply to you. If you want to claim for medical expenses you incur for normal pregnancy you must do so under note 6.

If you are unsure which cover your sponsor has purchased for you call us on 21 342 342.

This benefit is only available to female members and only if you have been a member of the scheme for the whole of the 12 months before you incur the medical expenses.

We pay a maternity cash benefit of Lm 100 for each pregnancy for medical expenses you incur which are related to normal pregnancy and childbirth.

The benefit must be claimed within 3 months from the date of childbirth on production of a completed application form and original certificate of birth.

3i: Cash benefit

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

We will pay Lm 25 each night for a maximum of 35 nights each **membership year**.

Notes 4 to 6 OPTIONAL EXTRA BENEFITS

If you are a **personal membership** member:

The benefits set out in the following notes 4 to 6 only apply to your cover if you have purchased that benefit as part of your BUPA Malta International Scheme. Your membership certificate will show whether you have purchased cover for any of these Optional Extra Benefits. If you are unsure please call 21 342 342.

If you are a **group membership** member:

The benefits set out in the following notes 4 to 6 only apply to your cover if your sponsor has purchased that benefit as part of your BUPA Malta International Scheme. Your membership certificate will show whether you have cover for any of these Optional Extra Covers. If you are unsure please call us on 21 342 342.

Note 4: Emergency Overseas Evacuation Cover

Personal membership: This benefit only applies to your cover if you have purchased it as part of your BUPA Malta International Standard or Gold Scheme cover under the **agreement** between **you** and BUPA Malta. A separate membership certificate will show whether **you** have purchased Emergency Evacuation Cover.

Group membership: This benefit only applies to your cover if your **sponsor** has purchased it as part of your BUPA Malta International Standard or Gold Scheme cover under the **agreement** between your **sponsor** and BUPA Malta. A separate membership certificate will show whether **you** have Emergency Evacuation Cover.

If you are unsure whether you have Emergency Overseas Evacuation Cover call us on 21 342 342.

Cover for evacuation in any year is available only to members who have paid the additional subscription applicable to the period in which evacuation takes place. Evacuation cover is subject to the rules of the BUPA Malta International Scheme (as listed in this Members Guide) as well as the following additional rules.

If you have Emergency Overseas Evacuation Cover, a full refund of all **customary** and **reasonable** fees (according to the BUPA Schedule of Professional Fees), is given for your reasonable transport costs for you to be evacuated for **in-patient treatment** if you meet all of the following conditions:

- You were covered by Emergency Evacuation Cover under your membership before you knew you needed the **treatment** for which you want to be evacuated.
- The **treatment** is recommended by your attending **consultant** and, for medical reasons, is not available locally. This must be confirmed in advance by BUPA Malta's appointed representatives. You must provide us with any information or proof that we may reasonably ask you for to support your request, for example, we may ask you for a medical report from your **consultant** or other information about your proposed **treatment**.
- The **treatment** you need is covered under your membership and is not excluded either by the operation of the rules. For example, we will not pay for evacuation for you to receive **treatment** for a congenital condition because this **treatment** is excluded under the scheme or by any special terms attached to the claimant's membership certificate.

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

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

We may also pay for reasonable travel costs for any eligible dependant on the member's registration to accompany you (or for a parent to accompany a child) but only if:

- we have authorised this in advance of the evacuation
- it is medically necessary
- all of the above conditions for your evacuation are met.

We will also pay for the reasonable cost of your return journey after the **treatment** has been carried out and of the return journey of the accompanying member or any eligible dependant who have qualified for evacuation benefits in accordance with all the above conditions and have complied with these rules in all respects to the place where you were evacuated from, if all of the above conditions are met. We will pay either:

- the actual cost you incur for the return journey, or
- the costs of an economy class air ticket by the most direct route available

whichever is the least amount. (After an allowance has been made for refunds due to the claimant in respect of unused travel tickets).

We do not pay for any other costs related to the evacuation such as hotel accommodation.

Costs of any **treatment** you receive are not payable under Evacuation Cover. Full details of your cover for **treatment** are set out in the **table of benefits** and the Notes to the **table of benefits**.

NOTE 5: OPTIONAL EXTRA BENEFITS

The cover set out in this note 5 only applies to you if you have this cover under your BUPA Malta International scheme membership. A separate membership certificate will show if you have these benefits.

5a: Prosthetic and medical appliances

We pay benefits as set out in this note 5a for prosthetic and medical appliances that you need as part of your **treatment** up to a total amount for all such appliances of Lm 100 each **membership year**. This is the overall total amount we will pay up to and not the amount for each appliance. We only pay once for each type, or similar type, of prosthetic or medical appliance you need during your current continuous membership of the scheme.

- We pay 70 per cent of the amount that you are charged for prosthetic appliances which are not surgically implanted such as artificial limbs and eyes, spinal brace, callipers and breast forms when recommended by your **general practitioner**.
- We pay 50 per cent of the amount that you are charged for medical appliances such as crutches, canes, slings, splints, trusses, hearing aids, nebulisers, braces, capping or teeth and temporary rental of a wheelchair, when needed following **treatment** by your **consultant** and on your **consultant's** recommendation.

5b: Speech therapy

We pay up to Lm 100 each **membership year** for short-term speech therapy **treatment** recommended by your **consultant** and provided by a **therapist** if all the following apply:

- the speech therapy is medically necessary as part of **day-case** or **in-patient treatment** for an **acute condition** for which you are covered under your membership.
- the speech therapy takes place during or immediately following your **day-case** or **in-patient treatment**.
- your **consultant** refers you to the **therapist** before the **treatment** takes place and remains in overall charge of your care.

5c: Complementary medicine

We may, at our discretion pay for complementary medicine **treatment** such as acupuncture, chiropractic, homoeopathy, osteopathy, podiatry, chiroprody, dietetics or naturopathy provided by a **complementary medical practitioner**.

The **treatment** must be on the recommendation of your **general practitioner** and we need full clinical details from your **general practitioner** before we can give our decision.



If we agree to pay for complementary medicine, we will pay up to a total amount of Lm 100 each **membership year** for all such complementary medical **treatment**. This is the total amount we will pay and not the amount for each type of **treatment** charged separately.

Note 5d: Cervical cancer screening

We pay up to Lm 15 each **membership year** for routine screening for cervical cancer.

5e: Routine mammography

This cover is only available for female members aged 45 years and over.

We pay up to Lm 30 each **membership year** for routine mammography.

5f: Dental check-up

We pay up to a total amount of Lm 10 each **membership year** for dental check-ups carried out by a **dental practitioner**. By a dental check-up we mean an assessment of your dental health in order to maintain dental fitness.

We do not pay for any dental **treatment** that you may need as a result of your dental check-up.

5g: Prostate Specific Antigen

We pay up to Lm 15 each **membership year** for routine screening for prostate cancer.

NOTE 6: ROUTINE MATERNITY COVER

For **group membership** only.

The cover set out in this note 6 only applies to you if your **sponsor** has purchased this cover for you under the **agreement**. A separate membership certificate will show if you have this cover and the benefit limit that applies to your cover.

This benefit only applies to you if:

- you have Routine Maternity Cover under the **agreement** between BUPA Malta and your **sponsor**; and
- you have been covered by this benefit for at least 12 months before you incur the medical expenses.

Hospital charges

If you have Routine Maternity Cover we pay up to the amount shown on **your** membership certificate each **membership year** for **hospital** charges as set out below. This is overall amount we will pay up to for all such **hospital** charges and not the amount for each charge individually.

We pay **hospital** charges you incur during a two night stay for a normal childbirth delivery, for:

- standard hospital accommodation; nursing; midwifery; child birth educator; drugs for pain relief and delivery; surgical dressings; use of a delivery room or natural birth pool; radiology, pathology and obstetricians' fees for normal childbirth.
- No benefit is payable in the event of voluntary termination of pregnancy or for any consequential treatment relating to termination.

Cash benefit

If your childbirth takes place in a **hospital** free of charge and you do not claim any other benefit related to the childbirth (including the **hospital** charges set out above) that you may be entitled to under your membership of the **scheme** we pay a cash benefit of Lm 100 instead of any other benefits.

PERSONAL MEMBERSHIP AND GROUP MEMBERSHIP

This section 3 applies to *personal membership* and *group membership*.

There are some costs and expenses the *scheme* does not cover. We have grouped the exclusions under headings. These headings do not form part of the exclusion. Any exceptions to the exclusions are clearly shown. Please note there may be more than one exclusion to a particular condition or *treatment*.

ADDICTIVE CONDITIONS/DISORDERS

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

- addictive condition or disorder, or
- misuse of drugs or alcohol, or
- substance or solvent abuse

whether or not it is related to prescription drugs.

AGEING, MENOPAUSE AND PUBERTY

We do not pay for *treatment* to relieve symptoms commonly associated with any bodily change arising from any physiological or natural cause such as ageing, menopause or puberty and which is not due to any underlying disease, illness or injury. Please also read 'HRT and Bone Densitometry' in this section.

ALLERGIES/ALLERGIC DISORDERS

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

BIRTH CONTROL, CONCEPTION, SEXUAL PROBLEMS AND SEX CHANGES

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

Exception: We pay for reasonable investigations into the cause of infertility. However, unless specifically agreed otherwise under the *agreement* we will only pay if:

- neither *you* nor your partner had been aware of any problems before joining, and
- you have both been members of this *scheme* (or any BUPA Malta scheme which included cover for this type of investigation) for a continuous period of two years before receiving the *treatment*.

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

CHRONIC CONDITIONS

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

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

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

COMPLICATIONS FROM EXCLUDED OR RESTRICTED CONDITIONS/TREATMENT

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

diabetes is excluded on your membership certificate, and if, because you have diabetes, you have to spend extra days in hospital after any operation, we would not pay for these extra days.

CONGENITAL CONDITIONS

We do not pay for *treatment* of congenital conditions. By congenital conditions we mean any abnormality, deformity, disease, illness or injury present at birth whether diagnosed or not.

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

CONTAMINATION, WARS AND RIOTS

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

Exception: We pay for *treatment* provided that:

- The company or employee have not recklessly put themselves in danger by entering a known area of conflict where active fighting/insurrections are taking place, or
- they were not an active participant, or
- they have not displayed a blatant disregard for personal safety, and

- there is a legitimate business reason for them to be there.

CONVALESCENCE, REHABILITATION AND GENERAL NURSING CARE

We do not pay for **hospital** accommodation for any of the following purposes:

- convalescence, **rehabilitation**, supervision or any purpose other than for receiving **treatment** covered by your membership of a type which normally requires you to stay in a **hospital**
- general nursing care or any other services which could have been provided in a nursing home or in any other establishment which is not a **hospital**
- receiving services from a **therapist** if:
 - this is the primary purpose for you staying in the **hospital**, or
 - if the services are not being provided during a period of **treatment** which needs to be provided by a **consultant** and for which you are covered under your membership of the **scheme**.

COSMETIC/RECONSTRUCTIVE SURGERY

We do not pay for **treatment** to change your appearance, such as a remodelled nose or facelift whether or not it is needed for medical or psychological reasons.

We do not pay for **treatment** which involves the removal of healthy tissue

(ie tissue which is not diseased), or the removal of surplus or fat tissue, whether or not it is needed for medical or psychological reasons.

This means that, for example, we do not pay for breast enlargement or reduction or any other **treatment** or procedure to change the shape or appearance of your breast(s) whether or not it is needed for medical or psychological reasons, for example for backache or gynaecomastia (which is the enlargement of breasts in men). And it also means that we do not pay for scar revision

Exception: We pay for a **surgical operation** to restore your appearance after an accident, or as a direct result of surgery for cancer, if either of these takes place during your current continuous membership of the scheme. Payment is made if this is part of the original **treatment** for the accident or cancer and you have obtained our written agreement before receiving the **treatment**.

DEAFNESS

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

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

DENTAL/ORAL CONDITIONS (such as fillings, gum disease, jaw shrinkage, etc)

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

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

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

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

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

Exception: If you are a Gold level member we pay for emergency dental treatment to the extent set out in note 3c to the table of benefits.

Exception: If your cover, as set out in a separate membership certificate, includes Optional Extra Benefits, we will pay for dental check-ups to the extent set out in note 5f to the **table of benefits**.

DIALYSIS

We do not pay for **treatment** for, or associated with, haemodialysis (the removal of waste matter from your blood by passing it through a kidney machine or dialyser) or peritoneal dialysis (the removal

of waste matter from your blood by introducing fluid into your abdomen which acts as a filter).

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

DRUGS AND DRESSINGS FOR OUT-PATIENT OR TAKE HOME USE

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

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

Exception: If you are a Gold level member:

We pay for prescribed drugs and dressings to the extent set out in note 3b to the **table of benefits**.

EXPERIMENTAL DRUGS AND TREATMENT

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

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

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

We need full clinical details from your *consultant* before we can make our decision.

EYESIGHT

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

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

HEALTH HYDROS AND SIMILAR ESTABLISHMENTS

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

HIV/AIDS

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

Exception: We pay for *treatment* if the person with AIDS or HIV:

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

HRT AND BONE DENSITOMETRY

We do not pay for Hormone Replacement Therapy (HRT) or Bone Densitometry.

Exception: We may pay for Bone Densitometry scan recommended by your *consultant* to assess your condition as part of your *treatment*. We need full clinical details from your consultant before we can give our decision. If we agree to pay we will only pay for the initial scan plus one follow-up scan if this is carried out:

- within three years of you first starting the *treatment*, and
- during your current continuous period of membership of the scheme

LEARNING DIFFICULTIES, BEHAVIOURAL AND DEVELOPMENTAL PROBLEMS

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

PHYSICAL AIDS AND DEVICES

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

Exception: We pay for eligible *prostheses* or *appliances*. An Eligible Prosthesis relates to the fitting of any integral part or device without which the surgical procedure could not necessarily be successfully performed.

Exception: If your cover, as detailed on a separate membership certificate, includes Optional Extra Benefits, we will pay for prosthetic and medical appliances you need as part of your *treatment* to the extent set out in note 5a to the *table of benefits*.

PRE-EXISTING CONDITIONS

We do not pay for *treatment* for a *pre-existing condition*, or a disease, illness or injury that results from or is related to a *pre-existing condition*.

Exception: We will pay for the cost of *treatment* of a *pre-existing condition* or a disease, illness or injury which results from or is related to a *pre-existing condition*, if all the following requirements have been met:

- you gave us all the information we asked you for, before we sent *you* the first membership certificate for *your* current continuous period of membership which lists the person with the *pre-existing condition*
- neither *you* nor the person with the *pre-existing condition* knew about it

before the effective from date on that membership certificate.

- we did not exclude cover for the costs of *treatment* when we sent *you* the membership certificate.

We are willing, at your *renewal date*, to review a special condition applied to your membership. We will do this if in our opinion no *treatment* is likely to be needed in the future directly or indirectly relating to the disease, illness or injury covered by the special condition or for a related disease, illness or injury.

If you would like us to consider such a review please contact us before *your renewal date*. Please note we need full, current clinical details from your *general practitioner* and/or *consultant* before we can give our decision.

PREGNANCY AND CHILDBIRTH

We do not pay for *treatment* for, or any condition arising from, pregnancy and childbirth:

Exception: We will pay for *treatment* of the following conditions if the mother has been a member of this scheme for at least 12 months:

- miscarriage or when the foetus has died and remains with the placenta in the womb
- still birth
- abnormal cell growth in the womb (hydatidiform mole)
- foetus growing outside the womb (ectopic pregnancy)

- heavy bleeding in the hours and days immediately after childbirth (post-partum haemorrhage)
- afterbirth left in the womb after delivery of the baby (retained placental membrane)
- complications from any of the above conditions

Exception: We pay *treatment costs* for delivering a baby by caesarean section if it is medically necessary. We will only pay if the mother has been a member of this *scheme* for at least 12 months before the delivery.

Exception: We pay a maternity cash benefit for medical expenses related to normal pregnancy to the extent set out in note 3h to the *table of benefits*.

Exception: If you are a group membership member:

If your cover as set out on a separate membership certificate includes Routine Maternity cover, we pay for medical expenses related to normal maternity to the extent set out in note 6 to the *table of benefits*.

PREVENTIVE TREATMENT

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

Exception: If your cover, as detailed on a separate membership certificate includes

Optional Extra Benefits as set out in note 5 to the *table of benefits*, we pay for health screening and dental check-up to the extent set out in note 5d, note 5e, note 5f and note 5g to the *table of benefits*.

PSYCHIATRIC TREATMENT

We do not pay for *psychiatric treatment*.

Exception: Out-patient psychiatric treatment: We will pay for *psychiatric treatment* carried out as *out-patient treatment* after you have been a member of the *scheme* for the whole of the two years leading up to the *treatment*.

Day-case and in-patient psychiatric treatment: We may pay under the *scheme* for *psychiatric treatment* carried out as *day-case* or *in-patient treatment* after you have been a member of the *scheme* for the whole of the two years leading up to the *treatment*.

However, you must get our written agreement before the *treatment* takes place and we need full clinical details from your *consultant* before we can give our decision. If we agree we will only pay for up to a collective total of 30 days day-case and in-patient *psychiatric treatment* during your membership of this *scheme* or any BUPA Malta scheme whether your membership is continuous or not. This is the total number of days we will pay up to for day-case and in-patient *psychiatric treatment* collectively and not individually.

SELF-INFLICTED INJURIES

We do not pay for *treatment* for or arising from intentionally inflicted injury (for example, a suicide attempt).

SEXUALLY TRANSMITTED DISEASES

We do not pay for *treatment* for sexually transmitted diseases.

SLEEP DISORDERS

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

SPEECH DISORDERS

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

Exception: We may, at our discretion pay for short-term speech therapy when such *treatment* is medically necessary as part of *treatment* for an *acute condition*, such as a stroke. The speech therapy must take place during and/or immediately following the *treatment* for the *acute condition* and be recommended by the *consultant* in charge of your *treatment* and be provided by a *therapist*. We need full clinical details from your consultant before we can make our decision. If we agree we will only pay for such *treatment* by a *therapist* to the extent set out in note 1a to the *table of benefits*.

Exception: If your cover, as detailed on a separate membership certificate, includes *Optional Extra Benefits* as set out in note 5 to the *table of benefits*:

We pay for short-term speech therapy treatment to the extent set out in note 5b to the *table of benefits*.

TRAVEL COSTS FOR TREATMENT

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

Exception: We pay for emergency travel by local road ambulance to the extent set out in note 3d to the *table of benefits*.

UNRECOGNISED PRACTITIONERS AND HOSPITALS

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

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

PERSONAL MEMBERSHIP AND GROUP MEMBERSHIP

This section 4 applies to *personal membership* and *group membership*.

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

Please remember you should always call BUPA Malta on 21 342 342 before you see your consultant and before arranging any treatment.

We will, for example:

- confirm whether or not your proposed **treatment** is covered under your membership
- tell you whether your chosen **consultant** or **therapist** is recognised by BUPA Malta
- send you a claim form.

Please also refer to 'What to do if treatment is needed' inside the front cover.

4.1 How to make a claim

- If you do not have a claim form please call us on 21 342 342 and we will send you one.
- You will need to complete the claim form in full and return it to us by post, with the original accounts, immediately following treatment. In any event this should be within three months of receiving the **treatment** for which you are claiming, unless this was not reasonably possible.

We will deal with the claim as quickly as we can.

- You must provide any information or proof to support your claim, if we make a reasonable request for you to do so. For example, we may ask for:
 - medical reports and other information about the **treatment** for which you are claiming

- the results of any independent medical examination which we may ask you to undergo at our expense
- written confirmation of whether you think you can recover the costs you are claiming from another person or insurance company
- original accounts and invoices in connection with your claim. Please note we cannot accept photocopies of accounts, invoices or receipts.

- We will pay for **treatment** under the rules and **table of benefits** of the scheme that applies to you on the date you receive the **treatment**.

We will only pay for **treatment** costs and expenses actually incurred by you.

- We will only pay eligible claims if:
 - you have pre-authorised your treatment
 - all payments due to us in respect of your membership have been paid
 - **you** and **your dependants** are not in breach of any terms and conditions of your membership.
- We reserve the right to change the procedure for making a claim. If we make a change we will notify **you** or, if you are covered under **group membership, your sponsor**.

4.2 How your claim will be paid

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

We reserve the right to send any benefit due to an appropriate person - for example, the executors of the will of someone who has died, or to a **dependant** on **your** membership who has settled a bill.

We will, of course, write to the **principal member** to confirm how we have dealt with your claim.

Benefits shall be payable in Maltese Lira or EURO when the latter replaces the Maltese Lira as the legal tender currency for Malta, where requested by you when making a claim, in the currency of the bill for **treatment**. If we have to make a

conversion from one currency to another we will use the exchange rate that applies on either the date on which the invoices were issued or the last date of the **treatment**, whichever is the later. The exchange rate will be the official rate of exchange in **Malta** on each working day. If the date on which the invoices were issued or the last date of the treatment, whichever is the later date, is not a working day we will use the exchange rate that applies on the last working day before that date. Payment of benefits shall be subject to the provisions of any exchange control regulations in force at the time.

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

Discretionary payments

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

Paying invoices yourself

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



PERSONAL MEMBERSHIP

This section 5 applies to **personal membership**. If you are covered under **group membership** this section does not apply to you.

5.1 Paying subscriptions and other charges

Paying subscriptions

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

Subscriptions must be paid in Maltese Lira or EURO when the latter replaces the Maltese Lira and becomes the legal tender.

If **you** are unable to pay **your** subscriptions for any reason, please contact us on 21 342 342.

Paying other charges

In addition to paying subscriptions, **you** also have to pay to us the amount of any taxes, levies or charges required to be paid by law, and any taxes, levies or charges that may be imposed after you join, relating to your membership and that we are required by law to pay, or to collect from **you**.

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

5.2 Changes to subscriptions and other charges

Each year on **your renewal date**, we may change how we calculate **your**

subscriptions, how we determine the subscriptions, what **you** have to pay and the method of payment. Please be assured that if we do make changes they will only apply from **your renewal date**.

We may change the amount **you** have to pay to us in respect of taxes, levies or charges at any time if there is a change in the rate of the tax, levy or charge or any new such tax, levy or charge is introduced or there is a change in the rate of any such tax, levy or charge, otherwise changes will only be made from **your renewal date**.

If we do make any changes to **your** subscriptions or to the amount **you** have to pay in respect of any taxes, levies or charges, we will write to tell **you** about the changes approximately 28 days before they take effect.

If you do not accept any changes you can end your membership. We will treat the changes as not having been made if you end your membership either:

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

5.3 Starting your membership

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

5.4 When cover starts for others included in your membership

The membership of any person included as a **dependant** under **your** membership starts on the effective date on the first membership certificate we sent **you** for **your** current continuous period of membership of the **scheme** that lists them as a **dependant**. Their membership may continue for as long as **you** remain a member of the **scheme**. If **your** membership ceases, **your dependants** can apply for membership in their own right.

Note however that a minor under the age of 18 years cannot join a BUPA scheme unless at least one parent or legal guardian also joins the scheme.

Please read 5.9 'Amending your membership certificate' in this section.

5.5 Adding new-born children:

You may apply to include **your** new-born child under your membership as a **dependant**, free of charge, until **your** first **renewal date** after their birth. If you do this before the baby is three months old and the mother has been a member of the **scheme** for the whole of the 10 months before the baby's birth we will not apply any special conditions to the baby's cover.

5.6 Renewing your membership

As long as **you** continue to pay **your** subscriptions, and the amount of any other taxes, levies or charges that **you** have to pay under **your** agreement with us, **you** may, subject to note 5.8 renew **your** membership of the **scheme** every year on **your renewal date** unless we decide to end the **scheme**, or you decide to end **your** membership.

If we decide to end the **scheme** we will write to let you know at least 28 days before **your renewal date**. We will give you the opportunity to join the BUPA Malta private medical scheme which replaces the **scheme** on the basis of the benefits and rules of the replacement scheme. If you transfer within one month, without a break in your cover, we will not add any special restrictions or exclusions to your cover under the new scheme that are personal to you, other than those which apply to you under this **scheme**.

5.7 Ending your membership

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

Your membership will automatically end:

- if **you** do not renew **your** membership
- if **you** do not pay **your** subscription on, or before, the due date. However, we may allow you to continue **your** membership without you having to complete a new medical history, if **you** pay the outstanding subscriptions within 30 days. If **you** are unable to pay **your** subscriptions for any reason, please contact us on 21 342 342.
- if **you** do not pay the amount of any taxes, levies or charges that **you** have to pay under **your agreement** with us on or before the date they are due

- if **you** cease to be habitually resident and actually living in **Malta** for more than six months of the insurance year
- upon the death of the **principal member**.
If the **principal member** dies, one of the **dependants** named on the membership certificate and aged over 18 may apply to BUPA Malta to become the **principal member** and apply to include the other **dependants** under their membership. If this is done with no break in cover BUPA Malta will not add any special restrictions or exclusions to their cover under the new membership other than those that apply to them as **dependants** under this current membership.

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

- whether or not you (or they) can join the **scheme**
- what subscriptions **you** have to pay
- whether or not we have to pay any claim.

If your membership of the **scheme** ends we will refund any subscriptions **you** have paid which relate to a period after it ends.

However, we shall be entitled to deduct any money that you owe us.

Right to cancel

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

You may also cancel the membership of any **dependants** for any reason by writing to us or telephoning us on 21 342 342 within 28 days of receiving **your** first membership certificate listing them as a **dependant**. You will be entitled to a refund of all subscriptions paid relating to them, subject to no claims having been made on their behalf.

5.8 Changes to your cover

A change to the level of your cover may only be made at your renewal date, please call us on 21 342 342 to discuss your options. If you want to increase your level of cover at **your renewal date** we may ask you to complete a medical history questionnaire form, and/or to agree to certain exclusions or restrictions to your cover before we accept **your** application.

If we make changes to your cover

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

- the amount of **your** subscriptions

- how often **you** have to pay them
- the cover you receive.

Please read 5.1 'Paying subscriptions and other charges' and 5.2 'Changes to subscriptions and other charges' in this section.

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

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

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

- within 28 days of the date on which the change takes effect, or
- within 28 days of us telling you about them,

whichever is later.

5.9 Amending your membership certificate

We will send **you** a new membership certificate if:

you add a **dependant**, to **your** membership

we need to record any changes to **your** membership requested by you or which we are entitled to make.

Your new membership certificate will replace any earlier one as from the issue date shown on the new membership certificate.

Please refer to 5.4 'When cover starts for others included in your membership' in this section.

5.10 Other parties

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

Also, no change to your membership will be valid unless it is specifically confirmed in writing by the company providing the cover.

GROUP MEMBERSHIP

This section 6 applies to **group membership**. If you are covered under **personal membership** this section does not apply to you.

6.1 Paying subscriptions

Your **sponsor** has to pay BUPA Malta subscriptions for **your** membership and for the membership of any other persons covered under the **agreement** together with the amount of any taxes, levies or charges that may be payable in respect of **your** or their membership

If the **sponsor** does not pay the subscriptions and the taxes, levies or charges when they are due your membership will end (as explained in 6.6 of this section).

6.2 Starting your membership:

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

6.3 When cover starts for others included in your membership

The membership of any person included as a **dependant** under **your** membership starts on the effective date on the first membership certificate for **your** current continuous period of membership of the **scheme** which lists them as a **dependant** as agreed between BUPA and the **sponsor**. Their membership may continue for as long as **you** remain a member of the **scheme**.

6.4 Adding new-born children

If your **sponsor** agrees **you** may apply to include **your** new-born child under your membership as a **dependant**. If you do this before the baby is three months old and the mother has been a member of the **scheme** for the whole of the 10 months before the baby's birth we will not apply any special conditions to the baby's cover.

Note however that a minor under the age of 18 years cannot join a BUPA scheme unless at least one parent or legal guardian joins the same scheme.

6.5 Renewing your membership

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

6.6 Ending your membership

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

Your membership will automatically end if:

- the **agreement** between BUPA Malta and your **sponsor** is terminated
- your **sponsor** does not renew your membership

- your **sponsor** does not pay the subscriptions, or the amount of any taxes, levies or charges due under the **agreement** for you or any other person
- you cease to be habitually resident in **Malta** for more than six months of the insurance year
- the **principal member** dies.

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

- whether or not you (or they) can join the **scheme**
- what subscriptions your **sponsor** has to pay
- whether or not we have to pay any claim

If your membership ends

If your membership of the **scheme** ends **you** may apply to join a personal BUPA Malta scheme in **your** own right on the basis of the rules and **table of benefits** of the scheme **you** apply for. Please call 21 342 342 for more details.

If **your** membership ends, the cover for any **dependants** included in **your** membership will also end. If **you** join a personal BUPA Malta **scheme**, **you** may apply for **your dependants** to be included under **your** membership of that scheme.

6.7 Changes to your cover

The terms and conditions of your membership may be changed from time to time by agreement between the **sponsor** and BUPA Malta.

A change to the level of our cover may only be made at your renewal date.

6.8 Amending your membership certificate

We will send **you** a new membership certificate if:

- with the **sponsor's** approval, **you** add a **dependant** to **your** membership
- we need to record any changes requested by your **sponsor** or which we are entitled to make.

Your new membership certificate will replace any earlier one as from the issue date shown on the new membership certificate.

6.9 Others parties

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

Also, no change to your membership will be valid unless it is specifically agreed between your **sponsor** and BUPA Malta and confirmed in writing by the company providing the cover.

PERSONAL MEMBERSHIP AND GROUP MEMBERSHIP

This section 7 applies to *personal membership* and *group membership*

7.1 If you have a policy deductible (excess)

If you have purchased cover including a *policy deductible (excess)*, the amount of the *policy deductible (excess)* will be shown on your membership certificate. If you are unsure whether your cover is subject to a *policy deductible (excess)* please call us on 21 342 342.

Important - please remember that:

- the amount of the *policy deductible (excess)* applies separately to each person included on *your* membership
- even if the amount you are claiming is less than the amount of the *policy deductible (excess)*, you must submit a claim to BUPA Malta. This will allow us to include all eligible amounts you are claiming against the *policy deductible (excess)*
- the *policy deductible (excess)* applies each *membership year*. Therefore, if a claim spans your *renewal date* the *policy deductible (excess)* will be re-applied for *treatment* received after the *renewal date*

How a policy deductible (excess) works: before BUPA Malta will start paying benefits you must pay an amount towards the cost of *treatment* which would otherwise be payable by BUPA Malta. For example, if the amount of your *policy deductible (excess)* is Lm 100, we will not pay the first Lm 100

of costs for *treatment* each *membership year* if we would otherwise have paid for that *treatment*.

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

Once the *policy deductible (excess)* has been satisfied, benefit will be paid in accordance with the *table of benefits*.

All claims submitted will be paid less the amount of the *policy deductible (excess)* whether we are reimbursing you for invoices that you have settled yourself, or paying the provider of your *treatment*, such as your *hospital* or *consultant*, directly.

We will send you a statement showing how your claim has been calculated, including any amounts set against the *policy deductible (excess)*.

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

You must write and tell us as soon as possible, or complete the appropriate section of the claim form, if you are claiming for *treatment* that is needed when someone

else is at fault. For example, *treatment* for an injury suffered in a road accident.

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

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

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

7.3 If you are covered by another insurance scheme

You must write to tell us, or complete the appropriate section on the claim form, if you have any other insurance cover for the cost of the *treatment* or benefits you have claimed from us.

If you have other insurance cover, we will only pay our share of the cost of the *treatment*.

7.4 If you change your address

Please notify us in writing of any change of address as soon as reasonably possible as we will send any correspondence to the address *you* last gave us.

7.5 Correspondence

Letters between us must be sent with the postage costs paid before posting.

We usually do not return original documents, such as invoices, to you unless you request us in advance to do so.

7.6 Applicable law

Your membership is governed by Maltese law. Any dispute that cannot otherwise be resolved will be dealt with by the courts in *Malta*.

7.7 Making a complaint

To ensure any difficulties between us are resolved as quickly and efficiently as possible we have developed the following procedure.

- If you are unhappy about any aspect of our service please call us on 21 342 342.
- In the unlikely event that the matter has not been resolved, please write with full details and any related documents to the:
Customer Services Manager
Global Capital Health Insurance Agency Ltd
120 The Strand,
Gzira GZR03
- If you are still dissatisfied and wish to take the matter further, please write to the Head of Compliance at the same address.

The above procedure does not affect your legal rights.

Please contact us if you would like more information regarding complaints procedure.

All material in this brochure is correct at time of printing. Please call BUPA Malta First on 21 342 342 for further information regarding discount schemes and benefits where applicable.

GlobalCapital Health Insurance Agency Ltd reserves the right to change any information contained in this Membership Guide.

PERSONAL MEMBERSHIP AND GROUP MEMBERSHIP

This section 8 applies to *personal membership* and *group membership*.

Words written in bold and italic in this membership guide have the following meanings:

Acute conditions:	Diseases, illnesses and injuries that respond quickly to medical or surgical care. We pay for treatment of acute conditions if this is likely to lead to a full recovery, or restore you to your previous state of health, without prolonged treatment .
Agreement:	<ul style="list-style-type: none"> ■ If you have personal membership this means the agreement between you and BUPA Malta under which you have arranged cover under the scheme. ■ If you have group membership this means the agreement between the sponsor and BUPA Malta under which we have accepted you into membership of the scheme.
Appliance:	A knee brace which is an essential part of a repair to a cruciate (knee) ligament or a spinal support which is an essential part of surgery to the spine.
BUPA hospital:	A hospital in the UK which is owned by a company within the BUPA Group of companies at the time. These hospitals may change from time to time so you should always contact us before arranging any treatment to check that your chosen hospital is a BUPA hospital. A copy of the current list is available on request.

Chronic conditions:

A disease, illness or injury (including a mental condition) which has at least one of the following characteristics:

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

Complementary medical practitioner:

An acupuncturist, chiropractor, homeopath, osteopath, podiatrist, chiropodist, dietician or naturopath under age 70 who is fully trained and legally qualified and permitted to practice by the relevant authorities in Malta.

Consultant:

For treatment in Malta

A medical practitioner such as a surgeon, gynaecologist, anesthetist, or physician who is under the age of 70 years and who is duly registered and authorised under the Laws of Malta to practice his specialty and whose name is listed in the appropriate specialist register kept by the by the Medical Council of Malta, and who has been approved by BUPA as a specialist.

For treatment outside of Malta

A medical practitioner such as a surgeon, gynaecologist, anesthetist, or physician who is under the age of 70 years and who is duly registered and authorized to practice his specialty in the country where the client seeks medical treatment, and whose name is either listed in the appropriate specialist register kept by the appropriate certifying body in the country where a client seeks medical treatment or who is recognised as a specialist by the appropriate certifying body in that country, and who has been approved by BUPA as a specialist.

Customary & reasonable:

What you are charged for and how much you are charged is not more than what the majority of our members are charged for similar **treatment**, services or facilities according to the BUPA Schedule of Professional Fees.

Day-case treatment:	Treatment which for medical reasons requires the patient to be admitted to hospital and normally requires them to occupy a hospital bed during the day, but not overnight.
Dependants:	The other people who, with your or the sponsor's approval (as the case may be), are members of the scheme under the agreement and are named on your membership certificate.
General practitioner:	A person who is: <ul style="list-style-type: none"> ■ legally qualified in medical practice following attendance at a recognised medical school listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation to provide medical treatment which does not require a consultant's training, and ■ licensed to practice medicine in the country where the treatment is received.
Group membership:	Membership which is based on an agreement between BUPA Malta and your sponsor and under which the sponsor has arranged your cover under the scheme . See also ' personal membership '.
Hospital:	This means any of the following at the time you receive your treatment : <ul style="list-style-type: none"> ■ For Malta/UK cover: <ul style="list-style-type: none"> • for treatment in Malta • for treatment in the UK a BUPA hospital ■ For Malta/Overseas cover: <ul style="list-style-type: none"> • for treatment in Malta • for treatment outside Malta (excluding USA and Canada) an international hospital ■ Any other establishment that we may decide to treat as a hospital for the purpose of the scheme.
In-patient treatment:	Treatment which for medical reasons normally requires you to be admitted to a hospital and to stay in a hospital bed overnight or longer.

International hospital:	An establishment specifically recognised or registered under the laws of the territory in which it stands as existing primarily for: <ul style="list-style-type: none"> ■ carrying out major surgical operations, or ■ providing treatment which only consultants can provide.
Malta:	The Islands of Malta, Gozo and Comino
Membership year:	The period beginning on your start date or renewal date and ending on the day before your next renewal date . The start date is the 'effective from' date on your first membership certificate for your current continuous period of membership under the agreement .
Out-patient treatment:	Treatment which does not normally require you to be admitted to hospital or stay in a hospital bed.
Personal membership:	Membership which is based on an agreement between BUPA Malta and the principal member and under which the principal member has arranged cover under the scheme for him/herself and their dependants (if any). See also ' group membership '.
Policy deductible (excess):	The amount you have to pay towards the cost of the treatment that you receive each membership year that would otherwise be covered under your membership. The amount of your policy deductible (excess) is shown on your membership certificate. The policy deductible (excess) applies separately to each person covered under your membership.
Pre-existing condition:	Any disease, illness or injury which began either before the 'effective from' date on the first membership certificate for your current continuous period of membership which lists the person with the disease, illness or injury.
Principal member:	The first person named on the membership certificate. See also ' you/your '.
Prosthesis:	An artificial body part which is designed to form a permanent part of your body. We only pay for those prostheses listed in Note 2f.

Qualified nurse:	A nurse who is currently listed on any register or roll of nurses maintained by any statutory nursing registration body in the country in which the treatment takes place.
Rehabilitation:	Treatment aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke.
Renewal date:	The agreed date each year on which your membership is due for renewal. This will be shown on your membership certificate.
Schedule of Procedures:	The Schedule of Procedures is used by BUPA for the purpose of the scheme and classifies the relative complexity of surgical and diagnostic procedures. This schedule may change from time to time.
Scheme:	The BUPA Malta International Scheme.
Sponsor:	The company firm or individual with whom we have entered into an agreement to provide you with cover under the scheme.
Surgical operation:	An operation, including consultations, immediately before and after the operation, and all essential aftercare before you leave hospital .
Table of benefits:	This table shows the overall total amount payable each membership year or for each incident where applicable.
Therapists:	A legally qualified physiotherapist, occupational therapist, orthoptist or speech therapist who is permitted to practice as such in the country where the treatment is received.
Treatment:	Medical services you need to diagnose, cure or relieve an acute condition which, for medical reasons need to be provided by a consultant .
You/your:	When printed in bold italic type, ie you/your , it means you, the principal member , only. When printed in plain type, ie you/your, it means you, the principal member and your dependants . See also 'principal member' and 'dependants'.