

**BUPA**  
Malta



**BUPA** provides  
first-class  
health care cover  
and reassurance  
to residents of  
Malta

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Malta is brought to you by



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



**Private Clinic 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

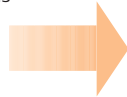


- Ask your GP to complete a BUPA Malta claim form.
- If in doubt about the eligibility of your proposed treatment:

**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.



### Please remember

- 1 Your treatment must be pre-authorized by BUPA Malta.
- 2 **Treatment** must be on the initial recommendation of your GP.
- 3 Out-patient cancer **treatment**, MRI and CT scans, **day-case** and **in-patient treatment** must be provided by a **consultant**.

**FOR PEACE OF MIND**

**Call BUPA Malta First on 21 342 342**

## 2 If your consultant recommends day-case or in-patient treatment obtain a written quotation for the treatment you require from the clinic or hospital of your choice

**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 a **participating hospital**.



## 3 When you leave the clinic or hospital

- Settle all expenses and have the clinic, hospital or consultant complete a claim form.
- Attach all original bills and receipts (which should show a breakdown of the treatment received) and send to BUPA Malta.
- We will settle the eligible medical and clinic or hospital bills covered under your membership.



**Please also see (Pages 32-33) section 4 - Claiming**

### Calling BUPA Malta First

In order to confirm your cover we need to ask you some questions. Please have the information to 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?



Call BUPA Malta First **21 342 342**

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Call BUPA Malta First **21 342 342** 3

## 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  
Malta

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 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, except for accidents and emergencies, by calling BUPA Malta before arranging any treatment.

If you fail to pre-authorise your treatment with BUPA Malta, unfortunately 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 schedule of benefit 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 Malta 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.

If you choose to receive your treatment from a non-participating or hospital 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.

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

## 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 the Company.

Welcome to the BUPA Malta Private Clinic 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 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 of the year of cover and under the age of 65. Please see section 5, in page 34-37 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 details of who is providing the cover under the scheme please refer to *your* membership certificate.

## 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 of the year of cover and under the age of 65. Please see section 6 page 38-39 of this membership guide.
- You need to read this Membership Guide along with:
  - your application form, and
  - *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*.

**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, the benefits available to you and whether your *consultant* or *therapist* is recognised by BUPA Malta. We will also be able to send you a claim form.

**The type of treatment covered**

ACUTE AND CHRONIC CONDITIONS

The *scheme* covers you for the costs of necessary specialist *treatment* of *acute conditions*. This is *treatment* of diseases, illnesses or injuries that arise suddenly and unexpectedly and 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* as long as the condition is not personally excluded.

**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 24).

CONSULTANT TREATMENT

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

**Table of benefits**

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

OVERALL ANNUAL MAXIMUM LIMIT

The overall total amount we will pay for all such *treatment*, services and facilities is Lm 75,000 each person each *membership year*. This amount is the maximum we will pay for benefits in total for each person each *membership year*.

Although the scheme is subject to an 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 75,000

**OUT-PATIENT TREATMENT (see note 1)**

<i>Consultants'</i> fees for pathology, radiology and diagnostic tests and <i>treatment</i> by <i>therapists</i>	note 1a	up to Lm 60 each <i>membership year</i>
<i>Consultants'</i> fees for minor/intermediate/major procedures under local anaesthetic	note 1b	up to Lm 45 each <i>surgical operation</i>
MRI and CT Scans	note 1c	up to Lm 80 each scan
<b>Cancer <i>treatment</i></b>		
<i>Consultant</i> oncologists' fees and clinic or <i>hospital</i> charges for tests and drugs for all the active phase of the cancer	note 1d	up to Lm 200 each course of <i>treatment</i>
Mini-minor procedures performed by a <i>general practitioner</i> under local anaesthetic	note 1e	up to Lm 20 procedure fee per episode up to Lm 20 surgery fee per episode

*continued*



DAY-CASE AND IN-PATIENT TREATMENT (see note 2)			
<b>Consultants' fees</b>			
<b>Consultants' fees for <i>surgical operations</i></b> • minor under general anaesthetic • intermediate • major	note 2a	<b>Surgeons' fees</b> up to Lm 60 up to Lm 110 up to Lm 275	<b>Anaesthetists' fees</b> up to Lm 20 up to Lm 35 up to Lm 70
<b>Consultant physicians' fees</b>		up to Lm 15 each day	
<b>Clinic or Hospital charges</b>			
Clinic or hospital accommodation and nursing services	note 2b	up to Lm 35 for each <b><i>day-case treatment</i></b>  up to Lm 65 each night for a maximum of 4 nights for each <b><i>in-patient treatment</i></b>	
Theatre charges, drugs and surgical dressings for <b><i>surgical operations</i></b> prescribed	note 2c	minor: up to Lm 40 each operation intermediate: up to Lm 60 each operation major: up to Lm 100 each operation	
<b>Consultants' fees</b> for pathology, radiology, diagnostic tests and physiotherapy	note 2d	up to Lm 60 each membership year	
<b>Prostheses and appliances</b>	note 2e	up to Lm 145 each <b><i>prosthesis</i></b> or <b><i>appliance</i></b>	
MRI and CT Scans	note 2f	up to Lm 80 each scan	

OTHER BENEFITS (see note 3)		
Home nursing following <b><i>in-patient treatment</i></b>	note 3a	up to Lm 15 each day for a maximum of 26 weeks each <b><i>membership year</i></b>
<b><i>General practitioner treatment</i></b>	note 3b	up to Lm 15 each <b><i>membership year</i></b>
Cash benefit (for in-patient treatment received without charge in a State Hospital)	note 3c	Lm 8 each night for up to 35 nights each <b><i>membership year</i></b>



**OPTIONAL EXTRA BENEFITS**  
(see notes 4 and 5)

The following benefits only apply if they have been purchased as part of your BUPA Malta Private Clinic cover. A separate membership certificate will show if you have any of these options.

**Optional Extra Benefits - see note 4**

Prosthetic and medical appliances	note 4a	up to Lm 100 each <i>membership year</i>
Speech therapy	note 4b	up to Lm 100 each <i>membership year</i>
Complementary medical <i>treatment</i>	note 4c	up to Lm 100 each <i>membership year</i>
Routine cervical cancer screening	note 4d	up to Lm 15 each <i>membership year</i>
Routine mammography	note 4e	up to Lm 30 each <i>membership year</i>
Annual dental check-up	note 4f	up to Lm 10 each <i>membership year</i>
Prostate Specific Antigen	note 4g	up to Lm 15 each <i>membership year</i>

**Routine Maternity Cover - see note 5 (Group members only)**

Hospital charges for normal childbirth	note 5	up to the amount agreed between BUPA Malta and your <i>sponsor</i>
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These notes apply to all *customary and reasonable* eligible claims under *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.

**NOTE 1: OUT-PATIENT TREATMENT**

*Out-patient treatment* is one that does not normally require a patient to occupy a clinic or *hospital* bed. We pay the *out-patient treatment* charges as explained in this note 1 and the following notes 1a to 1e. 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, 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 60 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 under your membership.



**1b: Consultants' fees for surgical operations**

If you need a minor *surgical operation* performed as *out-patient treatment* under local anaesthetic (such as the removal of a small cyst) we pay up to Lm 45 for *consultant* surgeons' fees for each such *surgical operation*.

**1c: MRI and CT Scans**

We pay up to Lm 80 for each MRI (Magnetic Resonance Imaging) or CT (Computed Tomography) Scan when recommended by your *consultant* to help determine or assess your condition and carried out as *out-patient treatment*.

**1d: Cancer treatment**

We pay *consultant* oncologists' fees and clinic or *hospital* charges for tests and drugs that are specifically related to planning and carrying out *out-patient treatment* for cancer. (This includes any in-patient treatment).

We pay up to a total amount of Lm 200 for each course of cancer *treatment*. This is the amount we pay for all such *consultants'* fees and clinic or *hospital* charges for each course of *treatment* and not for each type of fee or charge separately.

By a course of *treatment* we mean 15 attendances for radiotherapy *treatment* or 21 days in a row for chemotherapy *treatment*.

**1e: 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 for the procedure fee per episode and another Lm 20 as the surgery fee per episode 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 one which for medical reasons normally means you have to stay in a bed in a clinic or *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 a clinic or *hospital*. We pay *day-case* and *in-patient treatment* charges as explained in this note 2 and the following notes 2a to 2f.

**Clinic or Hospital charges**

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

- clinic or hospital accommodation and nursing services (see note 2b)
- theatre charges, drugs and surgical dressings (see note 2c)
- pathology, radiology, diagnostic tests and physiotherapy (see note 2d)
- *prostheses* and *appliances* (see note 2e)
- MRI and CT Scans (see note 2f)

To be eligible for benefit for these clinic or *hospital* charges, the *day-case* or *in-patient treatment* must be provided by a *consultant* and received in a *participating* clinic or *hospital* and:

- it must be medically essential for you to occupy a clinic or *hospital* bed to receive the *treatment*, and
- the room is used only for you to receive *day-case* or *in-patient*

*treatment* covered under your membership.

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

**2a: Consultants' fees**

**Surgeons' and anaesthetists' fees**

We pay *consultant* surgeons' and anaesthetists' fees for *surgical operations* carried out as *day-case* or *in-patient treatment*.

The amount we will pay for *surgical operations* is calculated by reference to the type of *surgical operation* according to the *Schedule of Procedures*. The table below shows the maximum amount we pay towards *consultants'* fees for each type of *surgical operation*.

Type of surgical operation		Benefit limit
Minor under general anaesthetic	Surgeon	up to Lm 60
	Anaesthetist	up to Lm 20
Intermediate	Surgeon	up to Lm 110
	Anaesthetist	up to Lm 35
Major, Major Plus, Complex Major	Surgeon	up to Lm 275
	Anaesthetist	up to Lm 70

**Physicians' fees**

We pay *consultant* physicians' fees for *day-case* or *in-patient treatment*.

If your *day-case* or *in-patient treatment* includes a *surgical operation* we will only pay physicians' fees if the attendance of a physician is medically necessary, for



example, in the rare event of a heart attack following a **surgical operation**.

If your physicians' fees are payable we pay up to Lm 15 each day for **day-case** and **in-patient treatment**.

**2b: Clinic or hospital accommodation, nursing services and drugs and dressings**

We pay clinic or **hospital** charges for clinic or **hospital** accommodation and nursing services required as part of your **day-case** or **in-patient treatment**.

When your **day-case** or **in-patient treatment** does not include a **surgical operation** we also pay under this note 2b for clinic or **hospital** charges for drugs and dressings required as part of such **day-case** or **in-patient treatment**.

For each **day-case treatment** we pay up to Lm 35 for the clinic or **hospital** charges. This is the total amount we pay for all such clinic or **hospital** charges and not for each service or item charged individually.

For **in-patient treatment** we pay up to Lm 65 each night for the clinic or **hospital** charges for 4 nights for each in-patient treatment. This is the total amount we pay for all such clinic or **hospital** charges and not for each service or item charged individually.

**Please note:**

We pay clinic or **hospital** charges for clinic or **hospital** accommodation 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 clinic or **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 a clinic or **hospital** for **treatment** that would normally be provided as **out-patient treatment**.

We pay for nursing services required 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 clinic or **hospital** would usually provide as part of normal patient care without making an additional charge.

**2c: Theatre fees, drugs and surgical dressings for surgical operations**

We pay clinic or **hospital** charges for theatre fees and drugs and surgical dressings required as part of your **surgical operation** carried out in a clinic or **hospital** as **day-case** or **in-patient treatment**.

The amount we will pay for such clinic or **hospital** charges will be limited to the amounts set out in the table below by reference to the type of **surgical operation** according to the **Schedule of Procedures**. These are the total amounts we will pay for clinic or **hospital** charges for all such services and charges and not the amount for each service or item charged individually.

Type of surgical operation	Benefit limit
Minor operations under general anaesthetic	up to Lm 40 each <b>surgical operation</b>
Intermediate operations	up to Lm 60 each <b>surgical operation</b>
Major, major plus, complex major operations	up to Lm 100 each <b>surgical operation</b>

We only pay clinic or **hospital** charges for using an operating theatre at the clinic or **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 **surgical operation** carried out as **day-case** or **in-patient treatment**.

We do not pay clinic or **hospital** charges for theatre fees, drugs and surgical dressings for minor **surgical operations** carried out under local anaesthetic.

**Please note:**

- For clinic or **hospital** charges for drugs related to cancer **treatment** see note 1d. Such charges are not payable under this note 2c.
- For clinic or **hospital** charges for drugs and dressings needed as part of **day-case** or **in-patient treatment** that does not involve a **surgical operation** see note 2b. Such charges are not payable under this note 2c.

**2d: Pathology, radiology diagnostic tests and physiotherapy**

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

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

We pay up to a total amount of Lm 60 each **membership year** for all such clinic or **hospital** and **therapist** charges. This is the total amount we will pay up to and not the amount for each service or **treatment** charged separately.



## 2e: Prostheses and appliances

We pay up to Lm 145 for each *prosthesis* or *appliance* charged by the clinic or *hospital* or your *consultant* when required as an essential part of your *day-case* or *in-patient treatment*.

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.

## 2f: MRI and CT Scans

We pay clinic or *hospital* charges for MRI (Magnetic Resonance Imaging) or 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*. We pay up to a total amount of Lm 80 for the clinic or *hospital* charges for each MRI or CT Scan.

### NOTE 3: OTHER BENEFITS

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

#### 3a: Home nursing following in-patient treatment

We 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 a clinic or *hospital*)
- starts immediately after you leave a clinic or *hospital*

- is provided by a *qualified nurse* in your home; and
- is recommended by and carried out under the supervision of the *consultant* who provided the *in-patient treatment*.

If home nursing is payable we pay up to Lm 15 each day for up to a maximum of 26 weeks each *membership year*.

#### 3b: General practitioner treatment

We pay up to a total amount of Lm 15 each *membership year* for *treatment* you receive from your *general practitioner*.

#### 3c: 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 State Hospital.

We will pay up to Lm 8 each night for a maximum of 35 nights each *membership year*.

## NOTES 4 to 5: OPTIONAL EXTRA BENEFITS

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

**If you are a *personal membership member*:** The benefits set out in the following notes 4 to 5 only apply to your cover if *you* have purchased that benefit as part of your cover. A separate membership certificate will show whether *you* have purchased cover for any of these Optional Extra Benefits. If you are unsure please call us on 21 342 342.

**If you are a *group membership member*:** The benefits set out in the following notes 4 to 5 only apply to your cover if your *sponsor* has purchased that benefit as part of your cover. A separate membership certificate will show whether you have cover for any of these Optional Extra Benefits. If you are unsure please call us on 21 342 342.

### NOTE 4: OPTIONAL EXTRA BENEFITS

The cover set out in this note 4 only applies to you if you have this cover under your BUPA Malta Private Clinic scheme membership. A separate membership certificate will show if you have these benefits.

#### 4a: Prosthetic and medical appliances

We pay benefits as set out in this note 4a 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 you are charged for medical appliances such as crutches, canes, slings, splints, trusses, hearing aids, nebulisers, braces, capping of teeth and temporary rental of a wheelchair, when needed following **treatment** by your **consultant** and on your **consultant's** recommendation.

#### 4b: 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.

#### 4c: Complementary medical treatment

We may, at our discretion pay for complementary medical **treatment** such as acupuncture, chiropractic, homoeopathy, osteopathy, podiatry, chiropody, 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.

#### 4d: Cervical cancer screening

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

#### 4e: 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.

#### 4f: 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.

#### 4g: Prostate Specific Antigen

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

#### NOTE 5: ROUTINE MATERNITY COVER

For **group membership** only.

The cover set out in this note 5 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.

## 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 exclusion 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 procedures.

**Exception:** We pay for reasonable investigations into the cause of infertility. However 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 non-acute and *chronic conditions*. 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 and *treatment*.

**Exception:** We pay for *treatment* of a disease, illness or injury arising out of a *chronic condition*, or for *treatment* of any symptoms of a *chronic condition* that flare up suddenly and unexpectedly. 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 a clinic or 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 for any surgical operation. We will not continue to pay for such *treatment* received on or after the 29<sup>th</sup> 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 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 clinic or *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 clinic or *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 clinic or *hospital*
- receiving services from a *therapist* or *complementary medical practitioner* if:
  - this is the primary purpose for you staying in the clinic or *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, 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 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 4f 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 a clinic or *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.

### 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.

### GENERAL PRACTITIONER TREATMENT

We do not pay for consultations with a general practitioner.

**Exception:** We pay for mini-minor procedures performed under local anaesthetic to the extent set out in note 1e to the **table of benefits**.

### HEALTH HYDROS, NATURE CURE CLINICS AND SIMILAR ESTABLISHMENTS

We do not pay for **treatment** or services received in health hydros, nature cure clinics or any establishment which is not a clinic or **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 HIV or AIDS:

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

### HRT AND BONE DENSITOMETRY

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

**Exception:** We may pay for a bone densitometry scan recommended by your **consultant** to assess your condition as part of your **treatment**. We must receive 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

### HOSPITAL/CLINIC FEE FOR OUT-PATIENT SERVICES

We do not pay for hospital/clinic fees for out-patient treatment and/or services.

### LEARNING, 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 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 pay for prosthetic and medical appliances you need as part of your **treatment** to the extent set out in note 4a 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 or the issue date, whichever is the later, 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:

- 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:** 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 5 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 4 to the *table of benefits*: We pay for health screening and dental check-ups to the extent set out in note 4d, note 4e, note 4f and note 4g to the *table of benefits*.

### PSYCHIATRIC TREATMENT

We do not pay for *psychiatric treatment*.

**Exception:** We may pay under the *scheme* for *psychiatric treatment* after you have been a member of the *scheme* for the whole of the two years leading up to the *treatment*.

You must get our written agreement before the *treatment* takes place and we must receive 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* and any other 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*.

**Exception:** If your cover as detailed on a separate membership certificate includes Optional Extra Benefits as set out in note 4 to the *table of benefits*: We pay for short-term speech therapy *treatment* to the extent set out in note 4b to the *table of benefits*.

### UNRECOGNISED CONSULTANT, CLINIC OR HOSPITAL, GENERAL PRACTITIONER, THERAPIST, DENTAL PRACTITIONER OR COMPLEMENTARY MEDICAL PRACTITIONER

We do not pay for *treatment* provided by a *consultant, general practitioner, therapist, dental practitioner or complementary medical 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 clinic or *hospital*, or by any *consultant, general practitioner, therapist, dental practitioner or complementary medical 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:

- confirm whether or not your proposed **treatment** is covered under your membership and the benefits available to you
- tell you whether your chosen medical provider is recognised by BUPA Malta
- send you a claim form.

*Please refer to 'What to do if treatment is needed' on the inside 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 except for cash benefit.

- We will only pay eligible claims if:
  - you have pre-authorized 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 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.

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

When paying invoices, 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.

### Subscriptions and other charges

#### 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 once 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 such 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 at 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.

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

Note however that a minor under the age of 18 year can't join a BUPA scheme unless at least 1 parent/legal guardian also joins the scheme.

#### 5.5 Adding new-born children:

*You* may apply to include *your* new-born child under your membership as a *dependant*. If you do this before the baby is 3 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 your year of cover
- 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 full 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 full 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 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 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 confirmed in writing.



## 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**.

Note however that a minor under 18 years can't join a BUPA scheme unless at least one parent / legal guardian also joins 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.

### 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 and living in **Malta** for more than six months of the year of cover.
- 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 Making 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 your 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.

## 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  
GlobalCapital Health Insurance Agency Ltd  
120 The Strand  
GZIRA GZRO3  
Malta
- 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.

*All material in this brochure is correct at time of printing. Please call BUPA Malta First for further information regarding discounts 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:

<b>Acute conditions:</b>	Diseases, illnesses and injuries that respond quickly to medical or surgical care. We pay for <b>treatment</b> of acute conditions if this is likely to lead to a full recovery, or restore you to your previous state of health, without prolonged <b>treatment</b> .
<b>Agreement:</b>	<ul style="list-style-type: none"> <li>■ If you have <b>personal membership</b> this means the agreement between <b>you</b> and BUPA Malta under which <b>you</b> have arranged cover under the <b>scheme</b>.</li> <li>■ If you have <b>group membership</b> this means the agreement between the <b>sponsor</b> and BUPA Malta under which we have accepted you into membership of the <b>scheme</b>.</li> </ul>
<b>Appliance:</b>	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.
<b>Chronic conditions:</b>	<p>A disease, illness or injury (including a mental condition) which has at least one of the following characteristics:</p> <ul style="list-style-type: none"> <li>■ has no known cure, or recurs</li> <li>■ leads to permanent disability</li> <li>■ is caused by changes to your body which cannot be reversed</li> <li>■ requires you to be specially trained or rehabilitated</li> <li>■ needs prolonged supervision, monitoring or <b>treatment</b>.</li> </ul>
<b>Complementary medical practitioner:</b>	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.
<b>Consultant:</b>	<p><b>For treatment in Malta</b></p> <p>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.</p>

### 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.

<b>Customary &amp; reasonable:</b>	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 <b>treatment</b> services or facilities according to the BUPA Schedule of Professional Fees.
<b>Day-case treatment:</b>	<b>Treatment</b> which for medical reasons requires the patient to be admitted to <b>hospital</b> and normally requires them to occupy a <b>hospital</b> bed during the day, but not overnight.
<b>Dependants:</b>	The other people who, with <b>your</b> , or the <b>sponsor's</b> approval (as the case may be), are members of the scheme under the <b>agreement</b> and are named on <b>your</b> membership certificate.
<b>Excluded / exclusion:</b>	Any medical conditions which exist on applying to join a scheme, will not be covered.
<b>General practitioner:</b>	<p>A person who is:</p> <ul style="list-style-type: none"> <li>■ 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 <b>treatment</b> which does not require a <b>consultant's</b> training, and</li> <li>■ licensed to practice medicine in the country where the <b>treatment</b> is received.</li> </ul>
<b>Group membership:</b>	Membership which is based on an <b>agreement</b> between BUPA Malta and your <b>sponsor</b> and under which the <b>sponsor</b> has arranged your cover under the <b>scheme</b> . See also ' <i>personal membership</i> '.

<b>Hospital:</b>	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"> <li>■ carrying out major surgical operations, or</li> <li>■ providing <b>treatment</b> which only <b>consultants</b> can provide.</li> </ul>
<b>In-patient treatment:</b>	<b>Treatment</b> which for medical reasons normally requires you to be admitted to a <b>hospital</b> and to stay in a <b>hospital</b> bed overnight or longer.
<b>Malta:</b>	The Islands of Malta, Gozo and Comino.
<b>Membership year:</b>	The period beginning on <b>your</b> start date or <b>renewal date</b> and ending on the day before <b>your</b> next <b>renewal date</b> . The start date is the 'effective from' date on <b>your</b> first membership certificate for <b>your</b> current continuous period of membership under the <b>agreement</b> .
<b>Out-patient treatment:</b>	<b>Treatment</b> which does not normally require you to be admitted to <b>hospital</b> or stay in a <b>hospital</b> bed.
<b>Personal membership:</b>	Membership which is based on an <b>agreement</b> between BUPA Malta and the <b>principal member</b> and under which the <b>principal member</b> has arranged cover under the <b>scheme</b> for him/herself and their <b>dependants</b> (if any). See also 'group membership'.
<b>Policy deductible (excess):</b>	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.
<b>Principal member:</b>	The first person named on the membership certificate. Please refer to ' <b>you/your</b> '.
<b>Pre-existing condition:</b>	Any disease, illness or injury which began either before the effective from date on the first membership certificate for <b>your</b> current continuous period of membership which lists the person with the disease, illness or injury.
<b>Prosthesis:</b>	An artificial body part which is designed to form a permanent part of <b>your</b> body. We only pay for those <b>prostheses</b> listed in Note 2f.
<b>Qualified nurse:</b>	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 <b>treatment</b> takes place.

<b>Rehabilitation:</b>	Treatment aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke.
<b>Renewal date:</b>	The agreed date each year on which your membership is due for renewal. This will be shown on <b>your</b> membership certificate.
<b>Restricted / restrictions:</b>	Should you apply to increase your level of cover, your benefits may be limited, in that any medical conditions which exist prior to your joining the increased level of cover, will be limited to the level of benefits applicable before the upgrade.
<b>Schedule of procedures:</b>	The schedule of procedures used by BUPA Malta for the purpose of the <b>scheme</b> , classifies the relative complexity of surgical and diagnostic procedures. The schedule may change from time to time.
<b>Scheme:</b>	The BUPA Malta Private Clinic Scheme.
<b>Sponsor:</b>	The company firm or individual with whom we have entered into an <b>agreement</b> to provide you with cover under the scheme.
<b>Surgical operation:</b>	An operation, including consultations immediately before and after the operation, and all essential aftercare before you leave the clinic or <b>hospital</b> .
<b>Table of benefits:</b>	This table shows the total overall amount payable each membership year, or for each incident, where applicable.
<b>Therapists:</b>	A legally qualified physiotherapist, occupational therapist, orthoptist or speech therapist who is permitted to practice as such in the country where the <b>treatment</b> is received.
<b>Treatment:</b>	Medical services you need to diagnose, cure or relieve an <b>acute condition</b> which, for medical reasons need to be provided by a <b>consultant</b> .
<b>You/your:</b>	When printed in bold italic type, ie <b>you/your</b> , it means you, the <b>principal member</b> , only. When printed in plain type, ie you/your, it means you, the <b>principal member</b> and your <b>dependants</b> . Please refer to 'Principal member' and 'Dependants'.