



ΟΡΟΙ ΣΥΜΒΟΛΑΙΟΥ


Διαβάστε εύκολα και κάντε αναζήτηση στα συμβόλαια των εταιριών που σας ενδιαφέρουν.

Οι σύμβουλοι της εταιρίας μας είναι πάντα στην διάθεσή σας να σας εξηγήσουν την οποιαδήποτε απορία σας.

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ΟΡΟΙ ΣΥΜΒΟΛΑΙΟΥ



ΟΙ **ΕΙΔΙΚΟΙ**
ΣΤΙΣ **ΑΣΦΑΛΕΙΕΣ ΥΓΕΙΑΣ**
ΑΠΟ ΤΟ 2008

Διαβάστε τους όρους συμβολαίου που περιγράφουν αναλυτικά τις καλύψεις του προγράμματος που σας ενδιαφέρει. Κάντε αναζήτηση παροχών και όρων.

Οι σύμβουλοί μας είναι στη διάθεσή σας για να σας ενημερώσουν διεξοδικά σε όποια απορία έχετε.

Email: health@infomax.gr

INTERNATIONAL HEALTH AND HOSPITAL PLAN



Valid from 2016 • EUR/GBP/USD

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With your International Health and Hospital Plan you have the following options:

Deductible choices

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

EUR	GBP	USD
Nil	Nil	Nil
350	250	400
1,050	750	1,600
4,000	2,750	5,000
8,000	5,500	10,000
16,000	11,000	20,000

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

Taking out a deductible lowers your premium.

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

Change of cover*

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

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

Discount on Bupa Global travel plan

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

* Please see the Policy Conditions for further information.

List of Reimbursements

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

Words written in italic in the List of Reimbursements are “defined terms” which are specific terms relevant to your cover. Please check their meaning in the Glossary at the end of this product guide.

Valid from 1 January 2016

All amounts are in EUR/GBP/USD

Hospital Plan

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

Hospital Services – during Hospitalisation	100%
Semi-private/private room*	100%
Intensive care room	100%
Room and board for a parent accompanying an insured child*	100%
Surgery	100%
Medical treatment, laboratory tests, X-rays	100%
Medicine for use during hospitalisation and relevant only for the insured condition being treated	100%
Pacemaker	100%
Psychiatric treatment	100%

Pre-examinations that are medically necessary in order to perform the surgery or treatment which is to take place during hospitalisation are covered up to 30 days prior to hospitalisation.

Check-ups that are medically necessary in order to verify that the insured is recovering successfully from the surgery or treatment received while hospitalised are covered up to 90 days after hospitalisation.

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

Outpatient Treatment in a Hospital or Clinic

Surgery	100%
Chemotherapy, radiotherapy	100%
Dialysis	100%
Endoscopic examinations	100%

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

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

*cf also Glossary: “Hospital accommodation”

**cf also art. 7.1.3

Valid from 1 January 2016
All amounts are in EUR/GBP/USD

Childbirth / Home Delivery or delivery at birthing centre

	EUR	GBP	USD
Doctor/specialist, midwife	145	100	165
Home nursing in connection with home delivery or delivery at birthing centre	435	300	490

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

Organ Transplant

	EUR	GBP	USD
Organ transplant	100%	100%	100%
Per diagnosis and course of treatment per lifetime, to include all related costs up to the financial maximum The insurance policy must be valid throughout the course of treatment.	450,000	315,000	500,000
Only human organs			
The procurement of the organ must be pre-approved by the Company			

Emergency Room Treatment

	EUR	GBP	USD
Emergency room treatment in connection with an acute illness or accident	100%	100%	100%

Local Transport by Ambulance

	EUR	GBP	USD
Medically prescribed transport to and from hospital	100%	100%	100%
Per policy year, max.	1,500	1,000	1,600

Inpatient Rehabilitation

	EUR	GBP	USD
Medically prescribed inpatient rehabilitation at an authorised rehabilitation centre following hospitalisation for treatment covered by this insurance (must be pre-approved by the Company)	100%	100%	100%
Max. per day for max. three months per illness	330	220	355

Home Nursing

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

Hospital Cash Benefit

	EUR	GBP	USD
If room, board and treatment are received free of charge, per night max.	90	60	100
Max. 60 nights per policy year (must be pre-approved by the Company)			

Emergency Dental Treatment

	EUR	GBP	USD
Acute emergency dental treatment due to serious accident requiring hospitalisation	100%	100%	100%
In case of doubt, the decision will be left with the Company's dental consultant			

Valid from 1 January 2016
All amounts are in EUR/GBP/USD

Module 1 Non-Hospitalisation Benefits

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

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

General Practitioners and Specialists

	EUR	GBP	USD
GP consultations, per consultation	125	100	135
Chinese doctor consultation (if charged separately), per consultation Max. EUR 300/GBP 220/USD 300 per policy year	30	22	30
Eye and ear specialists/other specialists, per consultation	125	100	135
Psychiatrists, per consultation	125	80	130
Expenses are reimbursed for a max. of 15 consultations within a 30-day period			

Therapists

	EUR	GBP	USD
Dietetic guidance, speech therapy per consultation Max. four consultations per policy year	50	40	50
Physiotherapy, ergotherapy per consultation Max. per policy year	85	65	85
Chiropractor/osteopath all inclusive, per consultation Max. per policy year	1,050	700	1,200
Max. per policy year	65	50	65
Max. per policy year	1,050	700	1,200

Medical Check-Up all inclusive, per year

	EUR	GBP	USD
	450	400	500

Examinations and other Medical Assistance

	EUR	GBP	USD
Laboratory test, analysis Max. per test	450	305	500
X-ray	450	305	500
ECG	450	305	500
Scan, per examination	850	650	1,000
Injection and vaccination, per injection/vaccination	85	65	100
Acupuncture and homeopathic treatment, performed by a physician Acupuncture and homeopathic treatment shall only be covered when performed by a physician/doctor authorised in the country of practise	55	35	60

Surgical Intervention

	EUR	GBP	USD
	100%	100%	100%

Valid from 1 January 2016
All amounts are in EUR/GBP/USD

Module 2 Medicine and Appliances

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

Hearing Aids	50%	50%	50%
	EUR	GBP	USD
Prescribed hearing aids, per appliance, max.	300	200	325
Max. two appliances are reimbursed per policy year up to max.	600	400	650
Other Appliances			
Slings and bandages	100%	100%	100%
Arch support	100%	100%	100%
Rental of medical appliances	100%	100%	100%
Medicine			
Prescribed medicine and traditional Chinese medicine	100%	100%	100%
Traditional Chinese medicine* administered by a traditional Chinese practitioner per policy year, up to an annual max. of EUR 250/GBP 175/USD 300			
*cf. also art. 12.2 w			
Limited to recognised traditional Chinese practitioners registered to practice locally			
There is no reimbursement for homeopathic or naturopathic medicines and medicine which could have been purchased without a physician's prescription			
Medicine and other appliances are reimbursed up to an annual max.	2,700	1,800	3,000

Module 3 Medical Evacuation and Repatriation

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

Medical Evacuation and Repatriation

Transportation expenses by aeroplane or helicopter	100%
Accompanying person	100%
Return journey to residential address abroad/home country within three months after completion of treatment	100%
Statutory arrangements in case of death, such as embalming and zinc coffin Transportation of the urn/coffin	100%
Expenses are covered up to the overall annual insurance sum of your policy	

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

Medical Evacuation and Repatriation must be pre-approved by the Company

Valid from 1 January 2016
All amounts are in EUR/GBP/USD

Modules 4A and 4B Dental and Optical

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

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

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

Special Dental Treatment

Bridgework
Crowns
Dental implants
Periodontitis
Orthodontics (tooth adjustment)
Dentures

Special dental treatment per policy year, max.	2,000	1,500	2,000	3,000	2,250	3,000
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Glasses and Contact Lenses	Module 4A			Module 4B		
	80%	80%	80%	80%	80%	80%
One pair of glasses (excl. frames) per policy year, max.	160	100	160	220	150	220
Contact lenses, per policy year, max.	100	60	100	130	80	130

Frames and sunglasses are not covered

Eye check

Eye check performed by optician/optometrist max. two visits per policy year	max. per visit			max. per visit		
	40	25	40	50	35	50

Policy Conditions

Words written in italic in the Policy Conditions are “defined terms” which are specific terms relevant to your cover. Please check their meaning in the Glossary at the end of this product guide.

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Art. 1

Acceptance of the insurance

1.1: Bupa Insurance Limited, hereinafter called *the Company*, shall decide whether the *insurance* can be accepted. In order for the *insurance* to be accepted and *the Company* to become the insurer, the *application* must be approved by *the Company* and the necessary premium paid to *the Company*.

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

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

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

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

Art. 2

Commencement date

2.1: The *insurance* shall be valid as of the date on which the *application* is approved by *the Company*. The *commencement date* is stated in the *policy schedule*. *The Company* may agree on another date with the *policyholder*.

Art. 3

Waiting periods in connection with new insurance contracts and extension of cover

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

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

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

- a) for expenses incurred in connection with pregnancy and childbirth and consequences thereof, the right to reimbursement shall only take effect 12 months after the *commencement date* of the insurance.
- b) for expenses incurred for orthodontics the right to reimbursement shall only take effect 24 months after the *commencement date* of the *insurance*.

3.2: The *insured* may change his/her insurance cover to another type of cover as from a policy anniversary by giving one month's written notice to *the Company* and subject to proof of insurability according to Art. 1.

3.3: *The Company* will process the extension of cover as a new *application* in accordance with Art. 1.

3.4: If extended cover is taken out under the insurance contract, the right to reimbursement under such extension shall only become

effective four weeks after the *commencement date* of the extension. However, Art. 3.1.2 a) and b) shall still apply. During the *waiting period*, the previous cover shall apply.

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

Art. 4

Who is covered by the insurance?

4.1: The *insurance* shall cover the insured person(s) named in the *policy schedule*, including children registered therein.

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

4.2.1: Cover at no extra cost for children shall furthermore be subject to:

- o the child being registered with *the Company*, and
- o one of the insured persons having legal custody of the child, and
- o the child being registered at the same address as the *insured* having legal custody of the child.

4.3: An *application* must be submitted for newborn children.

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

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

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

Art. 5 Where is cover provided?

5.1: The *insurance* shall provide worldwide cover unless otherwise stated in the *policy schedule*.

Art. 6 What is covered by the insurance?

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

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

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

6.3.1: In case of accident where three or more family members *insured* with *the Company*

are involved, only one *deductible*, the highest, is applied.

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

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

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

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

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

Art. 7 Hospital Plan

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

7.1.1: The Hospital Plan shall cover the medical expenses incurred by the *insured's*

hospitalisation in accordance with the *deductible* chosen and the applicable *reimbursement rates* as stated in the List of Reimbursements. It is required that the *insured* is hospitalised in order to get reimbursement under this plan.

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

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

Art. 8 Module 1: Non-Hospitalisation Benefits

8.1: If the *insurance* has been extended to include Module 1, the following terms shall also apply:

8.1.1: Module 1 can only be taken out as a supplement to the Hospital Plan.

8.1.2: Module 1 shall cover the *insured's* expenses in accordance with the *deductible* chosen and the applicable *reimbursement rates* as stated in the List of Reimbursements.

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

Art. 9 Module 2: Medicine and Appliances

9.1: If the *insurance* has been extended to

include Module 2, the following terms shall also apply:

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

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

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

Art. 10 Module 3: Medical Evacuation and Repatriation

10.1: If the *insurance* has been extended to include Module 3, the following terms shall also apply:

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

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

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

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

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

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

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

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

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

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

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

The next of kin have the following options:

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

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

Art. 11

Modules 4A and 4B: Dental and Optical

11.1: If the *insurance* has been extended to include Module 4, the following terms shall also apply:

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

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

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

Art. 12

Exceptions to cover

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

12.2: Furthermore, *the Company* shall not be liable to pay reimbursement for expenses

which concern, are due to or are incurred as a result of:

- a) non-medically essential and cosmetic surgery and *treatment* unless medically prescribed and pre-approved by the *Company*,
- b) obesity surgery and *treatment* (including diet pills),
- c) venereal diseases, AIDS, AIDS-related diseases and diseases relating to HIV antibodies (HIV positive). However, diseases relating to AIDS and HIV antibodies (HIV positive) are covered, if proven to be caused by a blood transfusion received after the commencement of the policy. The HIV-virus will also be covered if proven to be contracted as the result of an accident occurring during the course of only the following occupations: doctors, dentists, nurses, laboratory personnel, ancillary hospital workers, medical and dental assistants, ambulance personnel, midwives, fire brigade personnel, policemen/-women, and prison officers. The *insured* shall notify *the Company* within 14 days after such accident and at the same time provide a negative HIV antibody test,
- d) any use or misuse of alcohol, drugs and/or medicines unless it can be documented that the illness or injury is unrelated thereto,
- e) intentional self-inflicted bodily injury,
- f) contraception, including sterilisation,
- g) induced abortion unless medically prescribed,
- h) any kind of fertility test and/or *treatment*, including hormone *treatment*, insemination or examinations and any procedures related hereto, including expenses for pregnancy, pre- and postnatal *treatments* of the mother and the newborn child/children. An *application* must therefore be submitted

for children born as a result of fertility *treatment* and/or born by a surrogate mother. The *application* will undergo the standard underwriting procedure, according to Art. 1,

- i) sexual problems and gender issues: sexual problems, such as impotence, whatever the cause, or sex changes or gender re-assignments,
- j) *hospital accommodation* when it is used solely or primarily for any of the following purposes: receiving general nursing care or any other services which do not require the insured to be in a hospital and could be provided in a nursing home or other establishment that is not at hospital; receiving services which would not normally require trained medical professionals (eg help in walking and bathing) and pain management,
- k) *treatment* by naturopaths or homoeopaths and naturopathic or homoeopathic medications and other alternative methods of *treatment*, unless specified in the List of Reimbursements,
- l) health certificates,
- m) *treatment* of diseases during military service,
- n) *treatment* for sickness or injuries directly or indirectly caused by entering a known area of conflict (as identified by the British government) and/or while actively engaging in:
 - war, invasion, acts of a foreign enemy, hostilities (whether war has been declared or not), civil war, terrorist acts, rebellion, revolution, insurrection, civil commotion, military or usurped power, martial law, riots or the acts of any lawfully constituted authority, or army, naval or air services operations whether war has been declared or not,

- o) nuclear reactions or radioactive fallout,
- p) *treatment* performed by an *unrecognised medical practitioner, provider or facility*,
- q) treatment for or arising from any *epidemic disease and/or pandemic disease*, including vaccinations, medicines or preventive treatment for or related to any *epidemic disease and/or pandemic disease*,
- r) *treatment* by a psychologist,
- s) *treatment* or surgery to correct refractive errors in the eyesight (due to eg myopia, hyperopia/hypermotropia, astigmatism and presbyopia) such as laser *treatment*, refractive keratotomy and photorefractive keratectomy, clear lens extraction, or accommodative intraocular lenses,
- t) any *treatment* or medicine which is experimental based on acceptable current clinical evidence and practice, unless undertaken as part of a phase 3 or phase 4 registered clinical trial and the costs are met by the clinical trial sponsor (*the Company* reserves the right to ask for full clinical details before authorising any *treatment* and the *insured* must *receive the Company's* written agreement before the *treatment* takes place),
- u) any *treatment* or medicine which is not proven to be effective based on acceptable *current clinical evidence* and practice,
- v) medication and equipment used for purposes other than those defined under their licence.
- w) any of the following traditional Chinese medicines: cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American Ginseng; Radix Ginseng Silvestris; antelope horn powder; placenta hominis; Agaricus blazei murill; musk; and pearl powder, rhinoceros horn and substances from Asian Elephant, Sun Bear, and Tiger or other endangered species.

Art. 13

How to report a claim

13.1: Any *claim* for reimbursement of expenses incurred for *treatment* by a physician or specialist as well as hospital *treatment* and medicine shall be reported by submitting receipted and itemised bills provided with the policy number to *the Company*. (cf also 'Quick Reference Guide'). *The Company* scans submitted bills upon receipt. Any retrieval of the submitted bills is not possible.

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

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

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

Art. 14

Cover by third parties

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

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

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

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

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

14.6: In any event, *the Company* shall have the full right of *subrogation*.

Art. 15

Payment of premium

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

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

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

15.4: Changes in the terms of payment can only be made at 30 days' written notice prior to the policy anniversary.

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

15.6: The *policyholder* shall be responsible for punctual payment of the premium to *the Company*. If the premium has not been

received by the *Company* on the *due date*, *the Company's* liability shall cease.

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

15.8: Other charges, such as Insurance Premium Tax (IPT), or other taxes, levies or charges, depending on the laws of the *policyholder's country of residence* may apply. If they apply to the *policyholder's* insurance premium, they will be included within the total that has to be paid on the premium notice. The charges may apply from the *commencement date* or the anniversary of the *commencement date*. The *policyholder* must pay these charges to us when paying the premiums, unless otherwise required by law.

Art. 16

Information necessary to the Company

16.1: The *policyholder* and/or the *insured* shall be under the obligation to notify *the Company* in writing of any changes of name or address, change in residency, and changes in health insurance cover with another company, including a consolidated company. The *policyholder* is required to immediately notify the *Company* if any of the *insured* become a permanent resident of the USA, as described under Article 17.7. *The Company* must also be notified in the event of death of the *policyholder* or an *insured*. *The Company* shall not be liable for the consequences if the *policyholder* and/or the *insured* fails to notify *the Company* in such events.

16.2: The *policyholder* and/or the *insured* shall also be under the obligation to provide *the Company* with all information reasonably required for *the Company's* handling of the *policyholder's* and/or the *insured's* claims

against *the Company*, including provision of original bills upon request from *the Company*.

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

Art. 17

Assignment, cancellation and expiry

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

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

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

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

17.3: Where upon taking out the *insurance* or subsequently, the *policyholder* and/or the *insured* has fraudulently changed original documents or disclosed incorrect information

or withheld facts which may be regarded as being of importance to *the Company*, the *insurance* contract shall be void and shall not be binding on *the Company*.

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

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

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

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

17.7: The *policyholder* is required to immediately notify *the Company* in writing if any of the *insured* become a permanent resident of the USA, failing which *the Company* may terminate the *insurance* with immediate effect or (where permitted to continue the *insurance* until such date) with effect from the policy anniversary. *The Company* may terminate the *insurance* with immediate effect or (where permitted to continue the

insurance until such date) with effect from the policy anniversary, if the law of the country in which the *insured* is located, or the *insured's* country of residence or nationality, or any other law which applies to *the Company* or this *insurance*, prohibits the provision of healthcare cover by the *Company* to local nationals, residents or citizens.

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

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

17.8: Sanction clause

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

the European Union, UK or United States of America, or under other relevant international law. This Art. 17.8 only applies to *insurances* with a commencement date on or after 1 January 2016.

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

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

Art. 18

Complaints

18.1: How to file a complaint

We are always pleased to hear about any aspect of the *insurance* cover that the *insured* has particularly appreciated, or which may have caused the *insured* any problems.

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

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

Bupa Global
Palægade 8
DK-1261 Copenhagen K

18.2: External appeal

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

Further information about the Danish Insurance Complaints Board can be requested by:

- o writing to them at Anker Heegaards Gade 2, 1. DK-1572 Copenhagen V, Denmark
- o calling them on +45 33 15 89 00

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

Further information about the UK Financial Ombudsman Service can be requested by:

- o writing to them at Exchange Tower, London E14 9SR, UK
- o calling them on 0800 023 4 567 from a UK landline, or 0300 123 9 123 from a UK mobile telephone, or for calls from outside of the UK +44 20 7964 0500

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

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

Art. 19 Confidentiality

19.1: The confidentiality of patient and

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

Art. 20 The Financial Services Compensation Scheme (FSCS)

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

Art. 21 Applicable Law

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

Glossary

This Glossary with definitions is part of the Policy Conditions.

Defined term	Description
Acceptable current clinical evidence:	International medical and scientific evidence which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people and clinical trials which are not registered.
Acute serious illness:	An "acute serious illness" shall be determined to exist only after review and agreement by both the attending physician and the Company's medical consultant.
Anniversary date:	The renewal of the insurance.
Appliances:	Durable medical equipment that: <ul style="list-style-type: none"> o can be used more than once o is not disposable o is used to serve a medical purpose o is not used in the absence of a disease, illness or injury o is fit for use in the home.
Applicant:	A person named on the Application Form and the Medical Questionnaire as an applicant for insurance.
Application:	The Application Form and Medical Questionnaire.
Birthing centre:	A medical facility often associated with a hospital that is designed to provide a homelike setting during childbirth.
Bupa Global (incl. we/us/our):	Bupa Insurance Limited. Bupa Global is a trading name of Bupa Insurance Limited.
Claim:	The financial demand covered in whole or in part by the insurance. In the Company's evaluation/ determination of the claim, the time of treatment is decisive, not the time of the occurrence of the injury/illness.

Defined term	Description
Commencement date:	The date indicated in the policy schedule on which the insurance commences, unless otherwise stated in the Policy Conditions.
Company, the:	Bupa Insurance Limited, a company registered in England No. 3956433. Our address is: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA, UK.
Country of residence:	The country where the insured is living/spending most of his/her time. This should be the country in which the relevant authorities (such as tax authorities) will consider the insured to be resident for the duration of the insurance.
Deductible:	The total amount of money noted in the policy schedule which each insured agrees to pay each policy year before being reimbursed by the Company.
Documents:	Any written information related to the insurance including bills, policy schedules and the like.
Due date:	Date on which a premium is due to be paid.
Epidemic:	The occurrence of more cases of disease, injury, or other health condition than expected in a given area or among a specific group of persons during a particular period. Usually, the cases are presumed to have a common cause or to be related to one another in some way.
Family members:	Persons of a family relationship (related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
Hospitalisation:	Surgery or medical treatment in a hospital or clinic as an inpatient when it is medically necessary to occupy a bed overnight.

Defined term	Description
Hospital accommodation:	Coverage of a room that is no more expensive than the hospital's standard single room with a private bathroom. Charges for the insured's standard meals and refreshments are also covered. The charges will be paid for the length of stay that is medically appropriate for the procedure the insured is admitted for and any accompanying relative (if covered under the insurance plan).
Hospital cash benefit:	This benefit is paid instead of any other benefit for each night you receive eligible in-patient treatment without charge. To claim this benefit, please ask the hospital to sign and stamp a letter stating that you were treated with no charge.
Insurance:	The Policy Conditions and policy schedule representing the insurance contract with the Company and setting out the scope of the insurance terms, the premium payable, deductible and reimbursement rates.
Insured:	The policyholder and/or all other insured persons as listed in the valid policy schedule.
Outpatient:	Treatment provided at a hospital, outpatient clinic or associated facility where it is not medically necessary to occupy a bed overnight.
Pandemic:	An epidemic occurring over a widespread area (multiple countries or continents) and usually affecting a substantial proportion of the population.
Policy Conditions:	The terms and conditions of the insurance purchased.
Policyholder:	The person identified as the policyholder on the Application Form.
Policy schedule:	Policy details showing the type of insurance purchased, deductible and any special terms.

Defined term	Description
Pre-existing condition:	The medical history, including the illnesses and conditions listed in the Medical Questionnaire, which may affect the Company's decision to insure or not to insure or to impose special terms.
Registered clinical trial:	An ethically approved and clinically controlled trial that is registered on a national or international database of clinical trials.
Rehabilitation (Multidisciplinary rehabilitation):	Treatment in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.
Reimbursement rates:	The maximum amount of money which will be paid by way of reimbursement of medical expenses in one year from the commencement date or from each anniversary date, as further detailed in the Policy Conditions.
Renewal:	The automatic renewal of the insurance as per the anniversary date.
Serious injury:	A "serious injury" shall be determined to exist only after review and agreement by both the attending physician and the Company's medical consultant.
Special terms:	Restrictions, limitations or conditions applied to the Company's standard terms as detailed in the policy schedule.
Standard terms:	The Company's standard insurance terms with no special restrictions, limitations or conditions.
Subrogation:	The insurer's right to enforce a remedy which the insured has against a third party and the insurer's right to require the insured to repay the insurer if the insurer has paid expenses recouped by the insured from a third party.
Surgery:	A medical procedure that involves the use of instruments or equipment which are inserted into the body. This does not apply to minor surgical procedures e.g. removal of wart.

Defined term	Description
Terminal phase:	When the advent of death is highly probable and medical opinion has rejected active therapy in favour of the relief of symptoms and support of both patient and family. This decision must be confirmed by the Company's medical consultants.
Treatment:	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.
Unrecognised medical practitioner, provider or facility:	An unrecognised medical practitioner, provider or facility includes: <ul style="list-style-type: none"> ○ treatment provided by a medical practitioner, provider or facility who is not recognised by the relevant authorities in the country where the treatment takes place as having specialised knowledge, or expertise in, the treatment of the disease, illness or injury being treated. ○ treatment by any medical practitioner, provider or in any facility to whom we have sent a written notice that we no longer recognise them for the purposes of our plans. ○ treatment provided by <i>family members</i> or anyone with the same residence as the insured.
Waiting period	A period of time from the commencement date where the insurance provides no cover unless as per specification in Art. 3.

Call Bupa Global Customer Service for questions on your policy, payment, coverage etc.

Open 8am - 9pm (CET) weekdays

Tel: +45 70 23 00 42
Fax: +45 33 32 25 60
Email: ihi@ihi.com

Palægade 8
DK-1261 Copenhagen K
Denmark

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

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

Calls will be recorded and may be monitored.

European addresses

Bupa Global
Russell House
Russell Mews
Brighton BN1 2NR
UK

Bupa Cyprus
3 Ioannis Polemis Street
PO Box 51160
3502 Limassol
Cyprus

Bupa Denmark, filial af Bupa Insurance Limited, England
Palægade 8
DK-1261
Copenhagen K
Denmark

Bupa Malta
Testaferrata Street
Ta' Xbiex XBX 1403
Malta

ihi.com
bupa-intl.com

ΟΡΟΙ ΣΥΜΒΟΛΑΙΟΥ



ΟΙ **ΕΙΔΙΚΟΙ**
ΣΤΗΝ **ΝΟΣΟΚΟΜΕΙΑΚΗ** ΣΑΣ
ΠΕΡΙΘΑΛΨΗ
ΑΠΟ ΤΟ 2008

Έχετε απορίες;
Επικοινωνήστε μαζί μας άμεσα!

 health@infomax.gr

 **ΑΘΗΝΑ**
210 300 89 09

 **ΘΕΣΣΑΛΟΝΙΚΗ**
23 11 11 8000