

Questions & Answers



This document has been compiled in response to our understanding of the questions which have been asked. Our responses should not be read in isolation. Please see the current Membership Guide for complete benefit information. In the event of a discrepancy, the Membership Guide shall prevail

Product Design

What work have you carried out to compare the competitiveness of this product in terms of both benefits and price in the market?

Bupa International appointed an external consultancy agency to conduct a number of interviews with intermediaries, existing Lifeline and IHHP members as well as potential members who had requested a quote to gauge their opinions and comments on the plan design. This feedback was incorporated into the plan and helped to shape Worldwide Health Options.

General Product

What are the key benefits of Worldwide Health Options?

- Flexibility of the plan, including deductibles
- New look USA Cover
- Chronic cover supported by long-term medicine coverage and post transplant anti-rejection medicines
- Donor harvesting costs for transplants
- Maternity home delivery
- Full cover for cancer

If a customer goes to Accident & Emergency is the benefit dependent on the condition that they are there for?

Yes, for example

- road traffic collision, bed required – it would be taken from Worldwide Medical Insurance (hospitalisation)
- broken arm, no bed required – it would be taken from Worldwide Medical Plus (outpatient)

What treatment do members need to seek prior approval for?

Members should seek approval for:

- staying overnight in hospital
- visiting hospital as a day case
- having treatment for cancer or
- having advanced imaging, for example MRI, CT, PET scans

What are the penalties if customers don't seek prior approval for their treatment?

If the member has treatment in the USA and does not seek prior approval, then we will only pay 50% of the benefit. Unless it is an emergency admission when we would need to be contacted within 48 hours of admission.

Currently, there are no plans to introduce penalties for those members who do not seek prior approval outside of the USA.

Do we guarantee renewability?

Bupa International has to date never refused renewal terms to a member due to a large claim, a poor claim record, their age or failing health. We generally only decline renewal terms in the instances of fraud or a similar activity or where there are local regulatory restrictions, e.g. an American national returning to live in the USA.

If there is a family membership can all the members be living in different countries and zones? For example, can one of the members on a family registration have the USA Cover added on, or do they all need to have it?

Yes. Members can be in different countries and time zones and only some have USA cover (because not all Members need it).

Do we cover AIDS & HIV and if so, what is the moratorium?

HIV and AIDS are covered under Worldwide Health Options. There is no waiting period under Worldwide Medical Insurance. Any long term medication needed would be paid for from the Worldwide Medicines and Equipment Option (under the Long-term prescription medicines benefit), for which there is a three year waiting period.

If a member requires a transplant, they may be on a transplant register that covers more than one country or in another country to where they are living. When an organ becomes available in another country (for example, they live in Hong Kong and a kidney becomes available in Germany) will we pay for the member to be transferred to Germany? Or would we pay for the organ to be transferred to them?

As a rule we consider transplants to be treatment, as such it would be covered if the member needs to be transported to have the treatment carried out. If it is an option to fly the organ to the patient, rather than the patient to the organ, this would be considered on a case by case basis. In both scenarios Worldwide Evacuation cover would be necessary.

If the member has evacuation cover, then we would cover the cost of their transfer under this benefit. This is assuming of course, that treatment for this condition is not excluded, for example it is not a pre-existing condition which had been underwritten and excluded.

If they do not have evacuation cover, then we will not pay for their transfer.

Will medical loadings be available from the 1st July?

From the 1st July, we will not be offering medical loadings. However, it is something that we are working on and are hoping to be in a position to offer medical loadings in 2010. All updates with regards to the product, including medical loadings, will generally be communicated to you by Global View.

Do you cover professional sportspeople?

We do not accept sports clubs and teams, but we may accept individual sportspeople onto Worldwide Health Options.

We are looking at whether we can price by occupation as part of the medical loadings project. This would enable us to assess risk more accurately and therefore price accordingly.

What comparisons have been made between company and Worldwide Health Options? Will the benefits change on company to come in line with Worldwide Health Options?

We are currently working on refreshing our Company product and aim to launch enhancements in 2010. We are comparing benefits with those of Worldwide Health Options and where appropriate we will align.

Administration

How can I enrol a member, make payment etc?

You can submit a paper application form via fax or scan and e-mail it to us. If payment is by credit card or direct debit mandate we will collect automatic payments so the member has to do nothing. Otherwise the member will receive an invoice to pay.

Can members who have Worldwide Health Options make changes to their options midterm?

Members will only be able to make changes to their options (e.g. add or remove) at the point of renewal. The only exception to this is where members would be able to add on USA Cover if they had a need. Upgrades to add USA cover will be underwritten.

Why do we not ask for the 3 digit security code on the back of a credit card as part of the credit card payment on the application form?

The 3 digit security number (CCV code) is used to differentiate between where the cardholder is or is not present and those where they are. From a security point of view we should not record the member's card number and CCV code in the same place.

Commission

What commission will I receive when transferring existing members from Lifeline or IHHP to Worldwide Health Options?

Your transfer commission will be discussed on an individual basis, along with any other Worldwide Health Options queries you may have.

When medical loadings are introduced, will I get commission on the loading?

Yes, we intend to pay commission on any medical loadings.

Pricing

How does the price compare to current Lifeline Gold?

The Worldwide Health Options equivalent would be the Core, plus options Worldwide Medical Plus and Worldwide Medicines and Equipment, which on average is 5% dearer than Lifeline Gold, but it has richer benefits.

Will there still be a price review twice a year in October and April?

Yes, pricing and benefit reviews will still be April and October each year.

Can anything be done to look at 2 year contracts i.e. fix the rate in year 2 so that members know what their increase will be?

Medical inflation is high, expatriate populations move around; when taking into account all of the factors needed to offer this type of contract, the premium for 2 years would look unattractive.

What are the benefits of single age pricing?

Single year age pricing gives a truer price and are a much better indication of risk. It allows us to mirror subscriptions against the cost of claims rather than putting them together in 5 year bandings. This in turn helps to prevent large subscription increase when a member jumps from one year age band to the next.

Are there any plans to stop charging members when they reach their 61st birthday, like with IHHP?

Bupa International price their products based on the risk. It is true to say that as people get older they are more likely to need to claim and this in turn makes their subscriptions higher than younger people who are less likely to claim. Bupa does not believe that it is fair for younger people to subsidise the subscriptions of older people. The single year age pricing policy also helps to keep subscription increases stable, preventing high fluctuations.

Membership Guide

Why are moratoriums not included in the table of benefits?

No particular reason, but this is a great suggestion and will be taken forward when the membership guide is reviewed.

If you look at the formula on page 6/7 on the Membership Guide, there is a tab for each option apart from USA Cover. Why does USA Cover not have its own tab, when it is an option?

No particular reason, but this is a great suggestion and will be taken forward when the membership guide is reviewed.

Worldwide Medical Insurance

Can the maternity benefit be excluded - if not why not?

Maternity benefit is an integral part of the plan design. Worldwide Health Options is a global plan which means that we need to look at regulation and possible discrimination issues. For example, in the US you cannot exclude maternity benefit and EU regulation also has stipulations against discrimination.

Can the maternity waiting period be waived?

No. To offer affordable prices we have to weigh up the access to a benefit and possible price implications. If we have no maternity waiting period or waive it someone joining who is already pregnant will immediately start to claim. This will then push up claims costs and then subscription costs. This represents very poor management of risk.

Can you clarify the rules around caesarean, for example can the member elect for one?

We will only pay for delivering a baby by caesarean section if it is medically necessary, and providing the mother has been a Bupa member for at least 10 months before the delivery.

The principle of our scheme is to pay for medically required treatment. If the mother could have a natural vaginal delivery but chooses to have the baby by caesarean section without any medical need, then we will not pay for the delivery or for any associated accommodation costs.

Do you think the maternity benefit is high enough on Worldwide Medical Insurance, for example the cost of childbirth in Greece is expensive?

In deciding benefit limits, we have to take into consideration the cost of treatment around the world.

Would you classify a caesarean section required for psychological reasons, as a medical necessity?

The Royal College of Nursing has recommended the following: When a woman requests a Caesarean Section because she has a fear of childbirth, she should be offered counselling (such as cognitive behavioural therapy) to help her to address her fears in a supportive manner, because this results in reduced fear of pain in labour and shorter labour.

Bupa International believes that the best clinical practice shows that counselling should be offered in the first instance. We would then consider paying for a caesarean, following receipt of a psychiatric report.

Under home births do we cover births in swimming pools and would we pay for birthing pools for home births?

For home birth, we cover the cost of a midwife or other specialist's fees. We would not stop someone giving birth in a swimming pool or a birthing pool, but we would not pay for any costs directly associated with that.

Do you cover surgery for IUGR (inter uterine growth restriction)?

Foetal growth restriction does not normally result in foetal surgery (not covered, for more details please see the list of General Exclusions in the Membership Guide). Generally, mother and baby are monitored but the condition may result in a medical necessary caesarean section. At this point, steroids may be given to prevent the baby having breathing difficulties following early delivery. We would pay for the caesarean, but only for treatment required by the baby if it was enrolled following birth.

Would a member be covered for childbirth, irrespective of how the baby has been conceived – i.e. natural or assisted reproduction?

Maternity benefit is paid for the pregnancy irrelevant to the method of conception. However, new born babies born via a surrogate mother or who have been adopted cannot be covered until they are 90 days old.

Are multiple pregnancies/births covered under the plan?

Yes they are, up to the maternity limits and 10 month waiting period.

What does the benefit limit for childbirth at home cover?

This benefit is to pay towards medical costs for childbirth at home such as midwife fees, so the member has to submit a claim. It is not a cash benefit.

Is the new born baby care per child or per pregnancy?

The benefit limit is per child not per pregnancy.

What is the limit on personal expenses in terms of number of days?

There isn't a limit to number of days; it is just limited to the number of days in hospital. Therefore, it is as many days as medically necessary.

What are the numbers of days allowed for hospitalisation?

As many days as is medically necessary – there is no general limit. Of course, this is subject to any other expectations and the overall limit under the plan.

If hospitalisation treatment is required as a result of a congenital/hereditary condition - does this come out of the hospitalisation limit?

Any hospitalisation treatment (formerly known as inpatient) for a congenital/hereditary condition will be paid from the congenital/hereditary benefit and not the hospitalisation limit.

Attention Deficit Hyperactivity Disorder (ADHD) is classified as a congenital condition, why is it excluded?

ADHD is a developmental condition and not a congenital one.

The reason for this is that the cause of the condition is as yet poorly defined. It is multifactorial, and genetics plays some part, but environmental factors play a larger part in its aetiology.

Every single condition in the world, from hernia to cancer, diabetes to schizophrenia has some genetic basis to the disease, and so people could try and argue that everything is hereditary or congenital.

However, we have had a very careful and thorough analysis of which conditions are deemed by the international medical community to be congenital or hereditary.

Is stem cell treatment covered?

We will pay for:

- stem cell treatment carried out as part of cancer treatment
- peripheral stem cell transplant with or without a high dose of chemotherapy when carried out for conditions other than cancer

We do not cover the harvesting or storage of stem cells, when intended as a preventive measure against possible future disease.

Would you pay for treatment for a burns victim where stem cell therapy had been used to grow skin rather than using a skin graft?

We would look at this type of treatment on a case by case basis, as medical treatment and techniques changing all the time. There is currently no established treatment with stem cells to grow new skin, so this type of treatment would currently be considered experimental.

If a member was receiving chemotherapy at home as part of their cancer treatment, would it be taken out of the Worldwide Medical Insurance option?

Yes, all cancer treatment is covered under Worldwide Medical Insurance. Although Worldwide Medical Insurance is primarily for hospitalization, cancer treatment is the exception to this.

Are secondary and/or hereditary cancers covered?

Yes. Both are covered, we do not have differing classifications of cancer – they are all treated under the cancer benefit.

Under the cancer benefit do we cover medication for gene therapy for cancer treatment e.g. member has breast cancer and has gene therapy to manipulate the cancer gene to prevent any further cancer?

Cancer gene therapy is not a medically proven course of treatment and there is no long term medical data to support its effectiveness, any side effects or whether it can cure the condition. Therefore, it would not be covered as it would be an experimental treatment.

What is the thinking behind cancer being covered for all treatment under Worldwide Medical Insurance but for organ transplants you have to purchase Worldwide Medical Insurance, Worldwide Medical Plus and Worldwide Medicines and Equipment?

Research showed that members and potential members were concerned that the costs and rising incidents of cancer – 1 in 4 people are affected by cancer. Our research told us it was a concern for our members that they want to have a fully comprehensive cancer benefit. Transplants did not raise the same sort of concern and, as we cannot cover everything under Worldwide Medical Insurance at a reasonable price, we listened to the concerns of our members.

Will we pay for a member to have the same organ transplanted twice? E.g. someone has a heart transplant, the organ is rejected and they need another one?

We will pay for someone to have the same organ transplanted twice, but as the benefit applies per condition it will be dependent on how much was claimed for the first transplant as to whether there is any limit left.

If there is a delayed rejection of a transplanted organ, does the treatment come out of the transplant benefit or the overall limit?

It would come out of the transplant benefit.

Is dialysis covered – it is not mentioned on any of the benefit plans?

Yes, fully covered – members will need to have purchased Worldwide Medical Plus to get out-patient or home treatment covered.

On the local air ambulance cover is there any reason for the 100 mile limit?

Yes, this benefit is intended for emergency situations, either when access to the patient is difficult or time is of the essence. Our research showed that limiting this to 100 miles was the most appropriate distance to allow for the majority of cases.

Worldwide Medical Plus

Why is the age limit for child immunisation 5 years old?

As an international product, we need to ensure that the majority of the world is covered by our benefits and we understand that there are regional differences. Research suggests that most immunisations are given under 5 years of age.

Under Worldwide Medical Plus, does the pre and post natal maternity care cover medicine for something like post-natal depression? Or would that come out of Worldwide Medical Insurance?

Childbirth (in hospital or at home) itself is covered under Worldwide Medical Insurance. Maternity, that is pre and post natal care, is covered under Worldwide Medical Plus. Medicine for post natal depression would be paid from Maternity in Worldwide Medical Plus (not Worldwide Medicines and Equipment) and be subject to the limits which apply to Maternity. We also cover secondary conditions brought about by pregnancy from the Maternity benefit, so it is appropriate to pay all related treatment, including medicines, from the Maternity benefit not elsewhere.

Worldwide Medicines and Equipment

Why is there a three year waiting period for long term medication?

It's a brand new benefit, which will be closely monitored and we will be following developments in the pharmaceutical industry for costs etc. We believe that we have set an appropriate limit at the moment.

Will we cover the new fat absorbing medicine that is new on the market?

No, we won't. It is over the counter and we do not pay for medicines which are available without prescription. Also, treatment of obesity is excluded from benefit, which includes slimming aids or drugs.

Is the long term use of oxygen considered to be a long term medication?

The rental and use of the tank is medical equipment and the oxygen is medication.

Do we cover hearing aids and cochlear implants?

We do not cover hearing aids. Cochlear implants will be paid if the initial implant was made before the age of five, in which case we will pay for the implant and upkeep. If the member already has the implant when joining, it would be considered a pre-existing condition.

Worldwide Wellbeing

If someone wears glasses/contact lenses and they take out Worldwide Wellbeing, will they be able to claim for glasses/contact lenses?

Yes – it is not classified as a pre-existing condition for the purposes of Worldwide Wellbeing.

Will we pay for eye tests, even if the member wore glasses/contact lessons prior to purchasing Worldwide Health Options?

Yes – we would because it is a preventive test. If they have an eye condition upon joining e.g. glaucoma, and have not been underwritten for that, then any eye tests they have which are related to that condition will not be paid.

We now offer optical benefit – was there any reason we had not decided to include the cover of corrective laser eye treatment – even with perhaps a 5 year moratorium for it?

Yes – corrective laser eye treatment is performed primarily for cosmetic reasons – i.e. the recipient does not want to wear glasses or use contact lenses. Also, research is showing that a large number of people who have corrective laser eye treatment again need to wear glasses within 5 – 10 years as their vision changes again through the natural aging process.

Can I purchase dental but not wellness or optical - or the same question with different variations?

Members will have flexibility to choose the options that they need. However, the benefits within the options are fixed. Our research has shown that the Wellbeing option is very popular and we have the right mix of benefits.

With regards to the optical benefit, if the member has daily disposables, are they covered and do they have to submit a claim form each month they get them?

Members can submit on either a monthly, quarterly, half yearly or yearly basis - so they can save them all up and submit in one go. Members need to ensure that a copy of the prescription for each invoice is enclosed so we can see they were corrective and not just cosmetic.

Why is there a two year moratorium on orthodontic treatment? And why is the age limit 19 years old?

Age 19 is set because after this age orthodontic treatment is more often considered to be cosmetic. The 2 year moratorium is because orthodontic treatment is expensive and continues over a long period of time, so we don't want people joining their children just to get that cover immediately.

Health checks in Lebanon, Jordan and Egypt can cost up to £4,000 – therefore the limit for this benefit is very low. Do we pay for overnight stay in hospital for health checks as a number of Middle East hospitals offer packages?

No we only pay for the cost of the screening tests – which would not necessitate an over night stay in hospital. We would pay up to the benefit limit for any health screening tests.

Under health screening checks why are their only listed tests on the alternate years?

These tests, when performed for preventative reasons, are usually carried out every two or three years rather than annually which is why this benefit is only available on alternative years.

Worldwide Evacuation

With regards to the Worldwide Evacuation option, what country will we repatriate the member to?

We will repatriate members to their specified country of nationality, as given on their application form.

Can you be evacuated for an excluded condition?

No – you can only be evacuated for something which you are covered for.

Is there a limit to the number of accompanying persons that a member can take with them, under Worldwide Evacuation?

One adult – they do not need to be a Bupa Member.

Is there a limit to the number of minor children that a member can take with them, under Worldwide Evacuation?

No, as long as they are the evacuee's children, aged less than 18 years, and would otherwise be left without a parent or guardian or someone to take care of them.

What is the definition of minor children?

Child dependants under the age of 18.

Evacuation Option has some excellent new benefits, but why only repatriate mortal remains? Why don't you pay for funeral costs locally, especially where someone has lived overseas for decades and does not want to be buried back in their home country?

Our products are designed to provide benefits towards medical expenses and the medical transfer of patients to receive treatment, in the main. The extension of the evacuation benefits to include repatriation of mortal remains was a natural inclusion to this benefit. We focus on healthcare as our core business, funeral expenses are not part of this and, furthermore, are often provided for by other insurances the customer may have. It is something we can consider in the future.

Some airlines will only take mortal remains if the body has been embalmed. Do we pay for embalment?

We will pay for embalming and zinc coffins when this is a mandatory requirement for transporting the body. This cost will be included towards the cost overall benefit limit for repatriation of mortal remains.

USA Cover

In terms of the USA cover, will member's be able to be add on and take off according to need – e.g. throughout the year or is this only at renewal?

For members who are residing in the USA for the majority of the year, their subscription is calculated as Zone 1. If the member moves address, and is no longer living in the USA, then they must notify us. If the member subsequently moves back to the USA, then they will be underwritten.

For those members, who do not reside in the USA but want to be covered when they travel to the USA, there is USA Cover. The member can choose to add on or remove USA Cover where appropriate. Where a member adds USA Cover, it is classified as an upgrade and as such is subject to underwriting.

Deductibles

If a member has to have a course of physiotherapy in December, and their membership is up for renewal in the January would they have to pay the deductible out of both years allowance?

Yes, the deductibles apply each membership year. If you have treatment which continues over your anniversary, the deductible will be payable separately for treatment received both before and after your anniversary.

If a family has different cover options from Worldwide Health Options, can they have a different deductible amount?

No. Whatever deductible has been chosen for Worldwide Medical Insurance by the applicant will also apply for all additional persons. Then, depending on what options they select the fixed deductibles will also apply.

What is the rationale behind the deductible structure, e.g. someone who has a £5000 deductible still has to pay such a small amount on the other options?

The key reason that we decided on this structure was because it is better for the customer as it means that they can access lower cost treatment more quickly, than if they had to satisfy a high overall deductible. At the same time they can reduce the cost of their subscriptions by choosing to have a deductible.

Why are the deductibles on Worldwide Medical Plus and Worldwide Medicines and Equipment so low?

The deductibles on Worldwide Medical Plus and Worldwide Medicines and Equipment have been set at lower levels, as the cost of treatment on these options is generally less expensive than treatment in hospital, surgery, scans or cancer treatment.

Can a member off set a claim under local insurance against the deductible costs even if the local insurer has paid out against the invoice?

No. This is considered to be 'double insurance' and in most countries is an illegal practice.

Underwriting

Can pre-existing conditions be covered?

When we launch on the 1st July, pre-existing conditions will be excluded from cover. However, in 2010 we are aiming to launch the option to offer medical loadings. Please refer to previous medical loading question.

What are the underwriting rules surrounding transferring from another insurance company?

We can offer CPME (Continued Personal Medical Exclusions) where a customer has current comparable cover. We will consider transfer terms subject to our criteria:

- Must have been previously underwritten
- The insurer is included on our list of companies for which we offer continuity of cover between the previous insurer and Bupa International
- They were with their previous insurer for 12 months or more.
- We have copies of their membership certificates (showing details of any previous underwriting) or written evidence of this.
- They are not applying to add USA cover which will be underwritten
- The moratoriums on Worldwide Health Options will apply.

Members wanting CPME transfers need to complete an application form including the medical history questions.

What is the underwriting process?

The application form will have full details of the medical questions that need to be answered for each person on the application. Once the application form has been submitted our underwriters will review the medical information declared. If there are any pre-existing medical conditions they will be excluded. Details of the exclusion will be shown on the membership certificate which is included in the membership pack and is dispatched once the application form has been processed. Alternatively, you can log on to Intermediary World and complete a quote request, including the medical information with your customer at your side.

How exactly will the moratoriums work?

Where a moratorium applies the member cannot claim for this benefit for the moratorium period. For example, there is a 10 month moratorium on the maternity benefit (under Worldwide Medical Plus), which means that a member cannot claim for maternity for the first 10 months that they are a member. Once the moratorium period has expired benefit is paid as normal.

What are the rules for existing company members who want to move to an individual plan?

Our normal transfer rules will apply.

Is real time underwriting being introduced alongside Worldwide Health Options?

Real time underwriting is being looked at as part of another project, which will also look at the introduction of loadings for pre-existing conditions. This will not be ready for Go Live for Worldwide Health Options.

IHHP will continue to offer a medical loadings option until we are able to offer them on Worldwide Health Options.

If a member is on a Medical History Disregarded (MHD) group and develops a condition 18 months in, and then leaves the company plan and transfers to Worldwide Health Options – will he/she be underwritten for that condition?

Any member leaving an MHD group to an individual product must have been on MHD cover for 3 years to transfer without underwriting.

Q13 on the medical questions (application forms) "Is anyone to be covered taking any medication, prescribed or otherwise..." Why are you asking for details about medication which has not been prescribed?

- Some people may be taking medications that have been prescribed a long time ago, but now they get it on repeat prescription and have forgotten that it is prescribed - this is intended to jog the memory.
- Medication rules vary across the Globe - in one country a drug may need to be prescribed, whereas in another it does not. We would like the information to be standard for us regardless of which country the application comes from.
- Medication can now often be bought from internet pharmacies which are unregulated. Customers may feel that even powerful drugs they have bought from the internet do not need to be declared, because they have not been prescribed.
- We need to know about any alternative/complementary medicine drugs the customer takes because they are often not regarded as 'prescribed', but still tell us useful information about what might be an underlying condition.
- In some rare cases, this may prompt people to tell us about medications they use for 'recreational' purposes.

Transfer Process

What happens to existing IHHP and lifeline members?

As existing Lifeline and IHHP members come up for renewal we will be contacting you/them to let them know about the new Worldwide Health Options. They will then have the option to move to Worldwide Health Options. We will have a dedicated team dealing your enquiries for members who want to make the transition to the new plan.

What will happen to my existing portfolio of Lifeline members and IHHP members, are you going to force members to transfer to Worldwide Health Options?

Our goal is to close Lifeline & IHHP in the future and to offer Worldwide Health Options as our global individual IPMI product. Initially though as members renew we will offer them the option to move to Worldwide Health Options on a voluntary basis. We will continue to review the situation and monitor how many members are transferring to Worldwide Health Options.

Can we continue to sell IHHP and lifeline following the launch?

Both IHHP and Lifeline will still be available to new members for at least 6 months post launch of Worldwide Health Options.