

SCHENGEN TRAVEL



Schengen Travel
(Bupa Denmark, filial af Bupa Global DAC, Irland)

Valid from 2020

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Feel safe when travelling

The Schengen Travel plan offers protection if you have a sudden, unexpected illness or injury when travelling to a country within the Schengen area.

The plan has been specially designed to meet the regulations set up by the European Union. According to these regulations, persons who apply for an entry visa to the Schengen area must prove that they have a valid medical travel *insurance*. The *insurance* must cover costs for emergency treatment, *hospitalisation*, urgent ambulance transportation and medical evacuation back to the home country. The *insurance* amount must be at least EUR 30,000.

Schengen Travel complies with all these demands and covers you on all types of trips to the Schengen countries.

Choice of cover period

You can choose between different options, depending on how long and how often you travel to the Schengen area.

- Single trip cover from three days up to 62 days.
- Multiple trip cover within a 90 days, 182 days or 365 days period.

The benefits are the same for all options, only the period of cover and the premiums vary.

If you need our help

In case of a sudden illness or accident, please call *Bupa Global Assistance* for 24-hour emergency service. *Our* competent staff and doctors work day and night, and bills regarding *hospitalisation* are paid directly to the hospital. If you are hospitalised, you must always notify *Bupa Global Assistance* immediately so that *we* can send a guarantee of payment to the hospital.

In case of *outpatient* treatment by a doctor you must pay the bill yourself before claiming reimbursement. After this, you must send *us* the itemised and receipted bill together with a completed *claim* form in order for *us* to process

your *claim*.

If you have a pre-existing condition

Schengen Travel covers acute illness and injury occurring after you have started your trip abroad. In order for an illness to be covered it must be unexpected. Therefore, if you suffer from a condition before you begin your trip, this will normally not be covered.

If you have a *pre-existing condition* and if you are not sure whether the *insurance* provides coverage, you should send a medical report to *Bupa Global Travel* before your trip in order to get information about the cover in your particular situation.

Cover and benefits

Valid from *commencement date* or policy renewal in 2020.

The List of Reimbursements forms part of the Policy Conditions. It is therefore necessary to read both the List of Reimbursements and the Policy Conditions (including Glossary) carefully. Words written in italic in the List of Reimbursements are "defined terms" which are specific terms relevant to your cover. Please check their meaning in the Glossary at the end of this product guide.

All benefits listed are per person per trip.

	EUR
Maximum cover per person per trip	30,000
<i>Hospitalisation</i>	100%
Ambulance transportation	100%
Medical evacuation/repatriation	100%
Statutory arrangements in case of death	100%
Home transportation of the deceased	100%
<i>Outpatient</i> treatment by doctors and specialists after a deductible per <i>claim</i> of EUR 100*	100%
*No cover of any kind of medicine (neither non-prescribed nor prescribed medicine).	

The premium is listed on a separate premium sheet.

Policy Conditions

Valid from commencement date or policy renewal in 2020.

In accordance with the Danish *Insurance* Contracts Act.

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Glossary

Art. 1

Acceptance of the insurance

1.1: Bupa Denmark, filial af *Bupa Global DAC*, Irland (Bupa Denmark, branch of *Bupa Global DAC*, Ireland), 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 liable, the *application* must be approved by the *Company*. 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.

1.2: In order for the *insurance* to be accepted by the *Company* the *applicant* must not have reached 80 years of age at the *commencement date*.

Art. 2

Commencement date

2.1: The *insurance* shall be valid if the premium has been paid prior to the *commencement date*. The *insurance* shall be effective in the period stated in the policy schedule.

2.2: The right to compensation shall take effect when the *insured* leaves his/her *country of permanent residence* and shall cease upon return to the *country of permanent residence*. If the *insurance* is taken out after the *insured* has left the *country of permanent residence*, the cover under the *insurance* is not effective until 3 days after the purchase date and any expenses arising from events which have occurred within the 3 day waiting period are not covered. In the event of *serious injury* in connection with an accident, the right to compensation shall, however, take effect concurrently with the *commencement date* of the *insurance*.

2.3: If the 90 days multiple trip cover has been chosen, cover shall be valid only for trips up to 30 days' duration per trip.

2.4: If the 182 days multiple trip cover has been chosen, cover shall be valid only for trips up to 90 days' duration per trip.

2.5: If the 365 days multiple trip cover has been chosen, cover shall be valid only for trips up to 90 days' duration per trip.

Art. 3 Who is covered by the insurance?

3.1: The *insurance* shall cover the *insured person(s)* named in the policy.

Art. 4 Where is cover provided?

4.1: The *insurance* shall provide cover within countries which are under the Schengen regulations.

4.2: The *insurance* does not provide cover in the country where the *insured* has a permanent residential address.

Art. 5 What is covered by the insurance?

5.1: The *insurance* shall cover expenses incurred by the *insured* in the *insurance* period in accordance with the applicable benefits listed on page 4. The *insurance* cover has a guaranteed minimum of EUR 30,000. Cover shall not exceed this *insurance*

amount.

5.2: Fellow-travelling children under the age of 18 who are covered by the *insurance* shall be entitled to compensation for reasonable travel expenses if the parents or all the fellow-travellers are medically evacuated in connection with a transport covered by the *insurance*.

Art. 6 Medical expenses

6.1: The *insurance* shall cover the medical expenses incurred by the *insured* in case of an acute illness and injury.

6.2: Prescribed emergency inpatient treatment and medication in a hospital and local transport to and from hospital shall be compensated at 100% of the expenses.

6.3: Treatment by authorised physicians and specialists shall be compensated at 100% of the expenses after a deductible of EUR 100 per *claim*.

6.4: The *insurance* shall not cover expenses for treatment of pre-existing, chronic or recurrent illnesses and disorders if the *insured*:

a) has been hospitalised within six months prior to each departure from the home country, or if the *insurance* has been purchased after commencement of the trip, prior to the expiry of the waiting period,

b) has been treated by a physician (routine check-ups excepted) within six months prior to each departure from the home country, or if the *insurance* has been purchased after commencement of the trip, prior to the expiry of the waiting period,

c) has had a change of medication within six months prior to each departure from the home country, or if the *insurance* has been purchased after commencement of the trip, prior to the expiry of the waiting period,

d) has not received medical treatment, has refused or given up treatment, even though the *insured* should know that the illness/disorder ought to be treated, or has deteriorated,

e) has reached a state where any attempt of further treatment has been abandoned, or has been refused treatment,

f) is waiting to receive treatment, or has been referred to another place of treatment,

g) has omitted to go to pre-arranged controls.

The *insurance* does not cover expenses for control, treatment and medicines in connection with stabilisation and regulation of a pre-existing, chronic or recurrent illness/disorder. The *insurance* does not cover a need for treatment which was expected before departure or, if the *insurance* has been purchased after commencement of the trip, before the expiry of the waiting period.

6.5: The *insurance* does not cover conditions which are defined by the *Company's* medical consultants to be indisputably pre-existing.

6.6: Physicians and specialists performing the treatment must have authorisation in the country of practice. Furthermore, the method must be approved by the public health authorities in the country where the treatment takes place. Methods of treatment not yet approved by the public health authorities, but under scientific research, will only be covered if approved in advance by the *Company's* medical consultants.

6.7: The *Company* has the right to demand that the *insured* be repatriated to the *country of permanent residence*, if the *Company's* medical consultants and the treating physician agree that the *insured* is medically fit to be transferred to his/her *country of permanent residence*. In case of disagreement, the decision of the *Company's* medical consultant shall prevail.

Art. 7 Medical evacuation/repatriation

7.1: Compensation shall be paid for reasonable additional expenses incurred for the *insured's* medical evacuation/repatriation in the event of an *acute serious illness* (cf. however Art. 6.4), *serious injury* or death.

7.2: The *insurance* shall provide cover subject to the treating physician and the *Company's* medical consultants agreeing on the necessity of transferring the *insured* and agreeing on whether the *insured* should be transferred to his/her *country of permanent residence* or to another place of treatment.

7.3: The *Company* cannot be held liable for expenses for a medical evacuation/repatriation which has not been pre-approved and co-ordinated by the *Company*.

7.4: Only one transportation is covered in connection with one illness or injury or case of death.

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

7.6: If the *insured* is unable to continue the trip due to an acute illness or injury covered by the *insurance*, additional and reasonable travel expenses shall be covered when the *insured* is able to travel again, and when accepted by the *Company* prior to the change of travel itinerary.

7.7: 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. 8 Exceptions to cover

8.1: The *Company* shall not be liable to pay reimbursement for expenses which concern are due to or are incurred as a result of:

a) any illness, injury, bodily infirmity or physical disability and consequences hereof which have come into existence, or shown symptoms before each trip abroad (see also Art. 6.4),

b) cosmetic surgery and treatment and consequences thereof unless medically prescribed and approved by the *Company*,

c) convalescence treatment,

d) pre-existing diseases of the teeth and dental treatment,

e) dentures, glasses, contact lenses and hearing aids

f) venereal diseases, AIDS, AIDS-related diseases and diseases relating to HIV antibodies (HIV positive). However, diseases relating to AIDS and HIV antibodies (HIV positive) are covered, if proven to be caused by a blood transfusion received after the commencement of the policy. The HIV-virus will also be covered if proven to be contracted as the result of an accident occurring during the course of only the following occupations: doctors, dentists, nurses, laboratory personnel, ancillary hospital workers, medical and dental assistants, ambulance personnel, midwives, fire brigade personnel, policemen/-women, and prison officers. The *insured* shall notify the *Company* within one week after such accident and at the same time provide a negative HIV antibody test,

g) medical assistance in connection with maternity after 8th month (36th week) of pregnancy, and after the 4th month (18th week) when the pregnancy is the result of any kind of fertility treatment and/or the *insured* is expecting more than one child. Medical check ups are not covered in any case,

h) induced abortion which is not medically prescribed,

i) the use of alcohol, drugs or medicines unless it can be documented that the illness or injury is unrelated thereto,

j) intentional self-inflicted bodily injury, the *insured's* suicide or the *insured's* suicide attempts,

k) treatment by naturopaths, naturopathic medicines and other alternative methods of treatment,

l) treatment for sickness or injuries directly or indirectly caused 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),

m) nuclear reactions or radioactive fallout,

n) treatment performed by an unrecognised physician or facility,

o) epidemics which have been placed under the direction of the public authorities,

p) treatment by psychologists, unless prescribed by the treating physician in connection with emergency relief,

q) routine medical check-ups, vaccinations and other preventative treatment,

r) the *insured* resisting or failing to comply with the medical directions given by the *Company's* medical consultants and the treating physician,

s) the *insured* resisting medical evacuation (see also Art. 6.7), treatment,

t) transportation which has not been pre-approved and co-ordinated by the *Company*,

u) medical treatment and examinations which can await the *insured's* arrival home,

v) private room in hospital unless medically prescribed and approved by the *Company*,

w) any treatment which is not necessary or which is not directly related to the diagnosis covered by the *insurance*,

x) active participation in any motorsport show, motorsport race or motorsport competition, including any training, as well as base jumping, paragliding, hang gliding, wing suit flying, speed flying, mountaineering that requires specialized climbing equipment and outdoor climbing

y) any illness or injury resulting from active engagement in any illegal act,

z) search and rescue services,

aa) injury caused by gross negligence and/or with intent.

Art. 9 How to report a claim

9.1: Compensation shall be paid following the *Company's* approval of the expenses as being covered by the *insurance* after a fully completed *claim* form has been submitted to the *Company* together with the receipted and itemised bills. Furthermore, the *insured* must submit other relevant documentation such as medical information, flight tickets, travel documents and a copy of the complete passport.

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*.

9.2: In no event shall the amount of compensation exceed the amount shown on the bill. If the *insured* receives compensation 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* for the excess amount immediately. Subsequent compensation made by the *Company* shall first be written down by any such outstanding amount.

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

9.4: The *Company* must be notified immediately in case of death, *hospitalisation*, or medical evacuation, and such notification must include medical information about the illness/injury.

Notification should be made by telephone or email to the *Company's* 24 hour emergency service, the *Company* shall defray all expenses incurred in this connection.

9.5: Claims must be reported to the *Company* immediately and no later than 30 days after the *insured's* arrival to the home country.

9.6: Complaints regarding the *Company's* claims handling shall be filed not later than 30 days after receipt of the compensation amount.

Art. 10 Cover by third parties

10.1: 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.

10.2: In these circumstances the *Company* will coordinate payments with other companies and the *Company* will not be liable for more than its rateable proportion.

10.3: If the *claim* has been 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.

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

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

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

Art. 11 Payment of premium

11.1: Premiums are determined by the *Company* and shall be payable in advance for the whole *insurance* period before the commencement of the *insurance*.

11.2: The policyholder shall be responsible for punctual payment of the premium to the *Company*.

11.3: In the event of a failure to pay before the *commencement date* of the *insurance*, the *insurance* shall not be effective and the *Company* shall not become liable.

11.4: In case of annulment of the *insurance* prior to the *commencement date*, refund of premium is possible only if a written request is received by the *Company*. The *Company* will charge a fee in connection with refund of premium (see art. 13.2.1).

11.5: In addition to paying premiums, the policyholder also may have to pay the amount of any *Insurance Premium Tax* (IPT) and any new taxes, levies or charges relating to his/her policy that may be imposed after he/she joins and that the *company* is required by law to pay or to collect from the policyholder, driven primarily in principal by the country or residence of the policyholder. The policyholder is required to pay to the *company* any such IPT, taxes, levies and charges as well as premiums, unless otherwise required by law. Total premium charged will be inclusive of IPT, taxes, levies or charges.

Art. 12 Information necessary to the Company

12.1: The policyholder and/or the *insured* shall be under the obligation to notify the *Company* of any travel or health *insurance* cover or a similar cover with another *company* including an affiliated *company*.

12.2: The policyholder and/or the *insured* shall also be under the obligation to notify the *Company* of and provide the *Company* with all obtainable information 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*.

12.3: In addition, the *Company* is 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* is entitled to obtain any medical records or other written reports and statements concerning the *insured's* state of health.

12.4: The *Company* fully complies with applicable data protection legislation (see also art. 15.1). Generally, we therefore cannot disclose any personal or sensitive information (eg. medical information) nor discuss cases with anyone not authorised by the *insured* in question. It is therefore recommended that the *insured* authorises any person he or she wants to share information with. A third party authorisation form will be provided by the *Company* on request.

Art. 13 Assignment, termination, cancellation and expiry

13.1: 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*.

13.2: The *insurance* may be terminated by the policyholder with immediate effect at any time by phone, letter or email. The termination is subject to a fee, cf. Art. 13.2.1 below.

13.2.1: If the Schengen *insurance* is terminated before the expiry date set out on the *insurance* card the *Company* shall be entitled to an administration fee of EUR 50. If the fee, however, is higher than the paid premium, no additional charge to *insured* will be made.

13.2.2: If the *insurance* is terminated after the *commencement date*, the policyholder will be charged premium for the time he/she has been covered. The *Company* will refund the difference between the premium that would be payable for the shorter period of cover and the premium paid less any administration fee charged according to Art. 13.2.1.

13.3: When a *claim* has been filed, the *insurance* can be terminated with one month notice by the policyholder or by the *Company* within 14 days after the reimbursement has been effected or rejected by the *Company*.

13.4: Right of withdrawal
If the policyholder has purchased a travel insurance with an insurance period of more than one month, the policyholder has a right to withdraw from the purchase. The period during which the insurance can be withdrawn lasts 14 days and begins on the date on which the policyholder has entered into the insurance agreement. This will normally be on the date on which the policyholder has purchased the insurance and received the insurance documents. Under the Danish Insurance Contracts Act the policyholder has a right to receive certain information about the right to cancel the insurance and about the insurance. The notice period for cancellation does not commence until the policyholder has received this information in writing (e.g. on paper or by email). If, for example, the policyholder receives the insurance documents, and also has received the above information, eg. on Monday the 1st, he/she can cancel the insurance until and including Monday the 15th. If the period expires on a public holiday, Saturday or Sunday, the policyholder can wait until the following day. If the policyholder wants to withdraw the insurance the Company must be notified by letter, email or phone. The Company's contact details are listed at the end of this document. It is sufficient that the Company is contacted before the expiry of the notice period.

If a policyholder has purchased a travel insurance with an insurance period of less than one month, the policyholder has no right to withdraw from the purchase according to the Danish Insurance Contracts Act.

13.5: 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.

13.6: The *insurance* period can be extended up to 48 hours with no extra premium charge if the return of the *insured* is delayed without the *insured* being responsible for the delay.

13.7: Where, upon taking out the *insurance* or subsequently, the policyholder or the *insured* has fraudulently 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*.

13.8: The *Company* can stop or suspend an *insurance* product at three months' notice prior to the policy anniversary.

13.9: 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 Denmark, 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.

Art 14 Disputes, venue, etc.

14.1: Any disputes arising out of or in connection with the *insurance* contract shall be settled in accordance with Danish law, with Copenhagen as the agreed venue. The *Company* is affiliated to Anke-nævnet for Forsikring (The Danish *Insurance* Complaints Board).

Art. 15 Data protection

Art 15.1: The confidentiality of patient and customer information is of paramount concern to the companies in the Bupa group. To this end, *Bupa Global* fully complies with applicable data protection legislation and medical confidentiality guidelines. Please see the *Bupa Global* Privacy Notice above the glossary section.

Bupa Global Privacy Notice

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

If you have any questions about how we handle your information, please contact the *Bupa Global* Travel service team on +45 70 20 70 48. Alternatively you can email or write to the team via travel@ihi-bupa.com or *Bupa Global* Travel, Palægade 8, DK-1261 Copenhagen K, Denmark.

Last updated: November 2018

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1. Information about us

Summary: In this privacy notice, 'we', 'us' and 'our' means the Bupa companies trading as *Bupa Global*.

More information: Depending on which of our products and services you ask us about, buy or use, different companies within our organisation will process your information and make decisions about how your information is handled.

Bupa Global is a trading name of *Bupa Global* Designated Activity Company, Bupa Denmark, filial af *Bupa Global* DAC, Irland, Bupa *Insurance* Services Limited and Bupa Denmark Services A/S.

In relation to international private medical *insurance*:

Bupa Global Designated Activity Company is a designated activity company limited by shares registered in Ireland under company number 623889 and having its registered office at Second Floor, 10 Pembroke Place, Ballsbridge, Dublin 4, D04 V1W6, and is regulated by the Central Bank of Ireland.

Bupa *Insurance* Services Limited is registered in England and Wales at Companies House under number 3829851. The registered office is 1 Angel Court, London, EC2R 7HJ, and is authorised and regulated by the Financial Conduct Authority (regulation number 312526).

Bupa Denmark Services A/S, 8 Palaegade, DK-1261 Copenhagen K, Denmark, Company No. 32451780 is an agent for *Bupa Global* Designated Activity Company.

In relation to Travel:

Bupa Denmark, filial af *Bupa Global* DAC, Irland, company number 40168923, is a Danish branch of *Bupa Global* Designated Activity Company, having its registered address at Palaegade 8 DK-1261 Copenhagen K Denmark, and is regulated by the Central Bank of Ireland and subject to limited regulation by the Danish Financial Supervisory Authority (Finanstilsynet).

Bupa Denmark Services A/S, 8 Palaegade, DK-1261 Copenhagen K, Denmark, Company No. 32451780 is an agent for *Bupa Global* Designated Activity Company.

2. Scope of our privacy notice

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

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

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

3. How we collect personal information

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

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

More information: We collect personal information from you:

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

We also collect information from other people and organisations.

For all our customers, we may collect information from:

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

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

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

4. Categories of personal information

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

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

More information:

Standard personal information includes:

- contact information, such as your name, username, address, email address and phone numbers;
- the country you live in, your age, your date of birth and national identifiers (such as your National *Insurance* number or passport

number);

- information about your employment;
- details of any contact we have had with you, such as any complaints or incidents;
- financial details, such as details about your payments and your bank details;
- the results of any credit or any anti-fraud checks we have made on you;
- information about how you use our products and services, such as *insurance* claims; and
- information about how you use our website, apps or other technology, including IP addresses or other device information (please see our Cookies Policy available at <https://www.bupaglobal.com/en/legal/cookies>

Special category information includes:

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

5. What we use your personal information for

Summary: We process your personal information for the purposes set out in this privacy notice. We have also set out some legal reasons why we may process your personal information (these depend on what category of personal information we are processing). We normally process standard

personal information if this is necessary to provide the services set out in a contract, it is in our or a third party's legitimate interests or it is required or allowed by any law that applies. Please see below for more information about this and the reasons why we may need to process special category information.

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

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

We process special category information about you because:

- **it is necessary for the purposes of preventive or occupational medicine**, to assess whether you are able to work, medical diagnosis, to provide health or social care or treatment, or to manage health-care or social-care systems (including to monitor whether we are meeting expectations relating to our clinical and non-clinical performance);
- **it is necessary for an insurance purpose** (for example, advising on, arranging, providing or managing an *insurance* contract, dealing with a *claim* made under an *insurance* contract, or relating to rights and responsibilities arising in connection with an *insurance* contract or law);
- **it is necessary to establish, make or defend legal claims** (for example, claims against us for *insurance*);
- **it is necessary for the purposes of preventing or detecting an unlawful act** in circumstances where we must carry out checks without your permission so as not to affect the outcome of those checks (for example, anti-fraud and anti-money-laundering

checks or to check other unlawful behaviour, or carry out investigations with other insurers and third parties for the purpose of detecting fraud);

- **it is necessary for a purpose designed to protect the public against dishonesty, malpractice or other seriously improper behaviour** (for example, investigations in response to a safeguarding concern, a member's complaint or a regulator (such as the Care Quality Commission or the General Medical Council) telling *us* about an issue);
- **it is in the public interest, in line with any laws that apply;**
- **it is information that you have made public; or**
- **we have your permission.** As is best practice, *we* will only ask you for permission to process your personal information if there is no other legal reason to process it. If *we* need to ask for your permission, *we* will make it clear that this is what *we* are asking for, and ask you to confirm your choice to give *us* that permission. If *we* cannot provide a product or service without your permission (for example, *we* can't manage and run a health trust without health information), *we* will make this clear when *we* ask for your permission. If you later withdraw your permission, *we* will no longer be able to provide you with a product or service that relies on having your permission.

Criminal offences and convictions information:

Where Irish data protection law applies, *we* will only process personal data relating to criminal convictions or involvement in criminal proceedings where permitted in specific circumstances including where (1) necessary for the purposes of legal advice or in connection with legal proceedings or in connection with the exercise, defence or establishment of legal claims or legal rights; (2) necessary to prevent injury or property damage or the vital interests of a person; (3) permitted in regulations; (4) you have given explicit consent to the processing of your personal data for these purposes – which you may withdraw at any time; and (5) the processing of your personal data is

necessary and proportionate to perform a contract or enter into a contract with you.

6. Legitimate interests

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

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

- to manage *our* relationship with you, *our* business and third parties who provide products or services for *us* (for example, to check that you have received a service that you're covered for, to validate invoices and so on);
- to provide health-care services on behalf of a third party (for example, your employer);
- to make sure that claims are handled efficiently and to investigate complaints (for example, *we* may ask your treatment provider for information to make sure *we* receive accurate information and to monitor the quality of your treatment and care);
- to keep *our* records up to date and to provide you with marketing as allowed by law;
- to develop and carry out marketing activities and to show you information that is of interest to you, based on *our* understanding of your preferences (*we* combine information you give *us* with information *we* receive about you from third parties to help *us* understand you better);
- for statistical research and analysis so that *we* can monitor and improve products, services, websites and apps, or develop new ones;
- to contact you about market research *we* are carrying out;
- to monitor how well *we* are meeting *our* clinical and non-clinical performance expectations in the case of health-care providers;

- to enforce or apply *our* website terms of use, *our* policy terms and conditions or other contracts, or to protect *our* (or *our* customers' or other people's) rights, property or safety;
- to exercise *our* rights, to defend ourselves from claims and to keep to laws and regulations that apply to *us* and the third parties *we* work with; and
- to take part in, or be the subject of, any sale, purchase, merger or takeover of all or part of the Bupa business.

7. Marketing and preferences

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

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

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

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

8. Processing for profiling and automated decision-making

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

(automated decisions). Please see 'more information' below for further details.

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

More information:

By law, *we* must tell you about:

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

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

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

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

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

Profiling and automated decision-making

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

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

Profiling

The processes set out below involve profiling.

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

to automatically provide you with information about what incentives *we* can offer you and the marketing messages you will receive.

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

9. Sharing your information

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

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

For all our customers, we share your information with:

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

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

- the policyholder or their agent if you are not the main member under an individual policy (*we* will send them all membership documents and confirmation of how *we* have dealt with a *claim*, and all people who are *insured* on the policy may have access to correspondence and other information *we* provide through *our* online portal);
- your employer (or their broker or agent) for product or service administration purposes if you are a member or beneficiary under your

employer's group scheme;

- your broker or agent (or both);
- other third parties *we* work with to provide *our* products and services, such as agents working on *our* behalf, other insurers and reinsurers, actuaries, auditors, solicitors, translators and interpreters, tax advisers, debt-collection agencies, credit-reference agencies, fraud-detection agencies (including health-*insurance* counter-fraud groups), regulators, data-protection supervisory authorities, health-care professionals, health-care providers and medical-assistance providers; and
- organisations who provide your treatment and other benefits, including travel-assistance services.

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

10. Anonymised and combined information

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

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

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

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

12. How long we keep your personal information

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

- How long you have been a customer with us, the types of products or services you have with us, and when you will stop being our customer.
- How long it is reasonable to keep records to show we have met the obligations we have to you and by law.
- Any time limits for making a *claim*.
- Any periods for keeping information which are set by law or recommended by regulators, professional bodies or associations.
- Any relevant proceedings that apply.

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

13. Your rights

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

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

- **Right of access:** You have the right to make a written request for details of your personal information and a copy of that personal information.
- **Right to rectification:** You have the right to have inaccurate information about you corrected or removed.

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

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

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

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

14. Data protection contacts

If you have any questions, comments, complaints or suggestions in relation to this notice, or any other concerns about the way in which we process information about you, please contact our service team on +45 70 20 70 48. Alternatively you can email or write to our Data Protection Officer or Privacy Team at travel@ih-bupa.com or *Bupa Global* Travel, Palægade 8, DK-1261 Copenhagen K, Denmark.

You also have the right to complain to your local privacy authority. The local regulatory authority in Denmark is Datatilsynet.

Datatilsynet
Borgergade 28, 5.
DK-1300 Copenhagen K

Phone: +45 33 19 32 00

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

- you live;
- you work or
- The case you are complaining about took place

15. Changes to this privacy notice

We reserve the right to amend this privacy notice at any time, including in relation to the processing activities described above which may change from time to time. You can access the most recent version of this privacy notice on our website at www.bupaglobal.com/privacypolicy.

Glossary

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

E. & O. E.

Defined term	Description
<i>Acute serious illness:</i>	An " <i>acute serious illness</i> " is a sudden and unexpected illness that requires immediate treatment.
<i>Applicant:</i>	A person named on the <i>application</i> form as an <i>applicant</i> for <i>insurance</i> .
<i>Application:</i>	The <i>Application</i> form and <i>Application</i> for a cover of a <i>pre-existing condition</i> .
<i>Bupa Global</i> (incl. <i>we/us/our</i>):	<i>Bupa</i> Denmark, filial af <i>Bupa Global</i> DAC, Irland, <i>company</i> number 40168923, trading as <i>Bupa Global</i> Travel, is a Danish branch of <i>Bupa Global</i> Designated Activity <i>Company</i> (<i>Bupa Global</i> DAC), having its registered address at Palægade 8 DK-1261 Copenhagen K Denmark. <i>Bupa Global</i> DAC is registered in Ireland under <i>company</i> number 623889.
<i>Claim:</i>	The financial demand covered in whole or in part by the <i>insurance</i> . In the <i>Company's</i> evaluation/ determination of the <i>claim</i> , the time of treatment is decisive, not the time of the occurrence of the injury/ illness.
<i>Commencement date:</i>	The date indicated in the policy schedule on which the <i>insurance</i> commences, unless otherwise stated in the <i>Policy Conditions</i> .

Defined term	Description
<i>Company, the</i>	Bupa Denmark, filial af <i>Bupa Global DAC</i> , Ireland, <i>company</i> number 40168923, trading as <i>Bupa Global Travel</i> , is a Danish branch of <i>Bupa Global Designated Activity Company (Bupa Global DAC)</i> , having its registered address at Palaegade 8 DK-1261 Copenhagen K Denmark. <i>Bupa Global DAC</i> is registered in Ireland under <i>company</i> number 623889. <i>Bupa Global Travel</i> is regulated by the Central Bank of Ireland and subject to limited regulation by the Danish Financial Supervisory Authority (Finanstilsynet).
<i>Country of permanent residence</i>	The residence where the <i>insured</i> has his/her permanent home or principal establishment and to where, whenever the <i>insured</i> is absent, the <i>insured</i> intends to return.
<i>Hospitalisation:</i>	Surgery or medical treatment in a hospital or clinic as an in-patient when it is medically necessary to occupy a bed overnight.
<i>Insurance:</i>	The <i>Policy Conditions</i> and policy schedule representing the <i>insurance</i> contract with the <i>Company</i> and setting out the scope of the <i>insurance</i> terms, the premium payable, cover and benefits.
<i>Insured</i>	The policyholder and/or all other <i>insured</i> persons as listed in the valid policy schedule.

Defined term	Description
<i>Next-of-kin</i>	"Next of kin" shall mean the following persons in the below stated order: <ul style="list-style-type: none"> ○ spouse ○ live-in partner (if the below conditions are met) ○ children/heirs of the body ○ beneficiary under a will/ beneficiary under an intestacy. <p>The <i>next-of-kin</i> will always be found "from the top". Accordingly, if the <i>insured</i> is not survived by a spouse, a surviving live-in partner will receive the payment, and so forth.</p> <p>For a live-in partner to be considered as the <i>next-of-kin</i>, he or she must have lived together with the <i>insured</i> and have shared the same address and:</p> <ul style="list-style-type: none"> ○ be expecting, have or have had a joint child ○ have been living together with the <i>insured</i> in a conjugal relationship at the shared address for the last two years leading up to the death of the <i>insured</i>. <p>For <i>insurance</i> policies established before 1 January 2008, under which the beneficiary according to the <i>policy conditions</i> or by choice of the policy holder is "the next of kin", a live-in partner is not entitled to payment under the policy. However, if the policy holder, in writing, after 1 January 2008 reinstates "the next of kin" as the beneficiary under the <i>insurance</i>, the above mentioned order shall apply as if the <i>insurance</i> policy had been established after 1 January 2008.</p>
<i>Outpatient:</i>	Surgery or medical treatment in a hospital or clinic where it is not medically necessary to occupy a bed.
<i>Policy Conditions:</i>	The terms and conditions of the <i>insurance</i> purchased.
<i>Pre-existing condition:</i>	Any illness and conditions that have shown symptoms and/or for which the <i>insured</i> has been hospitalised, treated by a physician or has received any medical treatment for before the <i>commencement date</i> of the <i>insurance</i> .

Defined term	Description
<i>Reasonable and Customary</i>	The 'usual', or 'accepted standard' amount payable for a specific healthcare treatment, procedure or service in a particular geographical region, and provided by treatment providers of comparable quality and experience. These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by <i>our</i> experience of usual, and most common, charges in that region.
<i>Serious injury:</i>	A " <i>serious injury</i> " shall be determined to exist only after review and agreement by both the attending physician and the <i>Company's</i> medical consultant.
<i>Subrogation:</i>	The insurer's right to enforce a remedy which the <i>insured</i> has against a third party and the insurer's right to require the <i>insured</i> to repay the insurer if the insurer has paid expenses recouped by the <i>insured</i> from a third party.
<i>Unrecognised medical practitioner, provider or facility:</i>	An <i>unrecognised medical practitioner, provider or facility</i> includes: <ul style="list-style-type: none"> ○ treatment provided by a medical practitioner, <i>provider or facility</i> 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 <i>our</i> plans. ○ treatment provided by family members or anyone with the same residence as the <i>insured</i>

