

FREQUENTLY ASKED QUESTIONS

Pre-authorise your treatment by calling BUPA Malta First on 21 342 342. To help you make the most of your membership you must pre-authorise all in-patient treatment, except for accidents and emergencies, by calling GlobalCapital Health Insurance Agency Ltd before arranging any treatment.

If you fail to pre-authorise your treatment with GlobalCapital Health Insurance Agency Ltd, unfortunately we will not be able to meet your claim.

Q1. What is the procedure to submit a claim?

A.

Step 1: Your General Practitioner (GP) / Specialist must enter details of your medical condition, together with details of treatment on a BUPA Claim Form

Step 2: Complete remaining sections of BUPA Claim Form

Step 3: Attach original invoices and receipts to the BUPA Claim Form. Photocopies and credit card vouchers are not acceptable.

Step 4: Please address and post claim form to: The Claims Department, GlobalCapital Health Insurance Agency Ltd, 120, The Strand, Gzira GZR1027

Please note that the GlobalCapital Health Insurance Agency Ltd Claim Form must be submitted immediately following or within 3 months of the initial treatment date.

Q2. What documentation is required by GlobalCapital Health Insurance Agency Ltd when making a claim?

- A.
1. A fully completed, signed and dated GlobalCapital Health Insurance Agency Ltd Claim Form.
 2. Original receipts / invoices. Please note that photocopies and credit card vouchers are not acceptable.
 3. Any other documentation that GlobalCapital Health Insurance Agency Ltd may request (such as medical reports from attending physicians, private GP's, case summaries etc.) to confirm the eligibility of a claim.

Q3. What should I do if I am going to undergo in-patient treatment in hospital?

- A. GlobalCapital Health Insurance Agency Ltd has a hospital provider network, whereby a direct settlement facility is being provided to its clients. This means that any expenses incurred by the member will be paid out by GlobalCapital Health Insurance Agency Ltd directly to the participating hospital. This is possible as GlobalCapital Health Insurance Agency Ltd will confirm, with the hospital, that it can settle the bill directly. Therefore, if hospitalisation is pre-planned it is important that you advise GlobalCapital Health Insurance Agency Ltd immediately by calling BUPA Malta First on 21 342 342. Once this has been done and cover approved we will settle your bill directly with the hospital concerned.

In the case of an emergency, you (or your relatives) will need to call GlobalCapital Health Insurance Agency Ltd on 21 342 342 or our 24 hour emergency number 79 342 342. It is important that this line is not used for routine enquiries, as it could result in the line being engaged and unavailable for an urgent emergency call.

Q4. What is the maximum acceptable time for a claim to be considered?

- A. All claims must be forwarded to GlobalCapital Health Insurance Agency Ltd immediately or within 3 months of the initial date of treatment.

Q5. Can I refer directly to a Consultant / Specialist without going to my family doctor first?

- A. Yes, in cases where a paediatrician, gynecologist and eye specialist are concerned.

However, in all other cases, before treatment or advice is sought from a consultant / specialist you must first visit your family doctor who will, in turn, refer you to a consultant / specialist if further treatment is required for that condition. Your family doctor can treat many medical conditions without incurring the added expense of consulting a specialist for treatment.

Q6. Are routine preventative health check-ups covered by my GlobalCapital Health Insurance Agency Ltd membership?

- A. Routine health check-ups / screenings although thoroughly recommendable, do not fall within the scope of membership cover.

For your guidance, any investigative treatment done on a routine basis, for example mammograms, pap smears and prostate screening will not be covered. Nonetheless, we will cover treatment of acute conditions discovered in the course of a routine test. On the other hand, necessary investigative treatment based on a suspected condition is normally covered.

Certain purely routine screenings are available to GlobalCapital Health Insurance Agency Ltd members that choose the Optional Extra Benefits.

Q7. What is the difference between Acute and Chronic conditions?

- A. Your GlobalCapital Health Insurance Agency Ltd membership covers you for an acute medical illness or injury. This refers to those conditions that:

- o arise suddenly and unexpectedly
- o require immediate medical treatment
- o restore you to your previous state of health

Your GlobalCapital Health Insurance Agency Ltd membership does not cover you either for a chronic or a non-acute condition. This refers to those conditions that: -

- o require extended treatment
- o do not respond immediately to treatment
- o are not curable
- o did not require immediate medical attention following diagnosis

However, GlobalCapital Health Insurance Agency Ltd does cover specific acute phases of a chronic condition. For instance, when a chronic condition becomes suddenly uncontrollable and it is medically necessary to undergo treatment to get the condition stabilised again.

Q8. What is a pre-existing condition and am I covered for it?

- A. Medical conditions that are diagnosed before the start of cover are excluded from that particular cover, and you are therefore specifically not covered for such a condition.

Q9. Are clinic/waiting fees covered by my BUPA Membership?

- A. GlobalCapital Health Insurance Agency Ltd reimburses all eligible charges that arise directly from actual medical treatment. Indirect charges, such as clinic waiting fees, which are imposed upon the public by third parties, do not fall within the scope of cover and are therefore not covered.

Q10. How would you determine whether or not a test was routine?

- A. Such cases are normally considered on a case-by-case basis. As a general rule, if an acute condition is not heavily suspected either from the particular

test results or from the individual circumstances of the case, GlobalCapital Health Insurance Agency Ltd would consider a test to be a routine one.

Where there has been such a condition we would normally allow a follow-up test particular to that condition, though this should be confirmed by us beforehand.

Q11. To what extent am I covered for Pregnancy and Childbirth?

A. We only cover complications arising during pregnancy or childbirth. Therefore this does not include normal childbirth. However, routine maternity cover may be purchased as an extra benefit subject to a number of criteria being met at application stage.

Q12. Are dentistry costs covered by my membership?

A. Some schemes do contain limited cover for certain specific and emergency dental procedures. In these cases it is of the utmost importance to call BUPA Malta First on 21 342 342 to confirm the eligibility of the procedure in question.

Ordinary dental care, such as cleaning, filling and most extractions, which inevitably arise periodically, are not covered.

Q13. How would I know if my planned surgery is covered by my membership?

A. Planned surgery, which is medically necessary, will be covered by your scheme if the underlying condition is itself covered. Certain membership limits as to hospital benefits may apply with some schemes

In order to clarify precisely the extent of cover and confirm eligibility of the condition, all treatment must be referred to us beforehand by calling BUPA First on 21 342 342.

GlobalCapital Health Insurance Agency Ltd firmly commits itself to pay those eligible claims that are customary and reasonable. By customary and reasonable we mean that what you are charged for and how much you are charged is not more than what the majority of our members are charged for similar treatment, services and facilities according to the BUPA Schedule of Professional Fees.

Q14. After submitting a claim why are further reports sometimes requested?

A. All claims require adequate documentary proof that they fall within the scope of our cover, and we do try to keep these requests for further reports to a reasonable minimum.

There is no set documentation for any claim. When conditions appear to us to be vague or unexplained, or perhaps related to a restriction or exclusion, we are bound to request further details in order to fairly assess a claim.

As a minimum, reports should always:-

1. specify the dates of first symptoms of a condition
2. the diagnosis and treatment recommended

Q15. Why is it that sometimes a claim is not paid in full or in part?

A. Claims which do not fall under membership cover cannot be met, either partially or fully, as this is, in fact, the arrangement which has been agreed upon at inception of the insurance, through normal membership terms and conditions.

The commonest reasons include:

- o Expiry of the three month limit for receipt of the Claim
- o Lack of GP referral for specialist treatment
- o No actual medical condition
- o Routine screening or testing
- o Condition is non-Acute or Chronic
- o Membership limits have been exceeded
- o Pre-existing condition
- o Condition personally restricted or excluded

- o Premium unpaid
- o No such benefit with that membership cover
- o No referral to GlobalCapital Health Insurance Agency Ltd of Hospital treatment from beforehand
- o Insufficient information to allow assessment of claim

Q16. Why do premiums increase?

A. GlobalCapital Health Insurance Agency Ltd does try to limit any increases in premiums however, this occurs as a result of the following two main reasons:

1. Cost increases linked to advances in medical technology including general increases in the costs of hospital/clinic equipment and accommodation, specialists' fees, the price of drugs.
2. Over the years we have found that the increase in private medical services, have brought with them an ever-increasing number of claims.

Q17. Why has my claim been refused when a friend, who had a similar claim, has been reimbursed? A similar claim I made a number of years ago was settled as well.

A. No two claims are ever entirely the same, and it is very possible that the slightest of features distinguishes one claim completely from another. Factors that determine the surgical price include: -

- o Year of surgery
- o Type of consumable/ prosthesis
- o Length of the particular surgery
- o Whether any complication arose
- o Recovery period
- o Amount and type of medicinal administered

The above list is only a short sample but will indicate the various criteria that may affect the actual cost of surgery. In addition, a condition that previously was considered to be acute may now not considered being so.

Q18. What do we mean by a Non-Participating Hospital?

A. A hospital with which GlobalCapital Health Insurance Agency Ltd does not have a direct settlement facility. Meaning that GlobalCapital Health Insurance Agency Ltd members would need to settle bills themselves for subsequent reimbursement by GlobalCapital Health Insurance Agency Ltd.

Q19. When can members upgrade or downgrade?

A. Upgrading or downgrading is only possible at annual renewal.

Q20. How are discounts applied?

A. Any discounts applied are entirely discretionary and may be revised or removed by GlobalCapital Health Insurance Agency Ltd at renewal.

Q21. How does a membership excess work?

A. Before GlobalCapital Health Insurance Agency Ltd will start paying benefits you must pay an amount towards the cost of treatment which would otherwise be payable by GlobalCapital Health Insurance Agency Ltd. For example, if the amount of your membership excess is Lm 100, we will not pay for the first Lm 100 costs for treatment each membership year. If there is no excess we would otherwise have paid for that treatment.

Q22. What do we mean by 'Full Refund'?

A. We reimburse those fees and charges that are customary and reasonable for the procedure concerned. By customary and reasonable we mean that what you are charged for and how much you are charged is not more than what the majority of our members are charged for similar treatment, services or facilities according to the BUPA Schedule of Professional Fees.

These are the answers to some of the most frequently asked questions relating to GlobalCapital Health Insurance Agency Ltd. All members are strongly advised to refer to the Membership guides of their particular scheme should they have any further queries or call BUPA Malta First on 21 342 342.