



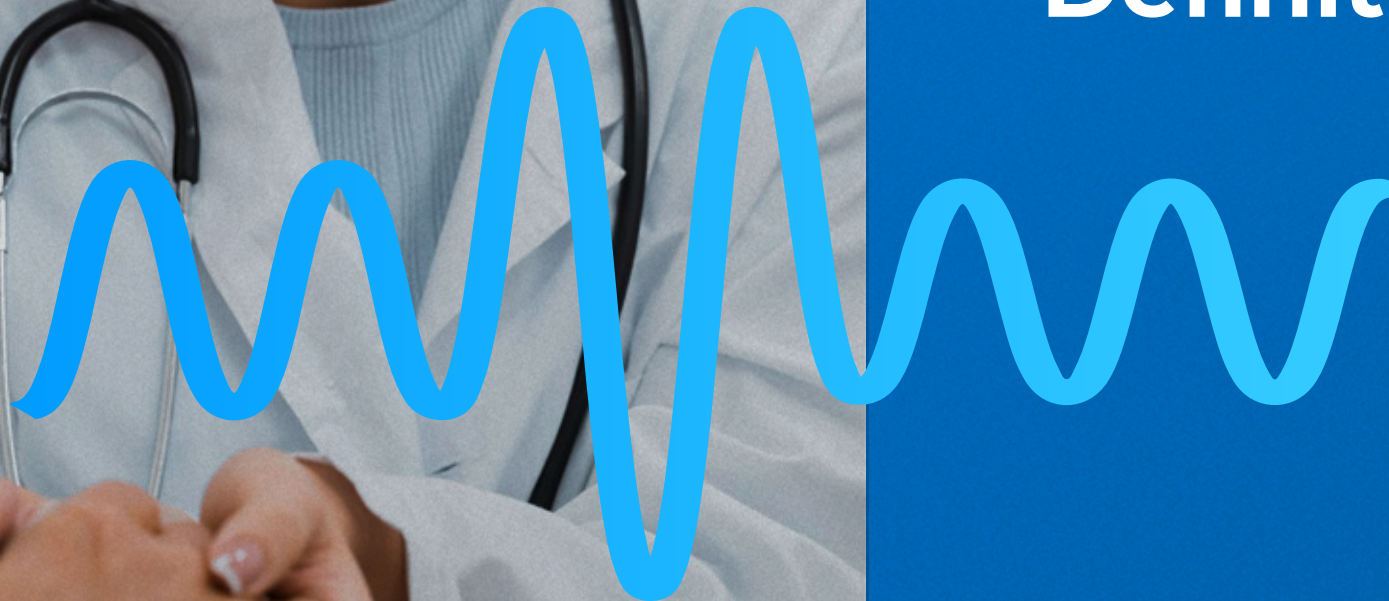
# Product Update Guide

Trinidad and Tobago

2026



# Explanation of Benefits, Exclusions and Definitions





# Individual & Corporate

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**We have clarified the “Country of Residence” clause to specify the scenarios in which a person may reside in the United States of America for more than one hundred eighty (180) days.**

#### **COUNTRY OF RESIDENCE**

This policy is not available to, nor can it be issued or renewed to, persons who country of residence is the United States of America regardless of the type of visa issued to the Insured or their immigration status. As an exception, Insureds with work assignments, student visas, and other temporary stays within the United States may be covered under certain conditions as stated in Section 1.7 (“EXTENSION OF COVERAGE ABROAD FOR STUDIES OR TEMPORARY WORK”), as long as the Insured’s permanent residence remains outside of the United States or the insured does not receive a permanent residence card (green card).



**We have included the “Extension of Coverage Abroad for Studies or Temporary Work” clause for insured individuals residing in the United States of America for more than one hundred eighty (180) days.**

#### **EXTENSION OF COVERAGE ABROAD FOR STUDIES OR TEMPORARY WORK**

Those Insured individuals who, due to temporary work or studies, must remain abroad for a period longer than that stipulated in Section 1.6 ("COUNTRY OF RESIDENCE"), may request an extension of coverage abroad for up to the annual term of the policy, renewable for an additional annual term at the discretion of the Insurer, provided that the Insured's permanent residence remains in THE COUNTRY DECLARED IN THE INSURANCE APPLICATION. This extension of coverage and its conditions will be approved at the discretion of the Insurer.

Notwithstanding the above, the Insurer reserves the right to assess the eligibility of the Insured if they maintain presence or residence in a country other than THE ONE DECLARED AS RESIDENCE IN THE INSURANCE APPLICATION. A change in the country of residence under this scenario may result in changes to the coverage, deductible, or premium depending on the geographical area, subject to the procedures of the Insurer.

The extension of coverage will not apply if the Insured loses their status as a student or temporary worker and becomes a permanent resident of the United States of America or any other country other than THE ONE DECLARED AS RESIDENCE IN THE INSURANCE APPLICATION, regardless of the type of visa issued to the Insured or their immigration status.





**We have clarified the exclusion “Examinations and Aids for Eyes and Ears” to state that routine eye and ear examinations are excluded, except when performed by a specialist during outpatient consultations.**

### **EXAMINATIONS AND AIDS FOR EYES AND EARS**

Routine eye and ear examinations (except protocol exams that are performed by ophthalmologist and ear, nose and throat specialist in outpatient consultations), hearing aids, eyeglasses, contact lenses, radial keratotomy, and/or other procedures to correct eye refraction disorders, except when coverage is specified in your Table of Benefits.



**We have included the definition of “Medical Underwriting” to explain its basic eligibility requirements.**

#### **MEDICAL UNDERWRITING**

Internal process in which the Insurer evaluates risks associated with applicant’s health. The process includes review of medical information, health history, demographic profile, lifestyle, among other factors that may be related to the current and/or future medical needs of the members, including but not limited to the following analysis: limitation and/or exclusion of general and/or particular coverage of the policy, and/or rejection of the applicant’s request.



# Individual

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## We have refined the language to improve clarity in the following clauses:

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### AUTHORITY

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No agent has the authority to change the policy or to waive any of its provisions. You further agree that your coverage shall be solely determined by the terms and conditions of this policy and not by any statements or representations made by the agent. After issuance, no change in the policy shall be valid unless approved in writing by an officer or the Chief Underwriter of the Insurer and such approval is endorsed by an amendment to the policy.





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## ENTIRE CONTRACT / CONTROLLING CONTRACT

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The policy, the terms and conditions, the application, the Certificate of Coverage and any riders or amendments thereto constitute the entire agreement between the parties and supersedes all prior or contemporaneous understandings, agreements, and representations, whether written or oral, relating to the subject matter hereof. The Policyholder acknowledges that it has not relied on any representation or warranty, express or implied, other than those expressly set forth herein. If any provision of this policy shall be found by any court or administrative body of competent jurisdiction to be invalid or unenforceable, such invalidity or unenforceability shall not affect the other provisions of this policy which shall remain in full force and effect. If any provision of this policy is so found to be invalid or unenforceable but would be valid or enforceable if some part of the provision were deleted, the provision in question shall apply with such modification(s) as may be necessary to make it valid upon good faith negotiation and agreement between the Insurer and the Insured.



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## POLICY CANCELLATION OR NON-RENEWAL

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The Insurer retains the right to cancel, modify, non-renew or rescind the policy if statements on the application, or any statements made to the Insurer thereafter, are found to be misrepresentations, incomplete or that fraud has been committed, leading the Insurer to approve an application when, with the correct or complete information, the Insurer would have issued a policy with restricted coverage or declined to provide insurance.

The Insurer retains the right to cancel or modify a policy in terms of rates, deductibles or benefits, generally and specifically, if the Insured changes country of residence, regardless of how many years the policy has been in force. During the policy term, if an Insured's country of residence is or becomes the United States of America, at the Insurer's sole discretion, the policy may be modified, non-renewed or cancelled. Submission of a fraudulent claim is also grounds for rescission or cancellation of the policy.





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## POLICY ISSUANCE

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This policy cannot be issued or delivered in the U.S.A., except as may be specifically permitted under the laws of the State of Florida. The policy is deemed issued or delivered upon receipt of the policy by the Policyholder in his/her country of residence.

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## POLICY MODE

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All policies are deemed annual policies with no guaranteed right of renewal. Premiums are to be paid annually, unless the Insurer authorizes other modes of payment.



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## ELIGIBILITY

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This policy can only be issued to a Policyholder whose country of residence is Trinidad and Tobago and who are a minimum of eighteen (18) years of age (except for eligible dependents) through a maximum of seventy-four (74) years of age. There is no maximum age for coverage under the same terms and conditions of this policy for those Insureds renewing a policy. This policy cannot be issued and is not available to persons whose country of residence is the United States or who otherwise is physically present in the United States of America for at least one hundred eighty (180) days, continuous or discontinuous, in a period of three hundred sixty-five (365) days, regardless of the type of visa issued to the Insured or their immigration status.



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## CHANGE OF COUNTRY OF RESIDENCE

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The Insured must notify the Insurer in writing of any change of the Insured's country of residence within a maximum period of thirty (30) calendar days of its occurrence. Changes of country of residence may, at the Insurer's sole discretion, result in modification of coverage, non-renewal and/or cancellation of the policy. Changes of country of residence to the United States of America will result in non-renewal of the policy. **THE INSURED'S COUNTRY OF RESIDENCE CANNOT BE THE UNITED STATES OF AMERICA.** Failure to notify the Insurer of any change of the Insured's country of residence may result in cancellation of the policy, non-renewal or modification of coverage on the next anniversary date, at the Insurer's sole discretion.

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## CLAIMS ARBITRATION

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Any dispute, claim or disagreement (collectively “dispute”) that is not resolved by the Appeals Committee, shall first be submitted to non-binding mediation governed by the International Mediation Rules of the International Centre for Dispute Resolution (“ICDR”). The appointed mediator shall have at least ten (10) years of experience in the health insurance industry. The mediation shall be held within sixty (60) days after the decision by the Appeals Committee is issued. No arbitration or litigation proceedings may be commenced until the Insurer and Insured participate in good faith in such mediation. The reasonable costs associated with mediation shall be paid by the Insurer so long as the Insured participates in the mediation in good faith.



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## CLAIMS APPEALS

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In the event of any disagreement between the Insured and the Insurer regarding this Insurance Policy and/or its provisions, the Insured, before commencing any arbitration or legal proceedings, shall request a review of the matter by the “insurer’s Appeals Committee”. In order to begin such a review, the Insured must submit a written request to the Appeals Committee. This request shall include copies of all relevant information sought to be considered, as well as an explanation of what decision should be reviewed and why. Said appeals shall be sent to the attention of the insurer’s Appeals Coordinator, c/o USA Medical Services. Upon the submission of a request for review, the Appeals Committee will determine whether any further information and/or documentation is needed and act to timely obtain such. Within thirty (30) days thereafter, the Appeals Committee will notify the Insured of its decision and the underlying rationale.



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## SUBROGATION AND INDEMNITY

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Upon payment of any claim under this policy, the Insurer shall be subrogated to all rights of recovery of the Insured against any third party responsible for the causing of the claim. Furthermore, the Insurer shall have the right to proceed at its own expense to pursue recovery in the name of the Insured, and the Insured agrees to assign such rights to the Insurer to the extent of the payments made. This includes, but is not limited to, the right to bring legal action, negotiate settlements, and take any other necessary actions to recover the amount paid under this policy. The Insured agrees to cooperate fully with the Insurer, at no expense to the Insurer, in the exercise of its subrogation rights.





# Corporate

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**We have clarified the exclusion related to pre-existing conditions, specifying that the insured must disclose all conditions requested by Bupa.**

#### **PRE-EXISTING CONDITIONS**

Any conditions that have not been fully declared at the time of medical underwriting when inclusion is required. In case of groups, the conditions must be included in the medical evaluation form, as each insured has the obligation to declare all conditions requested in the form. The insurer will issue a condition of approval for each insured, specifying coverage or any limitation and/or exclusion.



## **We have included the underwriting criteria in the “Right to Convert to an Individual Plan” clause.**

### **RIGHT TO CONVERT TO AN INDIVIDUAL PLAN**

**If a membership ends as part of a group policy, the member/policyholder and dependents may contract an individual insurance plan, if available, in the country of residence indicated in the Insurance Application, according to the following conditions:**

- a. Group policy must be active on the conversion date
- b. Dependents of the Policyholder are entitled to conversion so long as they do so as part of the Policyholder's policy. Dependents cannot have a conversion policy without the Policyholder being insured through a conversion policy.
- c. Policyholder and dependents must have been part of the group policy in effect for at least twenty-four (24) consecutive calendar months.
- d. Individual plan must have equal or higher deductible and equal or lower benefits in effect under the Corporate Care plan
- e. Policyholder must complete an Individual Health Insurance Application within thirty (30) consecutive calendar days after the termination of the group policy.
- f. Covered conditions and exclusions under group policy will remain under individual plan.

