

International Health Insurance

Insurance Product Information Document



Company: Bupa Global Designated Activity Company

Product: International Health and Hospital Plan

Bupa Global Designated Activity Company (Bupa Global DAC), trading as Bupa Global, registered in Ireland under company no. 623889, is regulated by the Central Bank of Ireland.

This is a summary of the insurance cover. Before purchase, further information can be found in your quotation and/or additional documents; the full terms and conditions are available on request. Full terms and conditions of the policy are contained in the membership guide and insurance certificate which you will receive after your purchase. It is important that you read all of these documents carefully.

What is this type of insurance?

International Private Medical Insurance which is designed to cover the costs of private healthcare, from inpatient treatment, preventive check-ups, to diagnosis of medical illnesses and necessary treatment, both in the country of residence and in the chosen region(s).



What is insured?

Core Hospital Plan

Annual policy maximum of GBP 3,000,000 / EUR 3,600,000 / USD 4,400,000 per person

Hospitalisation

- ✓ Private room
- ✓ Intensive care room
- ✓ Surgery
- ✓ Medical treatment
- ✓ Mental health treatment
- ✓ Hospital Cash Benefit (limits apply)

Childbirth

Limit can be increased with optional Module

- ✓ Delivery (GBP 3,925 / EUR 5,725 / USD 7,150)
- ✓ Medically essential caesarean section (GBP 7,325 / EUR 10,625 / USD 13,200)
- ✓ Delivery/caesarean section following infertility treatment (GBP 3,925 / EUR 5,725 / USD 7,150)

Out-patient Treatment in a Hospital or Clinic

- ✓ Cancer treatment, surgery, dialysis

Other benefits

- ✓ Local medical transport
- ✓ In-patient rehabilitation (limits apply)
- ✓ Home nursing (limits apply)

This product could include one or more of the optional modules listed below. You are covered for only those modules that are listed on your insurance certificate.

Optional Module 1: Non-Hospitalisation Benefits

Annual maximum GBP 25,000 / EUR 35,000 / USD 35,000.

Individual benefit limits apply

- General practitioners and specialists
- Therapists
- Full health screening
- Scan, x-ray, laboratory tests

Optional Module 2: Medicine and Appliances

Annual maximum GBP 2,000 / EUR 3,000 / USD 3,300

Individual benefit limits apply

- Hearing aids
- Medical appliances (e.g. wheelchair)
- Medicine

Optional Module 3: Medical Evacuation and Repatriation

- Expenses covered up to overall annual maximum



What is insured? (continued)

Optional Module 4a/4b: Dental and Optical

Annual maximum a) GBP 3,500 / EUR 5,000 / USD 5,000, b) GBP 5,000 / EUR 7,500 / USD 7,500.

Individual benefit limits apply

- Dental treatment
- Glasses and contact lenses
- Eye check

For all benefits, limits and restrictions, see full terms and conditions



What is not insured?

- ✗ Unrecognised medical practitioner and facilities
- ✗ Artificial life maintenance more than 90 days (exclusion valid for customers who joined on/after 1 January 2017)
- ✗ Treatment needs due to entering known area of conflict
- ✗ Experimental treatment
- ✗ Harmful or hazardous use of alcohol, drugs and/or medicines
- ✗ Infertility treatment
- ✗ Obesity
- ✗ Sexual problems

Other exclusions apply, see full terms and conditions



Are there any restrictions on cover?

- ! Waiting periods (time from when you first purchased the benefit before you can claim)
 - First 4 weeks: All claims except acute, serious illness or injury
 - First 12 months: Pregnancy and childbirth
 - First 24 months: Orthodontics
- ! If selected, the value of a deductible must be covered by reimbursable medical expenses each policy year before a claimed and amount payable can be paid out
- ! We only cover medically necessary treatment
- ! Pre-existing conditions may be covered, subject to an additional premium
- ! Cover is always subject to eligibility criteria
- ! We only cover customary and reasonable charges in the area or country in which treatment is provided

Other restrictions apply, see full terms and conditions



Where am I covered?

- ✓ This plan covers you and any co-insured dependants worldwide including the U.S.



What are my obligations?

You must:

- pay your premium
- provide medical history or other information as required
- cover expenses for any co-insurance and/or deductible amount
- inform us of any hospitalisation
- tell us if you move to a different country or your specified country of residence / country of nationality changes
- pay and claim for any out-patient benefit expenses if respective cover has been selected, before submitting the receipted and itemised invoices to us for processing
- let us know if you have other insurance which also covers your covered benefits
- notify us, if the policyholder or a dependant dies and send a copy of the death certificate for the deceased



When and how do I pay?

- You can choose to pay the premium annually, semi-annually or quarterly by credit card, international cheque or international bank transfer in your chosen currency



When does the cover start and end?

- Your policy will be renewed automatically and payment taken after 12 months, unless you choose not to continue
- Start date is stated in your quote or insurance certificate



How do I cancel the contract?

- You may withdraw from your purchase within the first 28 days after having received your insurance documents. If the insurance has entered into force before the withdrawal you will be charged premium for the time you have been covered.
- You can terminate the insurance (or remove any dependant from cover) with effect from the end of a calendar month with one month's prior notice by email, letter or phone. We will refund any premium paid in relation to the period following termination.
- To terminate the insurance, call Bupa Global on +44 (0) 1273 718379 or email to Service.uk@bupaglobal.com or write to Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom

Please refer to the full terms and conditions for further information