

# International Health Insurance

## Insurance Product Information Document



**Company:** Bupa Global Designated Activity Company

**Product:** Lifeline Classic

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. You can find more information in your quotation and other documents before you buy. If you'd like a copy of the full terms and conditions, please let us know. After you buy, we'll send you a membership guide which includes the full terms and conditions of the policy, together with a policy certificate. It's important that you read these documents carefully.

### What is this type of insurance?

International Private Medical Insurance which is designed to cover the costs of private healthcare when needed, depending on any agreed terms, both in the country where you live and your chosen region(s).



### What is insured?

Annual maximum of £3 million / \$4.8 million / €3.75 million for each person

#### Hospital treatment

- ✓ Cancer treatment, including chemotherapy
- ✓ Advanced therapy medicinal products (ATMPs)
- ✓ Intensive care
- ✓ Surgical operations and theatre charges
- ✓ Doctors' and anaesthetists' fees
- ✓ Medicines and dressings
- ✓ Diagnostic tests, including CT, MRI and PET scans
- ✓ Organ transplants
- ✓ Prosthetic implants and appliances
- ✓ Prosthetic devices: £2,400 / \$4,000 / €3,000
- ✓ Home nursing after in-patient treatment: £200 / \$320 / €250 daily for up to 20 days
- ✓ Rehabilitation
- ✓ Hospice and palliative care: £24,000 / \$41,000 / €30,000
- ✓ Mental health treatment
- ✓ Kidney dialysis

#### Transportation

- ✓ Local air and road ambulance

#### Pregnancy and childbirth

- ✓ Normal delivery at a birthing centre, ante-natal care: £3,600 / \$6,000 / €4,500
- ✓ Home birth: £780 / \$1,300 / €975
- ✓ Caesarean section (medically essential): £11,400 / \$19,000 / €14,250
- ✓ Complications of pregnancy and childbirth
- ✓ Newborn care: £90,000 / \$150,000 / €110,000 during the first 90 days following birth

#### Out-patient treatment

- ✓ Specialists' consultations, pathology, radiology and diagnostic tests: £6,400 / \$10,900 / €8,000
- ✓ Surgical operations
- ✓ Physiotherapy, osteopathy and chiropractic
- ✓ Treatment by therapists, practitioners and qualified nurses
- ✓ Mental health treatment
- ✓ Gender dysphoria: £56,000 / €70,000 / \$96,000
- ✓ Dietetic guidance

#### Wellbeing

- ✓ Health screening and wellness: £600 / \$1,000 / €750

#### Dental treatment

- ✓ Accident-related dental treatment

**You can include one or more of the optional modules listed here. Your insurance certificate will show the modules you have chosen.**



### What is insured? (continued)

#### Optional cover

- U.S. cover
- Assistance

**See the full terms and conditions of the policy for details of what is and isn't covered**



### What is not insured?

- ✗ Artificial life maintenance lasting more than 90 days
- ✗ Treatment as a result of conflict or disaster if you are an active participant or put yourself in danger
- ✗ Convalescence
- ✗ Cosmetic treatment
- ✗ Treatment for developmental problems
- ✗ Experimental or unproven treatment
- ✗ Harmful or hazardous use of alcohol, drugs or medicine
- ✗ Treatment you need as a result of illegal activity
- ✗ Infertility treatment
- ✗ Treatment for obesity
- ✗ Treatment for sexual problems
- ✗ Treatment for sleep disorders
- ✗ Treatment from medical practitioners, hospitals, or healthcare facilities that we do not recognise (refer to membership guide)

**See the full terms and conditions of the policy for other exclusions**



### Are there any restrictions on cover?

- ! Cover depends on eligibility criteria
- ! Limitations for each person every policy year unless stated otherwise:
  - 30 visits: physiotherapy, osteopathy, and chiropractic
  - 15 visits: treatment by therapists, practitioners, and qualified nurses
  - 3 visits: dietetic guidance
  - 42 visits: rehabilitation
- ! Waiting periods (the policy doesn't cover treatment you have during a waiting period):
  - 12 months: health screening and wellness
  - 10 months: pregnancy and childbirth

**This section is continued on page 2**



## Are there any restrictions on cover? (continued)

- ! There are different types of limits to your cover. These are:
  - Each membership year – childbirth in hospital, home birth or at a birthing centre, ante-natal care, caesarean section, specialists' consultations, pathology, radiology and diagnostic tests, health screening and wellness and rehabilitation
  - Each device – prosthetic devices
  - During your lifetime – hospice and palliative care
- ! We may exclude pre-existing conditions - we'll discuss this with you before you buy
- ! Conditions apply when adding newborn children on your policy
- ! The policy covers only medically necessary treatment and wellbeing care listed in the membership guide
- ! If you choose a deductible: You will have to pay for treatment up to the value of the deductible. The policy does not cover those costs
- ! If you choose to have treatment or services with a healthcare provider outside our Bupa Global network, we will only cover costs which we consider the 'reasonable and customary' amount for that treatment or services. This means that if you choose an 'out of network' provider, you are responsible for paying any costs above reasonable and customary levels. You can find more information in the membership guide

**See the full terms and conditions of the policy for other restrictions**



## Where am I covered?

- ✓ This plan covers you worldwide, but treatment in the U.S. is only covered if you have bought U.S. cover



## What are my obligations?

- You must pay your premium
- You must give us your medical history when you apply
- For some treatments we ask you to contact us before you have the treatment. The membership guide clearly shows which treatments we ask you to contact us about
- You must give us the information we ask for to assess your claim
- You must pay any deductible which applies to your cover
- You must tell us straight away if you move to a different country or your specified country of residence or specified country of nationality changes
- You must let us know if you have other insurance which also covers your treatment



## When and how do I pay?

- You can pay by credit card (monthly, quarterly or for a full year), by bank transfer (quarterly or annually, but not if you choose a deductible) or direct debit (monthly, quarterly or for a full year as long as you pay in GBP (£) from a UK bank)



## When does the cover start and end?

- The contract lasts for 12 months. Your policy will renew automatically, and we will take payment unless you tell us to cancel it
- You can find your policy start and end dates in your quote or on your insurance certificate



## How do I cancel the contract?

- To cancel the policy:
  - call us on +44 (0) 1273 718379
  - email us at [service.uk@bupaglobal.com](mailto:service.uk@bupaglobal.com) or
  - write to Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom.

If you cancel, your cover will end 14 days after you contact us. If you cancel within 30 days of receiving your first insurance certificate and you haven't claimed, we'll refund the premium in full. If you've claimed during, or cancel after, this 30-day period, we'll refund any premium you paid for the period after your cover ended. There's no charge if you cancel your cover.

**See the full terms and conditions of the policy for more information**