

International Health Insurance

Insurance Product Information Document



Company: Bupa Global Designated Activity Company

Product: Premier Global Health 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. 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 policy maximum of £1.5 million / €1.875 million / \$2.55 million for each person

Hospital treatment

- ✓ Cancer treatment, including chemotherapy
- ✓ Advanced therapy medicinal products (ATMPs)
- ✓ Intensive care
- ✓ Surgeries (including specialist surgery such as obesity, cancer preventing, and reconstructive)
- ✓ Doctors' and anaesthetists' fees
- ✓ Medicines and dressings
- ✓ Diagnostic tests, including CT, MRI, and PET scans
- ✓ Hospital accommodation in a standard suite
- ✓ Organ transplants: £400,000 / €500,000 / \$680,000
- ✓ Prosthetics: £2,500 / €3,100 / \$4,200
- ✓ Rehabilitation
- ✓ Hospice and palliative care: £25,000 / €31,000 / \$42,000
- ✓ Mental health treatment
- ✓ Treatment from physiotherapists, speech therapists, dieticians

Transportation

- ✓ Evacuation and repatriation
- ✓ Travel cost for accompanying person or children
- ✓ Local air and road ambulance

Out-patient treatment

Annual maximum up to £15,000 / €18,750 / \$25,500 for each person:

- ✓ Specialists' consultations and doctors' fees
- ✓ Out-patient surgery, including diagnostic tests
- ✓ Qualified nurses
- ✓ Prescribed medicines and dressings, durable medical equipment: £2,000 / €2,500 / \$3,400
- ✓ Physiotherapy, osteopathy, and chiropractic treatment
- ✓ Footcare
- ✓ Dietetic guidance
- ✓ Gender dysphoria: £48,000 / €64,000 / \$80,000
- ✓ Mental health treatment

Newborn care

- ✓ Newborn care: £5,000 / €6,000 / \$6,250

Wellbeing

- ✓ Health screening: £500 / €620 / \$850
- ✓ Vaccinations: £500 / €620 / \$850
- ✓ Preventive dental treatment

Dental treatment, hearing aids, and optical

50% up to £1,000 / €1,250 / \$1,700 for each person

- ✓ Accident-related dental treatment
- ✓ Routine and major restorative dental treatment
- ✓ Hearing aids
- ✓ Glasses frames and lenses

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
- ✗ Professional sports activities
- ✗ Treatment for obesity (we may cover surgery)
- ✗ 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: specialists' consultations, doctors' fees, qualified nurses, physiotherapists, osteopaths, chiropractors, occupational therapists, orthoptists, footcare, acupuncture and reflexology
 - 30 days: rehabilitation
 - Four visits: dietetic guidance
 - Two visits: preventive dental treatment
- ! Waiting periods (the policy does not cover treatment you have during a waiting period):
 - First six months: preventive, routine, or major restorative dental treatment
 - First 10 months: health screening
 - First 24 months: obesity surgery
- ! If you have selected a co-insurance of 15% or 25% on your out-patient treatment, we cover the agreed percentage of 85% or 75%

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 policy year – prescribed medicines and dressings, durable medical equipment, health screening, vaccinations, dental treatment, hearing aids and optical treatment
 - Each device – prosthetics
 - During your lifetime – hospice and palliative care
 - Each condition – organ transplant services
- ! Pre-existing conditions - we may agree to cover these for a higher premium. We'll discuss this with you before you buy
- ! When adding a newborn baby, we may agree to cover pre-existing conditions, or add special restrictions or exclusions, or may decline to offer cover
- ! The policy covers only medically necessary treatment and wellbeing care listed in the membership guide
- ! 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 details of what is and isn't covered



Where am I covered?

- ✓ This plan covers you worldwide. You need to get pre-authorisation before having any treatment in the U.S.



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
- Treatment in the U.S. generally needs pre-authorisation
- You must provide the information we ask for to assess your claim
- If you choose a co-insurance, you must pay the agreed percentage (15% or 25%) of out-patient treatment
- 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 co-insurance) or direct debit (monthly, quarterly or for a full year as long as you pay in GBP)



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 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