

International Health Insurance

Insurance Product Information Document



Company: Bupa Insurance Limited

Product: Worldwide Health Options

Bupa Insurance Limited (trading as Bupa Global), registered in the United Kingdom. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, registration number 203332.

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 £1.7 million / \$2.89 million / €2.125 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: £150,000 / \$255,000 / €187,500
- ✓ Prosthetic implants and appliances
- ✓ Prosthetic devices: £2,000 / \$3,400 / €2,500
- ✓ Home nursing after hospital admission
- ✓ Rehabilitation
- ✓ Hospice and palliative care: £20,000 / \$34,000 / €25,000
- ✓ Mental health treatment
- ✓ Kidney dialysis
- ✓ Treatment of congenital conditions: £20,000 / \$34,000 / €25,000

Pregnancy and childbirth

- ✓ Normal birth: £8,000 / \$13,600 / €10,000
- ✓ Delivery at home or at a birthing centre: £650 / \$1,105 / €810
- ✓ Caesarean section (medically essential): £13,000 / \$22,100 / €16,250
- ✓ Pregnancy and childbirth complications
- ✓ Newborn care: £75,000 / \$127,500 / €93,750 maximum benefit for all treatment during the first 90 days following birth

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

Option - Worldwide Medical Plus

- Annual maximum of £25,000 / \$42,500 / €31,250 each person
- Pathology, radiology and diagnostic tests
 - Specialists' consultations and doctors' fees
 - Treatment by therapists, practitioners and qualified nurses
 - Mental health treatment
 - Maternity: £3,000 / \$5,100 / €3,750
 - Transplant services: £50,000 / \$85,000 / €62,500
 - Young child care: £1,000 / \$1,700 / €1,250
 - Accident-related dental treatment: £500 / \$850 / €625

Option - Worldwide Medicines and Equipment

- Prescribed medicines, dressings and durable medical equipment: £2,000 / \$3,000 / €2,500



What is insured? (continued)

Option - Worldwide Wellbeing

Annual maximum of £5,000 / \$8,500 / €6,250 each person

- Health screening, wellness, vaccinations and dietitian: £600 / \$1,020 / €750
- Dental treatment: £3,500 / \$5,950 / €4,375
- Optical - glasses frames: £150 / \$255 / €185

Option - Worldwide Evacuation

- Evacuation and repatriation
- Travel cost for accompanying person or children
- Compassionate and living allowance

Optional cover

- U.S. cover

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

This section continues on the next page



Are there any restrictions on cover? (continued)

- ! Limitations for each person every policy year unless stated otherwise:
 - 35 visits: specialists' consultations and doctors' fees
 - 30 visits: physiotherapy, osteopathy and chiropractic
 - 15 visits: treatment by therapists, practitioners and qualified nurses
 - 35 visits: out-patient mental health
 - 30 days: home nursing
 - 42 days: rehabilitation
- ! Waiting periods (the policy doesn't cover treatment you have during a waiting period):
 - 10 or 24 months: pregnancy and childbirth cover (your insurance certificate will show the waiting period you chose)
 - 24 months: orthodontic treatment (up to the age of 19 only)
 - Six months: preventive, routine or major restorative dental treatment
- ! Co-insurance:
 - 20%: routine and major restorative dental treatment, glasses frames and lenses, contact lenses
 - 50%: orthodontic treatment
- ! There are different types of limits to your cover. These are:
 - Each membership year – congenital conditions, childbirth in hospital, home birth or at a birthing centre, caesarean section, maternity, childcare, prescribed medicines, dressings and durable medical equipment, health screening, wellness, vaccinations and dietitian, dental treatment and optical treatment – glasses frames
 - Each device – prosthetic devices
 - During your lifetime – hospice and palliative care
 - Each condition – organ transplant services
- ! 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 such 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.
- Treatment in the U.S. generally needs pre-authorisation
- You must give us 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 a deductible) or direct debit (monthly, quarterly or for a full year as long as you pay in GBP through 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 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