

International Health Insurance

Insurance Product Information Document



Company: Bupa Global Designated Activity Company
Product: Worldwide Health Options

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 an insurance 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 overall maximum of £1.7 million / \$2.89 million / €2.125 million

Core cover - Hospital treatment

- ✓ Cancer treatment
- ✓ Advanced Therapy Medicinal Products (ATMPs)
- ✓ Intensive care
- ✓ Surgical operations (including specialist surgery such as obesity, cancer preventing and reconstructive)
- ✓ Hospital accommodation
- ✓ Doctors' and anaesthetists' fees
- ✓ Medicines and dressings
- ✓ Diagnostic tests, including CT, MRI and PET scans
- ✓ Organ transplants (£150,000 / \$255,000 / €187,500)
- ✓ Prosthetics
- ✓ Home nursing after in-patient treatment
- ✓ Rehabilitation
- ✓ Hospice and palliative care (£20,000 / \$34,000 / €25,000)
- ✓ Mental health treatment
- ✓ Kidney dialysis

Core cover - Pregnancy and childbirth

- ✓ Normal birth (£8,000 / \$13,600 / €10,000)
- ✓ Delivery at home or at a birthing centre (£650 / \$1,105 / €810)
- ✓ Medically necessary Caesarean section (£13,000 / \$22,100 / €16,250)
- ✓ Pregnancy and childbirth complications
- ✓ Newborn care (£75,000 / \$127,500 / €93,750)

You can choose the optional cover listed here. Your insurance certificate will show the cover you have chosen.

Optional cover - Worldwide Medical Plus (£25,000 / \$42,500 / €31,250)

- 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)

Optional cover - Worldwide Medicines and Equipment

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

Optional cover - Worldwide Wellbeing (£5,000 / \$8,500 / €6,250)

- Health screening, wellness, vaccinations and dietitian (£600 / \$1,020 / €750)

What is insured? (continued)

- Dental treatment (£3,500 / \$5,950 / €4,375)
- Optical - Glasses and frames (£150 / \$255 / €185)

Optional cover - 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 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 an illegal activity
- ✗ Infertility treatment
- ✗ Professional sports activities
- ✗ Treatment for obesity and weight management
- ✗ Treatment for sleep disorders
- ✗ Treatment for gender dysphoria
- ✗ Treatment for sexual problems
- ✗ Treatment from medical practitioners, hospitals or healthcare facilities that we do not recognise

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

Are there any restrictions on cover?

- ! Cover depends on eligibility criteria
- ! Waiting periods (the policy does not cover treatment you have during a waiting period):
 - first 10 or 24 months: pregnancy and childbirth cover (your insurance certificate will show the waiting period you chose)
 - first 24 months: orthodontics
 - first six months: preventive, routine, or major restorative dental treatment

This section is continued on page 2



Are there any restrictions on cover? (continued)

- ! Limitations for each person every policy year unless stated otherwise:
 - 42 days: rehabilitation
 - 30 days: home nursing after in-patient treatment
 - 35 visits: specialists' consultations and doctors' fees
 - 35 visits: out-patient mental health
 - 30 visits: physiotherapy, osteopathy, and chiropractic
 - 15 visits: treatment by therapists, practitioners and qualified nurses
- ! 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
 - during your lifetime - hospice and palliative care
 - each condition - organ transplant services
 - one course of treatment for each condition during your lifetime - Advanced therapy medicinal products (ATMPs)
- ! Pre-existing conditions - we may agree to cover these for a higher premium. We'll discuss this with you before you buy
- ! Conditions may apply when adding a newborn baby to your policy. 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 a deductible or co-insurance, you will have to pay for treatment up to the value of the deductible or co-insurance. 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 optional U.S. cover has been chosen



What are my obligations?

- You must:
 - pay the premium
 - give us your medical history when you apply, if required
 - pay any co-insurance or deductible which applies to your cover
 - let us know if you are admitted to hospital
 - request pre-authorisation for any treatment that requires it, as shown in the membership guide
 - request pre-authorisation for any treatment in the U.S.
 - let us know straight away if you move to a different country or your specified country of residence or specified country of nationality changes
 - let us know if you have other insurance which also covers your treatment



When and how do I pay?

- You can choose to pay the premium annually, semi-annually, quarterly or monthly
- You can pay by credit card, international cheque or international bank transfer in your chosen currency. If you pay in GBP, you can also pay by Direct Debit



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 us at 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 paid 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