

International Health Insurance

Insurance Product Information Document



Company: Bupa Global Designated Activity Company

Product: Company Essential

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 policy maximum of £2,000,000 / \$3,400,000 / €2,500,000 for each person

Out-patient

- ✓ Out-patient surgical operations
- ✓ Accident-related dental treatment

In-patient

- ✓ Hospital accommodation
- ✓ Intensive care
- ✓ Mental health treatment
- ✓ Nursing care, drugs and surgical dressings
- ✓ Pathology, X-rays, diagnostic tests and therapies
- ✓ Specialists' fees
- ✓ Surgical operations, including pre- and post-operative care
- ✓ Theatre charges

Further benefits

- ✓ Cancer treatment
- ✓ Advanced therapy medicinal products (ATMPs)
- ✓ Advanced imaging
- ✓ Healthline services
- ✓ Bupa LifeWorks, your Global Employee Support Programme
- ✓ Home nursing after in-patient treatment
- ✓ Newborn care

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

Optional

- U.S. cover (100 percent of covered costs in network)
- Assistance cover (Evacuation and Repatriation)

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
- ✗ Antenatal classes
- ✗ Treatment as a result of conflict and disaster
- ✗ Congenital conditions
- ✗ Convalescence and admission for general care
- ✗ Cosmetic treatment
- ✗ Experimental or unproven treatment
- ✗ Genetic testing
- ✗ Harmful or hazardous use of alcohol, drugs and/or medicines
- ✗ Treatment you need as a result of illegal activity
- ✗ Infertility treatment
- ✗ Treatment for, or as a result of, obesity and weight management
- ✗ Treatment for sexual problems
- ✗ 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 each person every membership year unless stated otherwise:
 - ! - 10 days: Home nursing
 - ! - 42 days: Rehabilitation
 - ! - 20 nights: In-patient cash benefit
- ! Waiting periods (the policy does not cover treatment you have during a waiting period)
- ! There are different types of limits to your cover. These are:
 - Each membership year – accident-related dental treatment, home nursing after in-patient treatment, in-patient cash benefit, rehabilitation
 - For the whole of your lifetime – advanced therapy medicinal products (ATMPs), hospice and palliative care
- ! We may exclude pre-existing conditions - we'll discuss this with you before you buy

This section is continued on page 2



Are there any restrictions on cover? (continued)

- ! Conditions apply when adding newborn children on your policy
- ! The policy covers only medically necessary treatment and wellbeing care as 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 other restrictions.



Where am I covered?

- ✓ This plan covers you worldwide, but treatment in the U.S. is only covered if your sponsor has chosen to include U.S. cover



What are my obligations?

- 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 requires pre-authorisation
- You must provide the information we ask for to assess your claim
- You must make sure that other people on the policy are comfortable with you providing us with their information
- You must make sure that you have provided a copy of our privacy notice to any other people whose information has been provided to us
- You must tell your sponsor straight away if you move to a different country or your specified country of residence or specified country of nationality changes
- You must let your sponsor know if you have other insurance which also covers your covered benefits
- You must notify your sponsor in writing of any changes to you or your dependant's membership
- Your sponsor may have agreed variations to this benefit table with your insurer. If so, your sponsor will let you know of these variations



When and how do I pay?

- Your sponsor has to pay any and all premiums and any other payment due for your membership and that of your dependants and every other person covered under the agreement, together with any other charges (such as insurance premium tax) that may be payable.



When does the cover start and end?

- The contract lasts 12 months.
- If you do not want your membership (and therefore that of your dependants) or the individual membership for any of your dependants to renew at the renewal date you must notify your sponsor at any time in advance of the renewal date.
- If you pay the sponsor towards your cover, you can end your membership (and therefore the membership of your dependants) by informing the sponsor within 30 days of either:
 - the date you receive your terms and conditions (including your insurance certificate) confirming your membership, or
 - the effective date of your membership
- Your sponsor can decide on the renewal of your membership as part of our agreement.
- Your membership will automatically end:
 - if the agreement between Bupa Global and your sponsor is terminated
 - if your sponsor does not renew your membership
 - if your sponsor does not pay subscriptions or any other payment due under the agreement for you or for any other person
 - if your membership ends
 - upon your death



How do I cancel the contract?

- If you pay the sponsor towards your cover, you can end your membership (and therefore the membership of your dependants) by informing the sponsor within 30 days of either:
 - the date you receive your terms and conditions (including your insurance certificate) confirming your membership, or
 - the effective date of your membership
- Your sponsor can end your membership, or that of any of your dependants (if applicable), by contacting us.
- We cannot backdate the cancellation of your membership.

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