

International Health Insurance

Insurance Product Information Document



Company: Bupa Global Designated Activity Company

Product: International Swiss Medical – Complete 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?

Core Hospital Plan

Annual policy maximum of USD 2 million / EUR 2 million / CHF 3 million for each person

Hospitalisation

- ✓ Private room
- ✓ Intensive care room
- ✓ Surgery
- ✓ Diagnostic tests, including laboratory tests and X-rays
- ✓ Cancer treatment, including chemotherapy
- ✓ Advanced therapy medicinal products (ATMPs)
- ✓ Dialysis
- ✓ Emergency room treatment in connection with acute illness or accident
- ✓ Out-patient surgery
- ✓ Mental health treatment
- ✓ Organ transplants: USD 500,000 / EUR 500,000 / CHF 750,000

Childbirth

- ✓ Normal delivery, or medically essential caesarean section, at a hospital or clinic
- ✓ Non-medically essential caesarean section or delivery following infertility treatment up to a maximum of the customary charges for normal delivery of one child at a hospital or clinic

Other benefits

- ✓ Local medical transport
- ✓ In-patient rehabilitation (limits apply)
- ✓ Home nursing (limits apply)
- ✓ Hospice and palliative care (limits apply)

Complete Plan

Reimbursed at 90% unless otherwise stated, up to an annual maximum of USD 40,000 / EUR 40,000 / CHF 60,000

- ✓ General practitioners, specialists' consultations and doctors' fees
- ✓ Physiotherapy, occupational therapy, speech therapy
- ✓ Health screening: USD 600 / EUR 600 / CHF 910
- ✓ Diagnostic tests, including CT, MRI and PET scans
- ✓ Medicines and dressings, appliances, vaccinations

You can choose one or more of the optional modules listed here. You are covered for only those modules that are listed on your insurance certificate.

Optional Module: Medical Evacuation and Repatriation

- Expenses covered up to overall annual maximum



What is insured? (continued)

Optional Module: Dental and Optical

Annual maximum of USD 3,000 / EUR 3,000 / CHF 4,500 each person. Individual benefit limits apply

- Dental treatment
- Glasses lenses (not frames) and contact lenses
- Eye check

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



What is not insured?

- ✗ Treatment from medical practitioners, hospitals or healthcare facilities that we do not recognise (refer to membership guide)
- ✗ Artificial life maintenance lasting more than 90 days (exclusion applies to customers who joined on or after 1 January 2017)
- ✗ Treatment as a result of conflict or disaster if you are an active participant or put yourself in danger
- ✗ Experimental or unproven treatment
- ✗ Harmful or hazardous use of alcohol, drugs or medicine
- ✗ Infertility treatment
- ✗ Treatment for obesity
- ✗ Treatment for sexual problems

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



Are there any restrictions on cover?

- ! Waiting periods (the policy does not cover treatment you have during a waiting period):
 - First four weeks: all claims except acute, serious illness or injury
 - First 12 months: pregnancy and childbirth
 - First six or 12 months: dental treatment
- ! Cover depends on eligibility criteria
- ! 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.

This section is continued on page 2



Are there any restrictions on cover? (continued)

- ! The policy covers only medically necessary treatment and wellbeing care listed in the membership guide
- ! Pre-existing conditions - we may agree to cover these for a higher premium. We'll discuss this with you before you buy
- ! We only cover costs which are reasonable and customary in the place where you have the treatment

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



Where am I covered?

- ✓ This plan covers you worldwide, including the U.S.



What are my obligations?

You must:

- pay the premium
- give us your medical history when you apply
- pay any co-insurance or deductible which applies to your cover
- let us know if you are admitted to hospital
- let us know straight away if you move to a different country or your specified country of residence or specified country of nationality changes
- pay out-patient costs. If these are covered by the policy, claim the costs and send us the receipts and itemised invoices
- 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 or quarterly. You can pay by credit card, international cheque or international bank transfer in your chosen currency



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