

International Health Insurance

Insurance Product Information Document



Company: Bupa Global Designated Activity Company

Product: Superior

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 is unlimited with 100% cover, unless a sublimit is stated

Hospitalisation cover

- ✓ Private room
- ✓ Intensive care room
- ✓ Surgery
- ✓ Medical treatment, laboratory tests, X-rays
- ✓ Cancer treatment, including chemotherapy
- ✓ Advanced therapy medicinal products (ATMPs)
- ✓ Dialysis
- ✓ Emergency room treatment in connection with acute illness or accident
- ✓ Mental health treatment
- ✓ Out-patient surgery
- ✓ Organ transplants

Childbirth

- ✓ Normal delivery or medically essential caesarean section operation 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

- ✓ Pregnancy, childbirth
- ✓ Medical evacuation
- ✓ Evacuation
- ✓ Special travel benefits abroad
- ✓ Local ground medical transport
- ✓ In-patient rehabilitation (up to 42 days)
- ✓ Home nursing (up to 90 days)
- ✓ Hospice
- ✓ Health resort following serious illness (up to 30 days)

Non-hospitalisation benefits (100% cover)

- ✓ General practitioners, specialists, and psychiatrists
- ✓ Treatment from physiotherapists, speech therapists, dietitians
- ✓ Full health screening (up to \$2,500 / €2,500 per health screening, up to three health screenings per year)
- ✓ Scans, X-rays, laboratory tests
- ✓ Medicines, appliances, vaccinations

Dental / Optical cover

Annual maximum of \$15,000 / €15,000 per person per policy, 100% cover

- ✓ Dental treatment
- ✓ Glasses (not frames), 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?

- ! Cover depends on eligibility criteria
- ! Waiting periods (the policy doesn't cover treatment you have during a waiting period):
 - First four weeks: all claims except acute, serious illness or injury
 - First 10 months: pregnancy and childbirth
 - First 24 months: orthodontics
- ! 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
- ! The policy covers only medically necessary treatment and wellbeing care listed in the membership guide
- ! We may exclude pre-existing conditions - we'll discuss this with you before you buy
- ! 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, including the U.S.



What are my obligations?

- You must pay your premium
- You must give us your medical history when you apply
- You must give us the information we ask for to assess your claim
- You must pay any deductible which applies to your cover
- You must inform us of any hospitalisation
- 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 pay and claim for any out-patient benefit expenses if respective cover has been selected, before submitting the receipted and itemised invoices to us for processing
- You must let us know if you have other insurance which also covers your treatment
- 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



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