

International Health Insurance

Insurance Product Information Document

Company: Bupa Global Designated Activity Company

Product: International Swiss Medical – Hospital 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. Before purchase, further information can be found in your quotation and/or additional documents; the full policy terms are available at ihi.com. Full terms and conditions of the policy are contained in the product guide and on your policy schedule which you will receive after your purchase. It is important you read all of these documents carefully.

What is this type of insurance?

International Private Medical Insurance which is designed to cover the costs of private healthcare, from inpatient treatment, preventive check-ups, to diagnosis of medical illnesses and necessary treatment, both in the country of residence and around the world.



What is insured?

Core Hospital Plan*

Annual policy max. of USD 2,000,000 / EUR 2,000,000 / CHF 3,000,000 per person, unless a sublimit is mentioned.

Hospitalisation

- ✓ Private room
- ✓ Intensive care room
- ✓ Surgery
- ✓ Medical treatment
- ✓ Cancer treatment
- ✓ Dialysis
- ✓ Emergency room treatment in connection with acute illness or accident
- ✓ Outpatient surgery
- ✓ Psychiatric treatment

Childbirth

- ✓ Normal delivery or medically prescribed caesarean operation at a hospital or clinic
- ✓ Non-medically prescribed caesarean or delivery following fertility treatment up to a max. of the customary charges for normal delivery of one child at a hospital or clinic

Other benefits

- ✓ Local medical transport
- ✓ Inpatient rehabilitation (limits apply)
- ✓ Home nursing (limits apply)

Optional Module: Medical Evacuation and Repatriation

Expenses covered up to overall annual insurance sum

Optional Module: Dental and Optical*

Annual max. of USD 3,000/EUR 3,000/CHF 4,500 per person per policy, Individual benefit limits apply

- Dental treatment
- Glasses / contact lenses
- Eye check

***For all benefits, limits and restrictions, see full terms & conditions**



What is not insured?

- × Unrecognised medical practitioner and facilities
- × Artificial life maintenance more than 90 days (exclusion valid for customers who joined on/after 1 January 2017)
- × Intentional self-inflicted injury
- × Treatment needs due to entering known area of conflict
- × Epidemics
- × Experimental treatment
- × Harmful use of alcohol and drugs/medicine
- × Infertility treatment
- × Obesity
- × Sexual problems

Other exclusions apply, see full terms and conditions



Are there any restrictions on cover?

- ! Waiting periods (time from when you first purchased the benefit before you can claim)
 - First 4 weeks: All claims except acute, serious illness or injury
 - First 12 months: Pregnancy and childbirth
 - First 6 or 12 months: Dental treatment
- ! If selected, the value of a deductible must be covered by reimbursable medical expenses each policy year before a claimed and reimbursable amount can be paid out
- ! We only cover medically necessary treatment
- ! Pre-existing conditions may be covered, subject to an additional premium
- ! Cover is always subject to eligibility criteria
- ! We only cover customary and reasonable charges in the area or country in which treatment is provided

Other restrictions apply, see full terms and conditions



Where am I covered?

- ✓ This plan covers you and any co-insured dependants worldwide including the USA



What are my obligations?

You must

- pay your premium
- provide medical history or other information as required
- cover expenses for any co-insurance and/or deductible amount
- inform us of any hospitalisation
- tell us if you move to a different country or your specified country of residence /country of nationality changes
- pay and claim for any outpatient benefit expenses if respective cover has been selected, before submitting the receipted and itemised bills to us for processing
- let us know if you have other insurance which also covers your covered benefits
- notify us, if the policyholder or a dependant dies and send a copy of the death certificate for the deceased



When and how do I pay?

- You can choose to pay the premium annually, semi-annually or quarterly by credit card, international cheque or international bank transfer in your chosen currency



When does the cover start and end?

- Your policy will be renewed automatically and payment taken after 12 months, unless you choose not to continue
- Start date is stated in your quote or policy schedule



How do I terminate the contract?

- You may withdraw from your purchase within the first 28 days after having received your insurance documents. If the insurance has entered into force before the withdrawal you will be charged premium for the time you have been covered.
- You can terminate the policy (or remove any dependant from cover) with effect from the end of a calendar month with one month's prior notice by email, letter or phone. We will refund any premium paid in relation to the period following termination.
- To terminate the policy, call Bupa Global on +45 70 23 02 26 or email to globalcustomer@ihi.com or write to Bupa Global, 8 Palaegade, 1261 Copenhagen K, Denmark

Please refer to the full terms & conditions for further information