

# International Health Insurance

## Insurance Product Information Document



**Company:** Bupa Insurance Limited

**Product:** Explorer Gold

Bupa Insurance Limited (trading as Bupa Global), registered in the United Kingdom. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, registration number 203332.

This is a summary of the insurance cover. Before purchase, further information can be found in your quotation and/or additional documents; the full terms and conditions are available on request. Full terms and conditions of the policy are contained in the membership guide and insurance certificate which you will receive after your purchase. It is important that 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 in the chosen region(s).



### What is insured?

Annual maximum of £900,000/\$1,500,000/€1,103,000 per person, unless a sublimit is mentioned

#### Hospital treatment

- ✓ Cancer treatment incl. prescribed medicines
- ✓ Intensive care
- ✓ Surgical operations and theatre charges
- ✓ Doctors' and anaesthetists' fees
- ✓ Medicines and dressings
- ✓ Advanced imaging, pathology, radiology and diagnostic tests
- ✓ Transplant services
- ✓ Prosthetic implants and appliances
- ✓ Prosthetic devices: £2,350/\$4,000/€3,000
- ✓ Home nursing: £120/\$200/€150 per day for 30 days per membership year
- ✓ Rehabilitation
- ✓ Hospice and palliative care: £11,800/\$20,000/€14,800
- ✓ Mental health treatment
- ✓ Kidney dialysis

#### Transportation

- ✓ Local air and road ambulance

#### Maternity/Childbirth

- ✓ Normal delivery/birthing centre/ante natal/home delivery/ caesarean section (medically essential): £4,700/\$8,000/€6,000
- ✓ Complications of maternity and childbirth
- ✓ Newborn care: £58,800/\$100,000/€73,750 during the first 90 days following birth

#### Out-patient treatment

- ✓ Pathology, radiology and diagnostic tests
- ✓ Specialists consultations
- ✓ Doctor's fees
- ✓ Surgical operations
- ✓ Prescribed medicines and dressings: £1,200/\$2,000/€1,500
- ✓ Treatment by therapists, complementary medicine practitioners and qualified nurses
- ✓ Mental health treatment
- ✓ Vaccinations: £600/\$1,000/€750
- ✓ Dietetic guidance

#### Wellbeing

- ✓ Health screening and wellness: £300/\$500/€375

#### Dental treatment

- ✓ Accident related dental treatment: £600/\$1,000/€750

#### Assistance cover

- ✓ Evacuation



### What is insured? (continued)

**This product could include one or more of the optional modules listed below. You are covered for only those modules that are listed on your insurance certificate.**

- Dental and optical
  - Dental treatment: £600/\$1,000/€750
  - Optical: £250/\$400/€315

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



### What is not insured?

- ✗ Artificial life maintenance more than 90 days
- ✗ Conflict and disaster if you are an active participant or put yourself in danger
- ✗ Convalescence
- ✗ Cosmetic treatment (non-medically essential)
- ✗ Developmental problems
- ✗ Experimental/unproven treatment
- ✗ Harmful/hazardous use of alcohol/drugs/medicine
- ✗ Illegal activity
- ✗ Infertility treatment
- ✗ Obesity
- ✗ Sexual problems
- ✗ Sleep disorders
- ✗ Unrecognised medical practitioner, hospital or healthcare facility (refer to membership guide)

**Other exclusions apply, see full terms and conditions**



### Are there any restrictions on cover?

- ! Cover is always subject to eligibility criteria
- ! Limited number of visits, per person per membership year/ per lifetime:
  - 42 days: Rehabilitation
  - 30 visits: Treatment by therapists, practitioners and qualified nurses and Dietetic guidance
  - 3 visits: Dietetic guidance

**This section is continued on page 2**



## Are there any restrictions on cover? (continued)

- ! Waiting Periods (time from when you first purchased the benefit before you can claim)
  - 12 months: Health screening and wellness
  - 10 months: Maternity
- ! Pre-existing conditions are subject to underwriting and may be excluded
- ! Conditions apply when adding newborn children as dependants on your plan
- ! We only cover medically necessary treatment and wellbeing care as listed in the membership guide
- ! If selected, the value of a deductible must be covered in expenses before a reimbursement can be claimed
- ! Should you choose to have treatment or services with a healthcare provider outside of our Bupa Global network, we will only cover eligible costs which we consider to be the 'reasonable and customary' amount for such treatment or services. This means that, if you chose an 'out of network' provider, you would be responsible for paying for any costs in excess of reasonable and customary levels. Please refer to the membership guide
- ! Limit periods under 'What is insured'
  - Per membership year – Home nursing, normal delivery/birthing centre/ante natal/home delivery/caesarean section (medically essential), rehabilitation, accident related dental, treatment by therapists, practitioners and qualified nurses, mental health treatment, physiotherapy, osteopathy and chiropractors, dietetic guidance, prescribed drugs and dressing, vaccinations and health screening and wellness
  - Per lifetime – Hospice and palliative care
  - Per device – Prosthetic devices

**Other restrictions apply, see full terms and conditions**



## Where am I covered?

- ✓ This plan covers you the main member and any additional people on your plan in Africa, India, Pakistan and Sri Lanka



## What are my obligations?

- You must pay your premium
- You must provide medical history as required
- You must provide any information we require to assess your claim
- You must cover expenses for any deductible amount, for further explanation see full terms and conditions in the membership guide
- 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 obtain pre-authorisation prior to treatment for any benefits where it is stated that this is required in the membership guide
- You must let us know if you have other insurance which also covers your benefits. If the policyholder or a dependant dies we should be notified in writing within 30 days



## When and how do I pay?

- You can pay by credit card (monthly/quarterly/annually), by bank transfer (quarterly/annually, provided you have not chosen a deductible) or direct debit (monthly/quarterly/annually provided you pay in GBP)



## When does the cover start and end?

- The term of the contract is 12 calendar months. Your policy will be renewed automatically and payment taken, unless you choose not to continue
- You can find your policy start and end date in your quote or in your membership certificate



## How do I cancel the contract?

- You can cancel the membership (or remove any additional people individually from cover) at any time by telephoning or emailing us. Cancellation will take effect 14 days after you, the main member, notifies us of the request. If such cancellation is requested within 28 days of you receiving your first insurance certificate for such cover and no claims have been made, the premium paid for that cover will be refunded in full. Should you have made a claim during this initial period, or should you cancel after this initial period, we will refund any premium paid in relation to the period following cancellation. No administrative fee will be charged. To cancel, call Bupa Global on +44 (0) 1273 718379 or email to [Service.uk@bupaglobal.com](mailto:Service.uk@bupaglobal.com) or write to Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom.

**Please refer to the full terms and conditions for further information**