

International Private Medical Insurance

Insurance Product Information Document

Company: Bupa Global Designated Activity Company, Malta (Bupa Malta)

Product: Bupa Malta International Plan - Gold

LifeStar Health Limited acts as an insurance agent for Bupa Global Designated Activity Company (Bupa Global DAC), which has passported its services through the European Passport Rights for Insurance and Reinsurance Undertakings. LifeStar Health Limited is enrolled as an insurance agent under the Insurance Distribution Act, Cap 487 of the Laws of Malta and is regulated by the Malta Financial Services Authority of Notabile Road, Attard BKR 3000, Malta and subject to limited regulation by the Central Bank of Ireland. Registered office: LifeStar Health Limited, Testaferrata Street, Ta' Xbiex XBX 1403, Malta. Company Registration No. C6393.

Bupa Global DAC, trading as Bupa Global, is a designated activity company limited by shares registered in Ireland under company number 623889 and having its registered office at Second Floor, 10 Pembroke Place, Ballsbridge, Dublin 4, D04 V1W6. Bupa Global DAC, trading as Bupa Global, 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 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?

Day-case and Inpatient Treatment – Refund for all customary and reasonable fees

Annual policy maximum of €1,000,000 per person per membership year.

- ✓ Surgeons' and anaesthetists' fees
- ✓ Physicians' fees
- ✓ Clinic or hospital accommodation and nursing services
- ✓ Parent accommodation staying with a child under the age of 18
- ✓ Theatre charges, drugs and surgical dressings
- ✓ Drugs and dressing prescribed to take home following a day-case or in-patient treatment
- ✓ Pathology, radiology, diagnostic tests and physiotherapy
- ✓ Surgically implanted prostheses and appliances
- ✓ MRI, CT and PET scans
- ✓ Cancer treatment

Out-patient treatment

Annual policy maximum of €1,000,000 per person per membership year.

- ✓ Consultants' fees
- ✓ MRI, CT and PET scans
- ✓ Cancer treatment
- ✓ Mini minor procedures performed by a family doctor under local anaesthetic. The cost of each procedure is limited to €100 per procedure
- ✓ Family doctor treatment and prescribed drugs and medicines: €300 each membership year
- ✓ Alternative Treatment – up to 10 sessions per membership year

Other Benefits

Annual policy maximum of €1,000,000 per person per membership year.

- ✓ Home nursing following in-patient treatment
- ✓ 24 hour home nursing
- ✓ Nursing and convalescence following a major surgical operation
- ✓ Maternity cash benefit: €250 each membership year
- ✓ Emergency road ambulance journeys related to day-case or in-patient treatment in participating hospital
- ✓ Emergency and accident related dental treatment
- ✓ Treatment received without charge in a state hospital: Day-case treatment €40 per episode; Inpatient treatment €60 each night up to 50 nights each membership year
- ✓ Repatriation of mortal remains: €8,000 each membership year



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.

Optional cover

- Prostheses and appliances (not surgically implanted), speech therapy, cancer screening, complimentary medical treatment and dental check ups
- Dental Option
- Evacuation

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
- ✗ Cosmetic treatment (non-medically essential)
- ✗ Developmental problems
- ✗ Epidemics and pandemics
- ✗ Experimental treatment
- ✗ Harmful/hazardous use of alcohol/drugs /medicine
- ✗ Routine and/or preventative treatment
- ✗ Chronic conditions
- ✗ Infertility treatment
- ✗ Obesity treatment
- ✗ Sexual problems
- ✗ Sleep disorders
- ✗ Unrecognised medical practitioner, hospital or healthcare facility (refer to product guide)

Other exclusions apply, see full terms and conditions



Are there any restrictions on cover?

! Cover is always subject to eligibility criteria

This section is continued on page 2



Are there any restrictions on cover? (continued)

- ! Limitations per person per policy year unless stated otherwise:
 - We will refund all Customary & Reasonable fees up to the benefit amount as outlined in the Membership Guide
 - 30 days lifetime: In-patient mental health treatment
 - 180 days per year: Home nursing after in-patient treatment
 - 50 nights per year: In-patient cash benefit
 - 14 days per year: Rehabilitation
- ! Limitations under “What is insured” are applied as follows:
 - Per procedure: Minor procedures
 - Per pregnancy: Maternity cash benefit
 - For each device: Prosthetic and medical devices
- ! Waiting periods (time you need to be our customer before you can claim on this benefit)
 - First 24 months: Mental health
 - First 12 months: Maternity cash
 - First 6 months: Dental Option
- ! Pre-existing conditions will not be covered. An exclusion/ restriction will be noted in your Membership certificate.
- ! We only cover medically necessary treatment as listed in the Membership Guide

Other restrictions apply, see full terms and conditions



Where am I covered?

- ✓ This plan covers you the policyholder and any additional people on your plan for treatment which is received in Malta and anywhere in the world except USA and Canada.



What are my obligations?

- You must pay your premium
- You must provide medical history as required
- You must obtain pre-authorization prior to treatment for any covered benefits where it is stated that this is required in the membership guide
- You must provide any information we require to assess your claim
- All members must be habitually resident and actually living in Malta for more than 6 months of the year
- If you have selected an annual deductible you must pay the agreed amount before we can settle any claims
- You must tell us straight away if you move to a different country
- You must let us know if you have other insurance which also covers your covered 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 debit & credit card, bank transfer or cheque (quarterly/annually provided you pay in Euro). Quarterly payments will include an administration charge of 5%.



When does the cover start and end?

- The term of the contract is 12 calendar months. You will be provided with a renewal notice before your renewal due date.
- You can find your policy start and end date in your quote or in your Membership certificate
- The quotation provided is valid for the indicated period specified on the quotation letter



How do I cancel the contract?

- You can only cancel the policy (or remove any dependant individually from cover) at your policy anniversary date by emailing or writing to us. 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. No administrative fee will be charged. To cancel, call Bupa on +356 21 342 342 or email to bupa@lifestarinsurance.com or write to Bupa Malta, LifeStar Health Limited, Testaferrata Street, Ta' Xbiex XBX 1403, Malta

Please refer to the full terms and conditions for further information