

International Health Insurance

Insurance Product Information Document



Company: Bupa Global Designated Activity Company

Product: Premier Global Health 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 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 policy maximum of £1,500,000/€1,875,000/\$2,550,000 per person, unless a sublimit is mentioned

Hospital Treatment

- ✓ Cancer treatment incl. prescribed medicines
- ✓ Intensive care
- ✓ Surgeries (incl. specialist surgery such as obesity, cancer preventing and reconstructive)
- ✓ Doctors' and anaesthetists' fees
- ✓ Medicines and dressings
- ✓ Advanced imaging, pathology, radiology and diagnostic tests
- ✓ Transplant services: £400,000/€500,000/\$680,000
- ✓ Prosthetics: £2,500/€3,100/\$4,200
- ✓ Rehabilitation
- ✓ Hospice and palliative care: £25,000/€31,000/\$42,000
- ✓ Mental health treatment
- ✓ Physiotherapist, speech therapists, dietician

Transportation

- ✓ Evacuation
- ✓ Travel cost for accompanying person/children
- ✓ Local air and road ambulance

Out-patient treatment

Annual maximum of up to £15,000/€18,750/\$25,500 per person unless a sublimit is mentioned:

- ✓ Specialists consultations and doctors' fees
- ✓ Outpatient surgeries incl. tests
- ✓ Qualified nurses
- ✓ Prescribed medicines and dressings, durable medical equipment: £2,000/€2,500/\$3,400
- ✓ Physiotherapy, osteopathy and chiropractors
- ✓ Footcare
- ✓ Dietetic guidance
- ✓ Mental health treatment
- ✓ Gender dysphoria MtF/FtM: £48,000/ €64,000/\$80,000

Wellbeing

- ✓ Health screening £500/€620/\$850
- ✓ Vaccinations: £500/€620/\$850
- ✓ Preventive dental treatment

Dental treatment, hearing aids and optical 50% up to £1,000/ €1,250/ \$1,700 per person:

- ✓ Accident related dental treatment
- ✓ Routine and major restorative dental treatment
- ✓ Hearing aids
- ✓ Spectacle frames and lenses

Other benefits apply, 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 treatment (except surgery)
- ✗ Sexual problems
- ✗ Sleep disorders
- ✗ Treatment for gender dysphoria (unless eligibility criteria for the benefit 'Treatment for or related to gender dysphoria' has been met)
- ✗ 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
- ! Limitations per person per policy year unless stated otherwise:
 - 30 visits: Specialists consultations, doctor's fees, qualified nurses, rehabilitation, physiotherapists, osteopaths, chiropractors, occupational therapist, orthoptist, footcare, acupuncture and reflexology
 - 30 days: Rehabilitation
 - 4 visits: Dietetic guidance
 - 2 visits: Preventive dental treatment
 - 90 days lifetime: In-patient mental health treatment
- ! Waiting periods (time you need to be our customer before you can claim on this benefit):
 - First 6 months: Preventive/routine/major restorative dental treatment
 - First 10 months: Health screening
 - First 24 months: Obesity surgery
- ! If you have selected a co-insurance of 0%/15%/25% on your out-patient treatment we cover the agreed percentage of 100%/85%/75%

This section is continued on page 2



Are there any restrictions on cover? (continued)

- ! Limitations under “What is insured” are applied as follows:
 - Per policy year – Prescribed medicines and dressing, durable medical equipment, health screening, vaccinations, dental treatment, hearing aids and optical
 - Per device – Prosthetics
 - Per condition – Transplant services
- ! Pre-existing conditions may be agreed to be covered, subject to additional premium in some circumstances – this will be discussed individually with you
- ! We only cover medically necessary treatment and wellbeing care as listed in the product guide
- ! 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 product 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 worldwide. Treatment in the U.S. is subject to preauthorisation.



What are my obligations?

- You must pay your premium
- You must provide medical history as required
- You must obtain pre-authorisation prior to treatment for any covered benefits where it is stated that this is required in the product guide
- Treatment in the U.S. generally requires pre-authorisation
- You must provide any information we require to assess your claim
- If you have selected a co-insurance you must pay the agreed percentage (0%/15%/25%) of out-patient treatment
- 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 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 credit card (monthly/quarterly/annually), by bank transfer (quarterly/annually, provided you have not chosen coinsurance) 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 30 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 +33 (0) 1 57329109 or email to info@bupaglobal.com or write to Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom.