

International Health Insurance

Insurance Product Information Document



Company: Bupa (Asia) Limited

Product: Major Medical Global Health Plan

The insurance plans are insured by Bupa (Asia) Limited and administered by Bupa Global. Bupa Global is a trading name adopted by Bupa (Asia) Limited in relation to its portfolio of International Private Medical Insurance products and services. Bupa (Asia) Limited is authorised and regulated by the Hong Kong Insurance Authority.

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 when required, subject to any agreed terms, both in the country where you live and your chosen region(s).



What is insured?

Annual policy maximum of USD 4,500,000 / HKD 35,000,000 per person, unless a sublimit is mentioned

Hospital treatment

- ✓ Cancer treatment incl. prescribed medicines (also as out-patient treatment)
- ✓ Intensive care
- ✓ Surgeries (incl. specialist surgery such as obesity, prophylactic and reconstructive)
- ✓ Doctors' and anaesthetists' fees
- ✓ Medicines and dressings (also for out-patient use)
- ✓ Durable medical equipment: USD 1,000 / HKD 7,800 (for out-patient use)
- ✓ Advanced imaging, pathology, radiology and diagnostic tests
- ✓ Pre-and post-hospitalisation (as out-patient treatment)
- ✓ Home nursing
- ✓ Hospice and palliative care: USD 40,000 / HKD 312,000
- ✓ Rehabilitation (also as out-patient treatment)
- ✓ Transplant services: USD 750,000 / HKD 5,850,000 (also as out-patient treatment)
- ✓ Prosthetics (external artificial body part): USD 6,000 / HKD 46,800
- ✓ Mental health
- ✓ Physiotherapist, speech therapists, dietician

Transportation

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

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



What is not insured?

- ✗ Artificial life maintenance more than 90 days
- ✗ Complementary therapists
- ✗ 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
- ✗ Infertility treatment
- ✗ Maternity and childbirth
- ✗ Obesity treatment (except surgery)
- ✗ 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 policy year:
 - 60 days: Post-hospitalisation
 - 45 days: Rehabilitation
 - 30 days: Pre-hospitalisation and home nursing
- ! Waiting periods (time from when your policy started before you can claim on this benefit)
 - First 24 months: Obesity surgery
- ! Limitations under "What is insured" are applied as follows:
 - Per device – Prosthetics
 - Per condition – Transplant services
 - Per policy year – Home nursing, rehabilitation, prescribed medicines and dressing, durable medical equipment
 - Per lifetime – Hospice and palliative care
- ! We only cover medically necessary treatment as listed in the membership guide
- ! Pre-existing conditions may be agreed to be covered, subject to additional premium in some circumstances – this will be discussed individually with you
- ! If you have chosen a deductible, you must pay towards covered expenses each policy year before we start paying

Restrictions are continued on page 2



Are there any restrictions on cover? (continued)

- ! 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

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



What are my obligations?

You must

- pay your premium
- provide medical history as required
- obtain pre-authorisation prior to treatment for any covered benefits where it is stated that this is required in the membership guide
- cover expenses for any co-insurance and/or deductible amount
- provide any information we require to assess your claim
- tell us straight away if you move to a different country or your specified country of residence or specified country of nationality changes
- let us know if you have other insurance which also covers your covered benefits
- notify us within 30 days in writing, if the policyholder or a dependant dies



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 base currency. If you have chosen a deductible, you must pay by credit card



Does the premium paid for the plan qualify for tax deduction?

- No. Your plan is not tax deductible as it is not a certified plan of Voluntary Health Insurance Scheme in Hong Kong



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 insurance certificate



How do I renew the plan?

- You will receive a renewal notice at least 30 days in advance of renewal date, with details of the new premium and changes of the renewed policy
- If you do not want to renew the policy, you must contact us within 30 days following the start of the renewal policy
- Renewal of the policy is not guaranteed. We reserve right not to renew the policy at our discretion if we have decided to stop making available to all customers or to a category of customers which includes you the policyholder or any dependents



How do I cancel the contract?

- You can cancel your policy (or remove any dependant from cover) at any time by telephoning or emailing us. Cancellation of your policy, or the removal of dependant(s) from cover, will take effect from the 1st day of the following month from you notifying us of the request
- If a cancellation is requested within 30 days of you receiving your first insurance certificate for the policy year and you have not made any claims in respect of that initial 30-day period, we will make a full refund to you of all premium paid for that policy year. 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 the date on which the cancellation takes effect
- To cancel the insurance, call Bupa Global on +852 2531 8503 or email to service.hk@bupaglobal.com or write to Bupa (Asia) Limited, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong

Please refer to the full terms and conditions for further information