

International Health Insurance

Insurance Product Information Document



Company: Bupa (Asia) Limited

Product: Worldwide Health Options

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?

Core cover (Worldwide Medical Insurance)

Annual maximum of £1,700,000/\$2,890,000/€2,125,000 per person, unless a sublimit is mentioned

Hospital treatment

- ✓ Cancer treatment incl. prescribed medicines
- ✓ Intensive care
- ✓ Surgeries operations and theatre charges
- ✓ Doctors' and anaesthetists' fees
- ✓ Medicines and dressings
- ✓ Advanced imaging, pathology, radiology and diagnostic tests
- ✓ Transplant services: £150,000/\$255,000/€187,500
- ✓ Prosthetic implants and appliances
- ✓ Prosthetic devices: £2,000/\$3,400/€2,500
- ✓ Home nursing
- ✓ Rehabilitation
- ✓ Hospice and palliative care: £20,000/\$34,000/€25,000
- ✓ Mental health treatment
- ✓ Kidney dialysis
- ✓ Congenital: £20,000/\$34,000/€25,000

Maternity/Childbirth

- ✓ Normal delivery: £8,000/\$13,600/€10,000
- ✓ Home delivery/birthing centre: £650/\$1,105/€810
- ✓ Caesarean section (medically essential): £13,000/\$22,100/€16,250
- ✓ Complications of maternity and childbirth
- ✓ Newborn care: £75,000/\$127,500/€93,750 maximum benefit for all treatment during the first 90 days following birth

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.

Worldwide Medical Plus

Annual maximum of £25,000/\$42,500/€31,250 per person, unless a sublimit is mentioned

- Pathology, radiology and diagnostic tests
- Specialists consultations and doctor's fees
- Physiotherapy, osteopathy and chiropractors
- Treatment by therapists, practitioners and qualified nurses
- Mental health
- Maternity: £3,000/\$5,100/€3,750
- Transplant services: £50,000/\$85,000/€62,500
- Child care: £1,000/\$1,700/€1,250

Worldwide Medicines and Equipment

- Prescribed medicines, dressings and durable medical equipment: £2,000/\$3,000/€2,500



What is insured? (continued)

Worldwide Wellbeing

Annual maximum of £5,000/\$8,500/€6,250 per person, unless a sublimit is mentioned

- Health screening, wellness, vaccinations and dietician: £600/\$1,020/€750
- Dental treatment: £3,500/\$5,950/€4,375
- Optical – Spectacle frames: £150/\$255/€185

Worldwide Evacuation

- Evacuation and repatriation
- Travel cost for accompanying person/children
- Compassionate and Living allowance

Optional cover

- U.S. cover

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
- ! Limitations per person per policy year unless stated otherwise:
 - 35 visits: Specialists consultations and doctor's fees
 - 30 visits: Physiotherapy, osteopathy and chiropractors
 - 15 visits: Treatment by therapists, practitioners and qualified nurses
 - 35 visits: Out-patient mental health
 - 30 days: Home nursing
 - 42 days: Rehabilitation
- ! Waiting Periods (time from when you first purchased the benefit before you can claim):
 - 24 months: Maternity
 - 24 months: Orthodontics (for members aged 18 and under only)
 - 6 months: Dental treatment
- ! Co-insurance:
 - 20%: Routine and major restorative dental treatment, spectacle lenses, contact lenses and spectacle frames
 - 50%: Orthodontic
- ! Limitations under "What is insured" are applied as follows:
 - Per membership year – Congenital, normal delivery, home delivery/birthing centre, caesarean section, maternity, child care, prescribed medicines, dressings and durable medical equipment, health screening, wellness, vaccinations and dietician, dental treatment and optical - Spectacle frames
 - Per device – Prosthetic devices
 - Per lifetime – Hospice and palliative care
 - Per condition – Transplant services
- ! 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

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 worldwide
- ✓ Any planned or emergency treatment in the U.S. is not covered unless U.S. cover is purchased



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 your 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 main member or any additional people die 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 through a UK bank, this only applies for GBP(£) payments)



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?

- 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 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 dependants



How do I cancel 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 insurance (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 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