

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. You can find more information in your quotation and other documents before you buy. If you'd like a copy of the full terms and conditions, please let us know. After you buy, we'll send you a membership guide which includes the full terms and conditions of the policy, together with a policy certificate. It's important that you read these documents carefully.

What is this type of insurance?

International Private Medical Insurance which is designed to cover the costs of private healthcare when needed, depending on any agreed terms, both in the country where you live and your chosen region(s).



What is insured?

Annual maximum of \$3 million / £1.7 million / €2.4 million for each person

Hospital treatment

- ✓ Cancer treatment including chemotherapy
- ✓ Advanced therapy medicinal products (ATMPs)
- ✓ Intensive care
- ✓ Surgical operations and theatre charges
- ✓ Doctors' and anaesthetists' fees
- ✓ Medicines and dressings
- ✓ Diagnostic tests, including CT, MRI and PET scans
- ✓ Organ transplants
- ✓ HIV / AIDS treatment: \$10,000 / £5,900 / €8,000
- ✓ Prosthetic implants and appliances
- ✓ Prosthetic devices: \$4,000 / £2,350 / €3,200
- ✓ Home nursing after hospital admission: \$200 / £120 / €160 each day for 30 days each membership year
- ✓ Rehabilitation
- ✓ Hospice and palliative care: \$20,000 / £11,800 / €16,000
- ✓ Mental health treatment
- ✓ Kidney dialysis

Transportation

- ✓ Local air and road ambulance

Pregnancy and childbirth

- ✓ Antenatal care, normal delivery at a birthing centre or at home, or caesarean section (medically essential): \$8,000 / £4,700 / €6,400
- ✓ Complications of maternity and childbirth
- ✓ Newborn care: \$100,000 / £58,800 / €80,000 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: \$2,000 / £1,200 / €1,600
- ✓ Treatment by therapists, complementary medicine practitioners and qualified nurses
- ✓ Specialists' fees for mental health treatment
- ✓ Vaccinations: \$1,000 / £590 / €800
- ✓ Dietetic guidance

Wellbeing

- ✓ Health screening and wellness: \$500 / £290 / €400

Dental treatment

- ✓ Accident-related dental treatment: \$1,000 / £590 / €800

Assistance cover

- ✓ Evacuation

This product could include optional cover. If so, this will be listed on your insurance certificate.



What is insured?

Optional cover

- Dental and optical
 - Dental treatment: \$1,000 / £590 / €800
 - Optical: \$400 / £240 / €320

See the full terms and conditions of the policy for details of what is and isn't covered



What is not insured?

- ✗ Artificial life maintenance lasting more than 90 days
- ✗ Treatment as a result of conflict or disaster if you are an active participant or put yourself in danger
- ✗ Convalescence
- ✗ Cosmetic treatment
- ✗ Treatment for developmental problems
- ✗ Experimental or unproven treatment
- ✗ Harmful or hazardous use of alcohol, drugs, or medicine
- ✗ Treatment you need as a result of illegal activity
- ✗ Infertility treatment
- ✗ Treatment for obesity
- ✗ Sexual problems
- ✗ Sleep disorders
- ✗ Treatment from medical practitioners, hospitals or healthcare facilities that we do not recognise (refer to membership guide)

See the full terms and conditions of the policy for other exclusions



Are there any restrictions on cover?

- ! Cover depends on eligibility criteria
- ! Limitations for each person every policy year unless stated otherwise:
 - 42 days: rehabilitation
 - 30 visits: treatment by therapists, complementary practitioners and qualified nurses
 - Three visits: dietetic guidance
- ! Waiting periods (the policy does not cover treatment you have during a waiting period)
 - 12 months: health screening and wellness, HIV / AIDS
 - 10 months: pregnancy and childbirth
 - six months: dental treatment (if you choose the dental option)

This section continues on the next page



Are there any restrictions on cover? (continued)

- ! There are different types of limits to your cover. These are:
 - Each membership year – home nursing, normal delivery at a birthing centre or at home, antenatal care, 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 dressings, vaccinations, health screening, and wellness
 - During your lifetime – hospice and palliative care, ATMP for each condition
 - Each device – prosthetic devices
- ! Pre-existing conditions - we may agree to cover these for a higher premium. We'll discuss this with you before you buy
- ! Conditions apply when adding new-born children as dependants on your plan
- ! The policy covers only medically necessary treatment and wellbeing care listed in the membership guide
- ! If you choose a deductible: you will have to pay for treatment up to the value of the deductible. The policy does not cover those costs
- ! If you choose to have treatment or services with a healthcare provider outside our Bupa Global network, we will only cover costs which we consider the 'reasonable and customary' amount for such treatment or services. This means that if you choose an 'out of network' provider, you are responsible for paying any costs above reasonable and customary levels. You can find more information in the membership guide

See the full terms and conditions of the policy for other restrictions



Where am I covered?

- ✓ You are covered for treatment in the area of cover that you choose when you buy the policy



What are my obligations?

- You must pay your premium
- You must give us your medical history when you apply
- You must provide the information we ask for to assess your claim
- You must pay any co-insurance or deductible which applies to your cover
- 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
- For some treatments we ask you to contact us before you have the treatment. The membership guide clearly shows which treatments we ask you to contact us about
- You must let us know if you have other insurance which also covers your treatment



When and how do I pay?

- You can pay by credit card (monthly, quarterly or for a full year), by bank transfer (quarterly or annually, but not if you choose a co-insurance or a deductible) or direct debit (monthly, quarterly or for a full year as long as you pay in GBP through a UK bank)



When does the cover start and end?

- The contract lasts for 12 months. Your policy will renew automatically, and we will take payment unless you tell us to cancel it
- You can find your policy start and end dates in your quote or on your insurance certificate



How do I cancel the contract?

- To cancel the policy:
 - call us on +44 (0) 1273 718379
 - email us at service.uk@bupaglobal.com or
 - write to Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom.
- If you cancel, your cover will end 14 days after you contact us. If you cancel within 30 days of receiving your first insurance certificate and you haven't claimed, we'll refund the premium in full. If you've claimed during, or cancel after, this 30-day period, we'll refund any premium you paid for the period after your cover ended. There's no charge if you cancel your cover.

See the full terms and conditions of the policy for more information