

International Health Insurance

Insurance Product Information Document



Company: Bupa Insurance Limited

Product: Individual Explorer 2.0 Essential Plus

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 an insurance 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?

Overall annual maximum of \$1.5 million / £882,000 / €1.2 million

Hospital treatment

- ✓ Cancer treatment
- ✓ Advanced Therapy Medicinal Products (ATMPs)
- ✓ Intensive care
- ✓ Surgical operations
- ✓ Hospital accommodation
- ✓ Doctors' and anaesthetists' fees
- ✓ Medicines and dressings
- ✓ Diagnostic tests, including CT, MRI and PET scans
- ✓ Prosthetics
- ✓ Home nursing after in-patient treatment
- ✓ Rehabilitation
- ✓ Hospice and palliative care (\$20,000 / £11,800 / €16,000)
- ✓ Mental health treatment
- ✓ Kidney dialysis

Out-patient treatment

- ✓ Specialists' consultation and doctors' fees
- ✓ Out-patient surgery, including diagnostic tests
- ✓ Qualified nurses
- ✓ Pre- and post-hospitalisation
- ✓ Prescribed medicines and dressings (\$300 / £180 / €240)
- ✓ Physiotherapy, osteopathy and chiropractic
- ✓ Medicines, dressings and durable medical equipment prescribed at the hospital following in-patient or day-patient treatment
- ✓ Dietetic guidance
- ✓ Mental health treatment

Pregnancy and childbirth

- ✓ Normal birth, birthing centre or home birth (\$2,000 / £1,200 / €1,600 including medically essential caesarean)
- ✓ Pregnancy and childbirth complications
- ✓ Newborn care (\$50,000 / £29,500 / €40,000 during the first 90 days following birth)

Dental treatment, hearing aids and optical

- ✓ Accident-related dental treatment (\$500 / £290 / €400)

Transportation

- ✓ Evacuation
- ✓ Local air and road ambulance

Wellbeing

- ✓ Health screening (\$300 / £180 / €240)
- ✓ Vaccinations (\$200 / £120 / €160)

You can choose the optional cover listed here. Your insurance certificate will show the cover you have chosen.



What is insured? (continued)

Optional cover

- Optical cover (\$200 / £120 / €160)
- Dental cover (\$600 / £350 / €480)
- U.S. cover

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 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 an illegal activity
- ✗ Infertility treatment
- ✗ Professional sports activities
- ✗ Treatment for obesity and weight management
- ✗ Treatment for sleep disorders
- ✗ Treatment for gender dysphoria
- ✗ Treatment for sexual problems
- ✗ Treatment from medical practitioners, hospitals or healthcare facilities that we do not recognise

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:
 - up to 90 days after discharge: post-hospitalisation consultations, physiotherapy and diagnostic tests
 - 42 days: rehabilitation
 - Three visits: dietetic guidance
- ! Waiting periods (the policy does not cover treatment you have during a waiting period):
 - first 10 months: pregnancy and childbirth
 - first 12 months: HIV / AIDS treatments
 - first six months: dental treatment (if you choose the dental option)

This section is continued on page 2



Are there any restrictions on cover? (continued)

- ! There are different types of limits to your cover. These are:
 - each membership year – home nursing, rehabilitation, accident-related dental, post-hospitalisation services, specific outpatient treatment (pathology, radiology and diagnostic tests, specialists' consultations, doctor's fees, treatment by therapists, complementary medicine practitioners and qualified nurses, mental health treatment, dietetic guidance)
 - each device – prosthetics
 - during your lifetime – hospice and palliative care
 - each condition – organ transplant services
 - one course of treatment for each condition during your lifetime - Advanced therapy medicinal products (ATMPs)
- ! Pre-existing conditions - we may agree to cover these for a higher premium. We'll discuss this with you before you buy
- ! Conditions may apply when adding a newborn baby to your policy. We may agree to cover pre-existing conditions, or add special restrictions or exclusions, or may decline to offer cover
- ! The policy covers only medically necessary treatment and wellbeing care listed in the membership guide
- ! If you choose a deductible or co-insurance, you will have to pay for treatment up to the value of the deductible or co-insurance. 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 that 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 the premium
 - give us your medical history when you apply, if required
 - pay any co-insurance or deductible which applies to your cover
 - let us know if you are admitted to hospital
 - request pre-authorisation for any treatment that requires it, as shown in the membership guide
 - request pre-authorisation for any treatment in the U.S.
 - let us know 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 treatment



When and how do I pay?

- You can choose to pay the premium annually, semi-annually, quarterly or monthly
- You can pay by credit card, international cheque or international bank transfer in your chosen currency. If you pay in GBP, you can also pay by Direct Debit



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 us at 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 paid 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