

International Health Insurance

Insurance Product Information Document



Company: Bupa Global Designated Activity Company

Product: Lifeline Classic

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 maximum of £3,000,000/\$4,800,000/
€3,750,000 per person, unless a sublimit is mentioned**

Hospital treatment

- ✓ Cancer treatment incl. prescribed medicines
- ✓ Intensive care
- ✓ Surgical operations and theatre charges
- ✓ Doctors' and anaesthetists' fees
- ✓ Medicines and dressings
- ✓ Advanced imaging, pathology, radiology and diagnostic tests
- ✓ Transplant services
- ✓ Prosthetic implants and appliances
- ✓ Prosthetic devices: £2,400/\$4,000/€3,000
- ✓ Home nursing: £200/\$320/€250 daily for 20 days
- ✓ Rehabilitation
- ✓ Hospice and palliative care: £24,000/\$41,000/€30,000
- ✓ Mental health treatment
- ✓ Kidney dialysis
- ✓ Transportation
- ✓ Local air and road ambulance

Maternity/Childbirth

- ✓ Normal delivery/birthing centre/antenatal: £3,600/\$6,000/€4,500
- ✓ Home delivery: £780/\$1,300/€975
- ✓ Caesarean section (medically essential): £11,400/\$19,000/€14,250
- ✓ Complications of maternity and childbirth
- ✓ Newborn care: £90,000/\$150,000/€110,000 during the first 90 days following birth

Out-patient treatment

- ✓ Specialists consultations, pathology, radiology and diagnostic tests: £6,400/\$10,900/€8,000
- ✓ Surgical operations
- ✓ Physiotherapy, osteopathy and chiropractors
- ✓ Treatment by therapists, practitioners and qualified nurses
- ✓ Mental health treatment
- ✓ Gender dysphoria MtF/FtM: £56,000/ €70,000/ \$96,000
- ✓ Dietetic guidance

Wellbeing

- ✓ Health screening and wellness: £600/\$1,000/€750

Dental Treatment:

- ✓ Accident related dental treatment

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.

Optional cover

- U.S. cover
- Assistance

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
- ✗ 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: Physiotherapy, osteopathy and chiropractor
 - 10 visits: Treatment by therapists, practitioners and qualified nurses
 - 30 visits: Out-patient mental health
 - 3 visits: Dietetic guidance
- ! Waiting Periods (time from when you first purchased the benefit before you can claim):
 - 12 months: Health screening and wellness
 - 10 months: Maternity
- ! Limitations under "What is insured" are applied as follows:
 - Per membership year - Normal delivery/birthing centre/antenatal, home delivery, caesarean section, specialists consultations, pathology, radiology and diagnostic tests, health screening and wellness and rehabilitation
 - Per device - Prosthetic devices
 - Per lifetime - Hospice and palliative care
- ! Pre-existing conditions are subject to underwriting and may be excluded

This section is continued on page 2



Are there any restrictions on cover? (continued)

- ! 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-authorization 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)



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 28 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 +44 (0) 1273 718379 or email to Service.uk@bupaglobal.com or write to Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom.

Please refer to the full terms and conditions for further information