



**This is intended as a summary comparison of the available benefits.**

Full details of the benefits, limitations and exclusions for each global health plan can be found in the relevant health plan guide.

Please contact us for a copy

**From 1 April 2021**

# COMPARING GLOBAL HEALTH PLANS

A COLLABORATION BETWEEN TWO OF THE MOST RESPECTED NAMES IN GLOBAL HEALTHCARE  
BUPA GLOBAL IS THE SOLE INSURER OF THESE PLANS

# WELCOME TO THE NEXT CHAPTER OF GLOBAL HEALTHCARE

We have never wanted to be the same as the rest. That's why more than 3,000 globally minded people were asked to help create our range of global health plans.

The simple tiered range brings the same great service expected, but it's more than just insurance. We also focus on our customers' all-round health through a number of wellness services included.

Plus, through our collaboration with Blue Cross Blue Shield Global, our customers can now enjoy even bigger benefits from plans with U.S. cover.

So whether in times when you need us most, like when you're ill or facing a serious health condition, or when you're healthy, we'll be there.

This comparison guide provides a summary of our plans to help you understand the high-level differences between them. For full details on the benefits, limitations, exclusions and how to use the plans, please visit [bupaglobal.com](http://bupaglobal.com) to view the relevant health plan guides.

If you have any questions our sales team is happy to help. Please call **+353 176 17340** or visit **[bupaglobal.com](http://bupaglobal.com)**

## TWO OF THE BIGGEST, MOST TRUSTED NAMES IN GLOBAL HEALTHCARE

Bupa Global and Blue Cross Blue Shield Global have teamed up to deliver high-quality healthcare products and services. This combined strength, scale and expertise means customers can be confident in knowing that they have access to quality healthcare when and where they need it.

### **Bupa Global is the sole insurer of this plan.**

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# GLOBAL HEALTH PLANS COMPARISON TABLE

Benefit limits are set out in three currencies, £, € and US\$. The currency in which you pay your premium is the currency that will apply to your health plan for the purposes of benefit limits. Benefit limits apply per person.

BENEFIT	SELECT	PREMIER	ELITE	ULTIMATE
Overall annual maximum	£1,000,000/€1,250,000/\$1,700,000	£1,500,000/€1,875,000/\$2,550,000	£3,000,000/€3,750,000/\$5,100,000	Unlimited
Geographical area of cover	Europe No cover outside of Europe	Worldwide	Worldwide	Worldwide
Mandatory pre-authorisation	Mandatory pre-authorisation for: <ul style="list-style-type: none"> <li>o obesity surgery</li> <li>o prophylactic surgery</li> <li>o internal cardiac defibrillator</li> <li>o reconstructive surgery</li> <li>o rehabilitation</li> <li>o cancer treatment</li> <li>o transportation (evacuation)</li> <li>o all in-patient stays over 5 days</li> </ul>	Mandatory pre-authorisation in U.S. for: <ul style="list-style-type: none"> <li>o staying overnight in hospital</li> <li>o visiting hospital as a day-patient</li> <li>o cancer treatment</li> <li>o advanced imaging</li> <li>o rehabilitation</li> <li>o transportation (evacuation)</li> </ul> and for all other areas: <ul style="list-style-type: none"> <li>o obesity surgery</li> <li>o prophylactic surgery</li> <li>o internal cardiac defibrillator</li> <li>o reconstructive surgery</li> <li>o rehabilitation</li> <li>o cancer treatment</li> <li>o transportation (evacuation)</li> <li>o all in-patient stays over 5 days</li> </ul>	Mandatory pre-authorisation for: <ul style="list-style-type: none"> <li>o obesity surgery</li> <li>o prophylactic surgery</li> <li>o internal cardiac defibrillator</li> <li>o reconstructive surgery</li> <li>o rehabilitation</li> <li>o cancer treatment</li> <li>o transportation (evacuation and repatriation)</li> <li>o complications of maternity and childbirth</li> <li>o home nursing</li> <li>o all in-patient stays over 5 days</li> </ul>	Mandatory pre-authorisation for: <ul style="list-style-type: none"> <li>o obesity surgery</li> <li>o prophylactic surgery</li> <li>o internal cardiac defibrillator</li> <li>o reconstructive surgery</li> <li>o rehabilitation cancer treatment</li> <li>o transportation (evacuation and repatriation)</li> <li>o complications of maternity and childbirth</li> <li>o home nursing</li> <li>o genetic cancer screening (subject to eligibility)</li> <li>o refractive eye surgery (once per lifetime)</li> <li>o rehabilitation at health resorts</li> <li>o all in-patient stays over 5 days</li> </ul>
General benefits and rules				
Cover for certain pre-existing conditions, availability subject to underwriting	Yes	Yes	Yes	Yes
Covered for chronic conditions if diagnosed after enrollment	Yes	Yes	Yes	Yes
Cover for congenital & hereditary conditions if diagnosed after enrollment	Yes	Yes	Yes	Yes
Global Virtual Care	Yes	Yes	Yes	Yes
No cancellation of policy based on claims pattern/history	Yes	Yes	Yes	Yes
Automatic renewal	Yes	Yes	Yes	Yes
General waiting period from start of cover	No general waiting period. Please note waiting periods can apply to specific benefits as detailed in this document.			

BENEFIT	SELECT	PREMIER	ELITE	ULTIMATE
Co-insurance	Co-insurance Applies to out-patient care only	Co-insurance Applies to out-patient care only	Co-insurance Applies to out-patient care only	No co-insurance
	Mandatory 15%	Optional 0%	Optional 0%	
	Optional 25%	Optional 15%	Optional 15%	
		Optional 25%	Optional 25%	
Out-patient day to day care. Annual benefit limit:	£7,500/€9,400/\$12,800 per policy year	£15,000/€18,750/\$25,500 per policy year	£50,000/€62,500/\$85,000 per policy year	Unlimited
Out-patient surgical operations	Paid in full	Paid in full	Paid in full	Paid in full
Pathology, radiology and diagnostic tests	Paid in full	Paid in full	Paid in full	Paid in full
Specialist consultations and doctor's fees	15 visits per policy year	30 visits per policy year	60 visits per policy year	Paid in full
Qualified nurse				Paid in full
Mental health				Paid in full
Physiotherapists, osteopaths and chiropractor	Not covered			Paid in full
Occupational therapist and orthoptist				Paid in full
Footcare				Paid in full
Acupuncture and reflexology		Not covered		Paid in full
Homeopathy, naturopathy and Chinese medicine			20 visits per policy year	Paid in full
Prescribed drugs and dressings	£1,000/€1,250/\$1,700 per policy year	£2,000/€2,500/\$3,400 per policy year	£4000/€5,000/\$6,800 per policy year	Paid in full
Durable medical equipment - rental/purchase			50% cover over limit	
Dietetic guidance	Not covered	Paid in full 4 visits per policy year	Paid in full 4 visits per policy year	Paid in full
Preventive treatment				
Health screening	£250/€310/\$420 (10 months waiting period)	£500/€620/\$850 (10 months waiting period)	£1,000/€1,250/\$1,700 (10 months waiting period)	£5,000/€6,250/\$8,500 (no waiting period)
Children's/influenza/HPV vaccinations	Not covered	£500/€620/\$850 per policy year	£1,000/€1,250/\$1,700 per policy year	Paid in full
Travel/pneumococcal vaccinations / anti-malarial medicines	Not covered	Not covered		Paid in full
Eye test	Not covered	1 visit per policy year	1 visit per policy year	Paid in full
Genetic cancer screening	Not covered	Not covered	Not covered	Paid in full (subject to eligibility)
Preventive dental (6 months waiting period) and dental checks	Not covered	Paid in full (2 visits each per policy year)	Paid in full (2 visits each per policy year)	Paid in full

BENEFIT	SELECT	PREMIER	ELITE	ULTIMATE
Dental treatment, Hearing aids and optical. Annual benefit limit:		£1,000/€1,250/\$1,700 per policy year	£2,500/€3,100/\$4,200 per policy year	£10,000/€12,500/\$17,000 per policy year
Orthodontics (12 months waiting period)	Not covered	Not covered	Paid in full	Paid in full
Out-patient accident related dental treatment during dental waiting period (Up to 30 days after the accident)	Not covered	Covered 50% Up to 30 days after the accident	Paid in full Up to 30 days after the accident	Paid in full Up to 30 days after the accident
Routine dental (6 month waiting period). Including; filling, root treatment, x-ray, tooth extraction, anaesthesia	Not covered	Covered 50%	Paid in full	Paid in full
Major restorative (6 month waiting period). Including; bridges, crowns, dental implants, dentures	Not covered	Covered 50%	Paid in full	Paid in full
Hearing aids	Not covered	Covered 50%	Paid in full	Paid in full
Spectacle lenses and contact lenses	Not covered	Covered 50%	Paid in full	Paid in full
Refractive eye surgery	Not covered	Not covered	Not covered	Paid in full (1 per eye per lifetime)
In-patient and Day-patient benefits				
Hospital accommodation, room and board	Paid in full Standard private room in the UK Semi-private room outside of the UK	Paid in full Standard private room	Paid in full Standard private room	Paid in full Standard private suite
Personal expenses	£10/€13/\$17 per night	£10/€13/\$17 per night	£10/€13/\$17 per night	£10/€13/\$17 per night
Parent accommodation in hospital for children under the age of 18	Paid in full	Paid in full	Paid in full	Paid in full
Room and board for accompanying family members	Not covered	Not covered	Not covered	Room and board at the hospital or nearby hotel for three family members accompanying the insured. Local transport for same 3. Up to £10,000/€12,500/\$17,000 per policy year
Operating room, medicines and surgical dressings	Paid in full	Paid in full	Paid in full	Paid in full
Intensive care	Paid in full	Paid in full	Paid in full	Paid in full
Surgery, including surgeons' and anaesthetists' fees	Paid in full	Paid in full	Paid in full	Paid in full
Physicians' consultation fees	Paid in full	Paid in full	Paid in full	Paid in full
Pathology, radiology and diagnostic tests	Paid in full	Paid in full	Paid in full	Paid in full
Mental health	Paid in full	Paid in full	Paid in full	Paid in full

BENEFIT	SELECT	PREMIER	ELITE	ULTIMATE
Physiotherapists, occupational therapists, speech therapists and dieticians	Paid in full	Paid in full	Paid in full	Paid in full
Obesity surgery (24 months waiting period and eligibility criteria must be met)	Paid in full	Paid in full	Paid in full	Paid in full
Prophylactic surgery	Paid in full	Paid in full	Paid in full	Paid in full
Prosthetic devices	£2,500/€3,100/\$4,200 per device, per policy year	£2,500/€3,100/\$4,200 per device, per policy year	£4,000/€5,000/\$6,800 per device, per policy year	Paid in full
Prosthetic implants	Paid in full	Paid in full	Paid in full	Paid in full
Reconstructive / remedial surgery	Paid in full	Paid in full	Paid in full	Paid in full
Accident related dental treatment	Paid in full	Paid in full	Paid in full	Paid in full
Pre- and Post-hospitalisation				
Home nursing	Not covered	Not covered	Paid in full 30 days Pre-authorisation required. Should start immediately after in-patient stay and be medically prescribed.	Paid in full 30 days Pre-authorisation required. Should start immediately after in-patient stay and be medically prescribed.
Hospice and palliative care	£25,000/€31,000/\$42,000 per lifetime	£25,000/€31,000/\$42,000 per lifetime	£25,000/€31,000/\$42,000 per lifetime	Paid in full
Rehabilitation (multidisciplinary rehabilitation)	Paid in full 30 days per policy year	Paid in full 30 days per policy year	Paid in full 60 days per policy year	Paid in full 90 days per policy year
Rehabilitation at health resorts	Not covered	Not covered	Not covered	Paid in full. 30 days per policy year.
In-patient and/or out-patient care				
Advanced imaging	Paid in full	Paid in full	Paid in full	Paid in full
Cancer treatment	Paid in full	Paid in full	Paid in full	Paid in full
Transplant services - per condition	£200,000/€250,000/\$340,000	£400,000/€500,000/\$680,000	£600,000/€750,000/\$1,020,000	Paid in full
Kidney dialysis	Paid in full	Paid in full	Paid in full	Paid in full
Treatment for or related to gender dysphoria	Not covered	£48,000/€64,000/\$80,000 per membership year	£61,000/€76,000/\$104,000 per membership year	Paid in full
Maternity/childbirth (after 10 months)				
Normal/birthing centre/home delivery	Not covered	Not covered	£10,000/€12,500/\$17,000 per delivery	Paid in full
Medically essential caesarean	Not covered	Not covered	£20,000/€25,000/\$34,000 per delivery	Paid in full
Pre- and post-natal treatment	Not covered	Not covered	Paid in full	Paid in full
Maternity complications	Not covered	Not covered	Paid in full	Paid in full
Children born into policy without underwriting	No	No	Yes, criteria applies	Yes, criteria applies

BENEFIT	SELECT	PREMIER	ELITE	ULTIMATE
Transportation/travel				
Evacuation	Paid in full	Paid in full	Paid in full	Paid in full
Repatriation	Not covered	Not covered	Paid in full	Paid in full
Travel cost for an accompanying person	Paid in full	Paid in full	Paid in full	Paid in full
Travel cost for the transfer of children	Paid in full	Paid in full	Paid in full	Paid in full
Compassionate visit and return	Not covered	Not covered	5 trips per lifetime, £1,000/€1,250/\$1,700 per trip	Paid in full (no limit on number of trips)
Compassionate visit living allowance	Not covered	Not covered	10 days, £100/€120/\$170 per day	Paid in full
Compassionate emergency repatriation	Not covered	Not covered	Not covered	Paid in full
Living allowance	1 relative 10 days, £100/€120/\$170 per day	1 relative 10 days, £100/€120/\$170 per day	1 relative 10 days, £100/€120/\$170 per day	3 relatives Up to £10,000/€12,500/\$17,000 per policy year
Local air ambulance	Paid in full	Paid in full	Paid in full	Paid in full
Local road ambulance	Paid in full	Paid in full	Paid in full	Paid in full
Non-medical evacuation	Not covered	Not covered	Not covered	Paid in full (in case of conflicts and natural disasters)
Repatriation of mortal remains	Paid in full	Paid in full	Paid in full	Paid in full
Price				
Size of policy discount	10% for 2 people, 15% for 3+ people	10% for 2 people, 15% for 3+ people	None	None
Children at no extra cost	No	No	Yes - under the age of 10 Two per insured parent on this plan Subject to underwriting Parent must have legal custody of the child and the child must reside with them	Yes - under the age of 16 Two per insured parent on this plan Subject to underwriting Parent must have legal custody of the child and the child must reside with them

## GLOBAL HEALTH PLAN EXCLUSIONS

**Applies across all Global Health Plans:** Pre-existing conditions, unless you have applied for cover that includes a medical loading to cover these conditions. Details of any loadings will be detailed on your quotation. Administration/ registration fees; Advance payments/ deposits; Artificial life maintenance\*; Birth control; Conflict and disaster\*; Convalescence and admission for treatment that could take place as a day-case or out-patient, general care, or staying in hospital; Cosmetic treatment; Developmental problems; Experimental or unproven treatment; Genetic testing; Harmful or hazardous use of alcohol, drugs and/or medicines; Health hydros, nature cure clinics etc; Illegal activity; Infertility treatment; Mechanical or animal donor organs; Obesity\*; Persistent vegetative state (PVS) and neurological damage; Sexual problems; Stem cells; Surrogacy; Temporomandibular joint (TMJ) disorders; Unrecognised medical practitioner, hospital or healthcare facility.

**Additional exclusions for Global Select Health Plan:** Complementary therapists; Footcare; Gender issues; Maternity and childbirth; Treatment equipment or surgery to correct eyesight; Sleep disorders; Treatment outside area of cover.

**Additional exclusions for Global Premier Health Plan:** Complementary therapists; Maternity and childbirth; Treatment equipment or surgery to correct eyesight; Sleep disorders; Treatment for or related to gender dysphoria\*; Treatment outside of network in U.S.

**Additional exclusions for Global Elite Health Plan:** Certain types of Chinese medicine; Treatment equipment or surgery to correct eyesight; Sleep disorders; Treatment for or related to gender dysphoria\*.

**Additional exclusions for Global Ultimate Health Plan:** Certain types of Chinese medicine; Sleep disorders (unless as part of a health screening); Treatment for or related to gender dysphoria\*.

\*unless eligibility criteria has been met

# FIND OUT MORE

If you'd like more information we're here to help.

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