

Significant changes to your Premier Bupa Global Health Plan

These changes are effective once your plan renews on or after 1st November 2024.

We have made a number of changes to the wording of your plan. This leaflet tells you about the significant changes we have made to the plan since you joined or your plan was renewed. Please keep it with your latest copy of your membership pack, so that you can refer to it if you need to.

You'll find your updated membership guide on MembersWorld from your renewal date, or you can get in touch to receive a paper, large print, audio or Braille version.

CHANGES TO TERMS

Ending your plan

We have introduced new terms for when we are no longer able to offer cover on this product and how we will support you.

Cancellation period

We have made our cancellation terms clearer and these include any cancellations since 1st July 2023.

MAKING EXISTING TERMS CLEARER

Cancer treatment

We have expanded and clarified the treatments and services available to you as part of any treatment for cancer.

Professional sports activities

We have clarified the definition of professional sports.

Reasonable and customary

We have clarified that our reasonable and customary policies apply to all claims.

NEW EXCLUSIONS

Professional sports activities

We have added an exclusion to clarify that we do not cover treatment due to professional sports activities.

Antenatal classes

We will not pay for antenatal classes.

USING YOUR PLAN

Making a claim

We have changed the age that we will contact a dependant about their claims from 18 to 16.

Paying a claim

We have changed the age that we will directly reimburse a dependant for their claims from 18 to 16.

Pre-authorisation

We have clarified which benefits need to be pre-authorised. This is stated in the benefit explanations. We may not pay your claim for these benefits if you do not get pre-authorisation from us.

Obesity and weight management

We have clarified how we cover obesity and weight management claims.

The changes below have also been updated in the membership guide. They will come into effect from 16th August 2025.

NEW OPTIONS AVAILABLE ON THE PRODUCT

If you wish to make any of the below changes, please contact your appointed broker for more information as soon as possible. If you are a direct customer, please contact us.

Please note you can only make these changes during your renewal period.

New area of cover options

We have added options for the area that you can be covered in. These are:

- Worldwide
- Worldwide, excluding the U.S.

Customers who have Worldwide, excluding the U.S. have 28 days of emergency U.S. cover each policy year. Please see the 'Treatment outside of area of cover' exclusion within the membership guide for more information.

You currently have Worldwide, excluding the U.S. coverage on your policy.

New room type options in Hong Kong

We have added options for the room type you can stay in for in-patient and day-patient treatment. These are:

- Private room
- Semi-private room

This only applies for treatment you have in Hong Kong.

For customers who choose semi-private room cover in Hong Kong, a room type co-insurance of 50% will apply for any stays in a private room.

You currently have coverage to stay in a private room on your policy.

New network options in Hong Kong

We have added options for which network of hospitals you can have treatment at. These are:

- Standard network
- Comprehensive network

This only applies for treatment you have in Hong Kong.

For customers who choose the Standard network option in Hong Kong, a network co-insurance of 50% will apply if you choose a provider outside the Standard network.

You currently have cover for the Comprehensive network on your policy.

NEW EXCLUSIONS

Illegal activity exclusion

We will not pay for treatment which arises, directly or indirectly, as result of your deliberate or reckless participation (whether actual or attempted) in any illegal act, including road traffic offenses.

CHANGES TO BENEFITS AND EXCLUSIONS

Assisted fertility treatment exclusion

The infertility treatment exclusion has been renamed 'Assisted fertility treatment'. There are no other changes to the exclusion.

Eye test and preventive dental benefits

We have moved these benefits to be covered under the 'Dental treatment and hearing aids/optical' section of the Table of benefits.

USING YOUR PLAN

Pre-authorisation

We have clarified that all in-patient and day-patient treatment needs to be pre-authorised. We may not pay your claim for these benefits if you do not get pre-authorisation from us.

Benefits that your deductibles apply to

Your chosen deductible will no longer apply to the 'Transportation/travel' section of the Table of benefits.

Out-patient care

We have renamed the 'Out-patient day-to-day care' section of the Table of benefits. This is now 'Out-patient care'.

Transportation/travel benefits

We have updated the wording at the beginning of the 'Transportation/travel' section of the Table of benefits. We have done this to make it easy to see what your plan covers you for and how to use these benefits when you need them.

MAKING EXISTING TERMS CLEARER

Dental treatment

We have clarified that all dental treatment must be provided by a dental practitioner.

The changes below have also been updated in the membership guide. They will come into effect from 1st September 2025.

CHANGES TO TERMS

Adding your newborn child

We have updated the terms for adding your newborn to the policy.

NEW OR ENHANCED BENEFITS

Newborn care

We have added a newborn care benefit for treatment taking place in the first 90 days after your child is born. Newborn children must have their own membership. All treatment in the first 90 days will be subject to the newborn care benefit limit.