International Health Insurance
Insurance Product Information Document

Company: Bupa (Asia) Limited
Product: International Health and Hospital Plan

The insurance plans are insured by Bupa (Asia) Limited and administered by Bupa Global. Bupa Global is a trading name adopted by Bupa (Asia) Limited in relation to its portfolio of International Private Medical Insurance products and services. Bupa (Asia) Limited is authorised and regulated by the Hong Kong Insurance Authority.

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?

Annual overall maximum of GBP 3 million / EUR 3.6 million / USD 4.4 million

Core cover - Hospital treatment

- ✓ Cancer treatment
- ✓ Advanced Therapy Medicinal Products (ATMPs)
- ✓ Intensive care
- ✓ Surgical operations
- ✓ Hospital accommodation
- ✓ Home nursing after in-patient treatment
- ✓ Rehabilitation
- ✓ Mental health treatment
- ✓ Hospital cash benefit

Core cover - Out-patient treatment

- ✓ Out-patient surgery, including diagnostic tests
- ✓ Dialysis

Core cover - Pregnancy and childbirth

- ✓ Normal birth, birthing centre or home birth (GBP 3,925 / EUR 5,725 / USD 7,150)
- ✓ Medically necessary Caesarean section (GBP 7,325 / EUR 10,625 / USD 13,200)

Core cover - Transportation

- ✓ Local medical transportation

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

Optional cover - Module 1: Non-hospitalisation benefits

Annual maximum GBP 25,000 / EUR 35,000 / USD 35,000
- ○ Scans, X-rays and laboratory tests
- ○ Specialists' consultations and doctors' fees
- ○ Treatment by therapists, practitioners
- ○ Full health screening (GBP 800 / EUR 900 / USD 1,000)

Optional cover - Module 2: Medicines and appliances

Annual maximum of GBP 2,000 / EUR 3,000 / USD 3,300
- ○ Hearing aids
- ○ Medical appliances
- ○ Prescribed drugs and dressings

Optional cover - Module 3: Medical evacuation and repatriation

- ○ Evacuation
- ○ Repatriation

Optional cover - Module 4a or 4b: Dental and optical

Annual maximum of 4a: GBP 3,500 / EUR 5,000 / USD 5,000, 4b: GBP 5,000 / EUR 7,500 / USD 7,500

What is insured? (continued)

- ○ Dental cover
- ○ Spectacle lenses only
- ○ Contact lenses
- ○ Eye tests

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
- × Experimental or unproven treatment
- × Harmful or hazardous use of alcohol, drugs or medicine
- × Infertility treatment
- × Professional sports activities (exclusion only applies to insurances with an original joining date on or after 1st November 2024)
- × Treatment for obesity and weight management
- × 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
- ! Waiting periods (the policy does not cover treatment you have during a waiting period):
  - first four weeks: all claims except acute, serious illness or injury
  - first 24 months: orthodontics
  - first 12 or 18 months: pregnancy and childbirth (18 month waiting period only applies to insurances with an original date of joining on or after 1 November 2024)
- ! 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

This section is continued on page 2

Are there any restrictions on cover? (continued)

! 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
! We only cover customary and reasonable charges in the area or country in which treatment is provided

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

Where am I covered?

✓ This plan covers you worldwide, including treatment in the U.S.

What are my obligations?

- You must:
  - pay the premium
  - provide medical history or other information as required
  - cover expenses for any co-insurance and/or deductible amount
  - let us know if you are admitted to hospital
  - request pre-authorisation for any treatment that requires it, as shown in the membership guide
  - tell us straight away if you move to a different country or your specified country of residence or specified country of nationality changes
  - pay and claim for any out-patient benefit expenses if respective cover has been selected, before submitting the receipted and itemised invoices to us for processing
  - let us know if you have other insurance which also covers your treatment
  - notify us within 30 days in writing if the policyholder or a dependant dies

When and how do I pay?

- You can choose to pay the premium annually, semi-annually or quarterly
- You can pay by credit card, international cheque or international bank transfer in your chosen currency

Does the premium paid for the plan qualify for tax deduction?

- No, your plan is not tax deductible as it is not a certified plan of the Voluntary Health Insurance Scheme in Hong Kong

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 renew the plan?

- You will receive a renewal notice at least 30 days in advance of renewal date, with details of the new premium and changes of the renewed policy
- If you do not want to renew the policy, you must contact us within 30 days following the start of the renewal policy
- The Company can stop or suspend the insurance product at three months' notice prior to the policy anniversary, and offer you an equivalent insurance cover

How do I cancel the contract?

- To cancel the policy:
  - call us on +852 2531 8503
  - email us at service.hk@bupaglobal.com
  - write to us at Bupa (Asia) Limited, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong
- 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