

International Swiss Medical

Bupa 

Product Summary
From 1 July 2023

bupaglobal.com

International medical insurance for the globally minded

Bupa Global is the international division of the Bupa Group – a healthcare company with over 75 years' medical experience and a range of facilities that include care homes, hospitals, primary care centres and dental clinics.

At Bupa Global, we give globally minded customers access to appropriate medical care and exceptional coverage. With us you have the very best of Bupa's world-class health cover, wherever you are in the world, within your area of cover.

Offering a range of benefits that go beyond insuring you in case of emergency. Our premium health plans include a renowned level of service, available in many languages and access to thousands of medical facilities and experts worldwide.



Product overview

Based on a Swiss medical insurance foundation, our International Swiss Medical plan offers a comprehensive suite of benefits which helps control your health. Its premium benefits give you the freedom to travel the world knowing that you will be well looked after, while our carefully designed healthcare options allow you to match your cover to your individual lifestyle.

You start by choosing one of our two core modules – either a Hospital Plan or a Complete Plan. Both give you full in-patient cover, including childbirth, surgery and cancer treatments, but the Complete Plan also includes out-patient services such as consultations, medicines and appliances.

Depending on your requirements, you can increase your cover further by adding Medical Evacuation and/or Dental and Optical benefits. Plus you can choose from a range of deductible options to reduce your annual payments.



The Complete Plan

In-patient treatment listed in the table of benefits is covered 100%, unless otherwise stated in the table of benefits and/or the Terms and Conditions, up to the annual insurance sum of USD 2,000,000 / EUR 2,000,000 / CHF 3,000,000.

Out-patient treatment listed in the table of benefits is covered 90%, unless otherwise stated in the table of benefits and / or the Terms and Conditions, up to a maximum of USD 40,000 / EUR 40,000 / CHF 60,000 per policy year.

The Hospital Plan

The Hospital Plan covers the expenses 100%, unless otherwise stated in the table of benefits and/or the Terms and Conditions, up to annual insurance sum of USD 2,000,000 / EUR 2,000,000 / CHF 3,000,000.

Medical Evacuation & Repatriation

Medical Evacuation & Repatriation covers medical transportation to the nearest appropriate place of treatment if you have a serious illness or injury. For instance, we will cover expenses for transportation by aeroplane or helicopter. Expenses for an accompanying person are also covered.

The Dental & Optical Cover

The Dental & Optical cover gives you free choice of recognised dentist and optician. Expenses for dental care are reimbursed 75%. Routine dental treatment is subject to a six-month waiting period whereas special dental treatment is subject to a 12-month waiting period.

Expenses for glasses and contact lenses are reimbursed 50% up to a maximum of USD 270 / EUR 270 / CHF 400 per person per policy year. Eye checks performed by an optician/optometrist are covered with 75% with a maximum of two visits per person per policy year. The annual insurance sum is USD 3,000 / EUR 3,000 / CHF 4,500.

Choice of Deductible

There is only one deductible per person per policy year, and this applies to all services, except for the Medical Evacuation & Repatriation and Dental & Optical covers.

The premium level is determined by the deductible chosen, and the higher the deductible, the lower the premium will be.

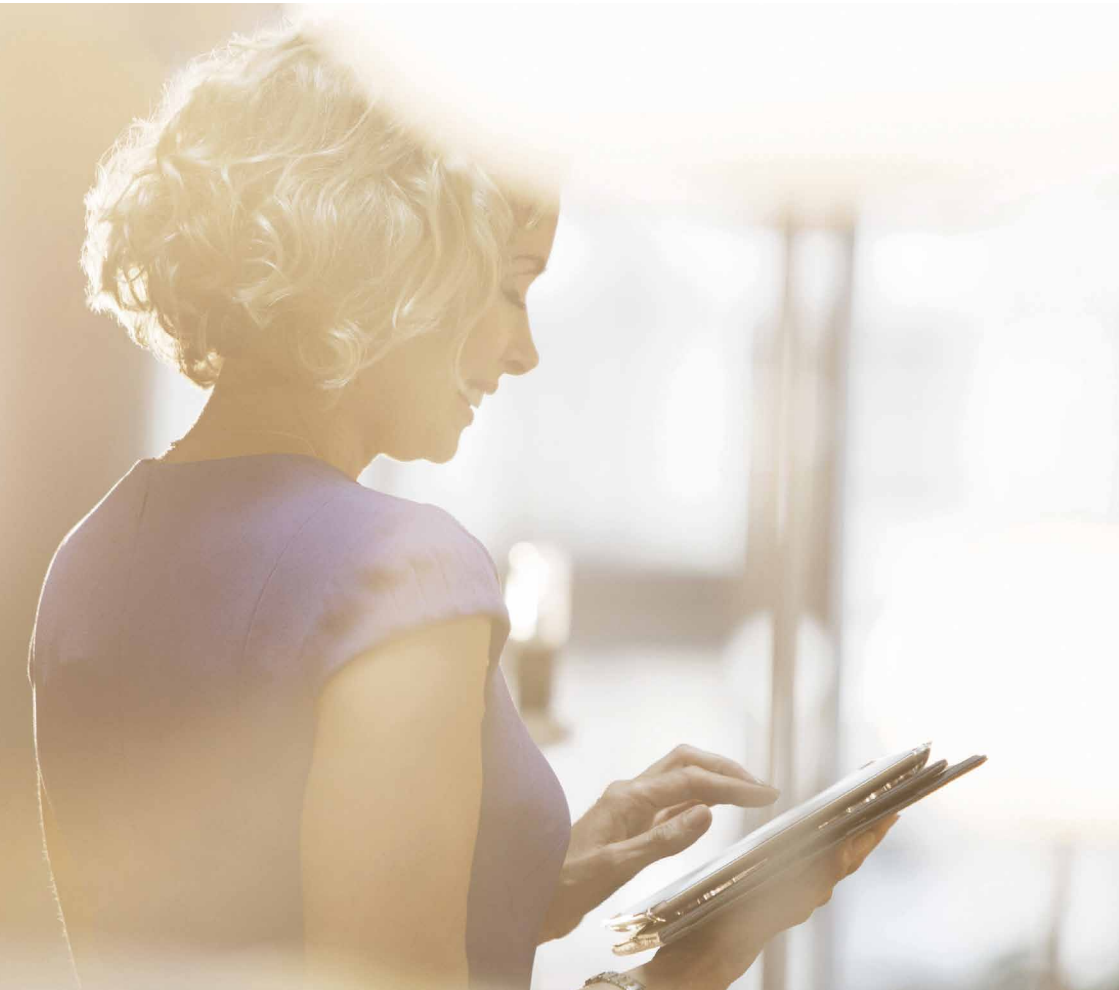
The following deductibles are available:

USD	EUR	CHF
Nil	Nil	Nil
200	200	300
400	400	600
1,350	1,350	2,000
2,700	2,700	4,000
3,350	3,350	5,000

Under the Hospital Plan, you are free to choose between deductibles of:

USD	EUR	CHF
Nil	Nil	Nil
400	400	600
1,350	1,350	2,000
2,700	2,700	4,000
3,350	3,350	5,000

Your Bupa Global online services



As a Bupa Global customer you have access to a range of online services.

Online services

On bupaglobal.com you have access to a range of services and a comprehensive library of information and expert advice such as:

- call me back service — write your question and we will call you
- use Facility Finder to guide you to hospitals in your area or in a specific country
- submit claims
- find Questions and Answers

Access your account online

You can access our exclusive and secure website and mobile app MembersWorld whenever you need to. With it, you can submit and track progress of claims, submit preauthorisation requests and get access to your membership card and insurance documents.

Global access in your hands

The Global Virtual Care service, available via the MembersWorld app, provides you with access to a global network of doctors, offering medical advice and consultations, plus same day virtual appointments – available 24/7.

Manage your policy on MembersWorld

Go to bupaglobal.com/membersworld and register for MembersWorld to access your personal policy information:

- Submit and track claims
- Request pre-authorisation, with instant decisions for certain treatment pathways
- Quick access to view your benefit information and documents
- View membership cards – on and offline
- Manage cards and make payments

Become a paperless customer

If you choose to become a paperless customer, you will receive all documents and correspondence from Bupa Global on MembersWorld. We will notify you by email when you have updates on MembersWorld so you are always fully informed. Go to bupaglobal.com/membersworld to register or download the MembersWorld app. Please be aware that you will not receive any hardcopies to your postal or collection address and that it will be your responsibility to check all documents and correspondence online and to inform us of any changes to your email address.

Table of Benefits 2023 / 2024

All amounts are in USD / EUR / CHF

The currency chosen for the insurance at point of application is the currency all your payments will be based on. This means that e.g. when your contract currency is EUR all your payments will be based on the EUR benefit limits stated in the table of benefits although you might have been treated in e.g. Switzerland or the U.S.

Full details of the benefits, limitations and exclusions can be found on bupaglobal.com or in the membership guide.

Complete Plan and Hospital Plan

Payments of in-patient benefits are 100% of the expenses, unless stated otherwise. If you have chosen a deductible, please note that the payment rates for the benefits listed in the table of benefits will be reduced by any remaining deductible. Once your deductible has been reached, all covered expenses will be paid in line with your benefit limits, up to the maximum cover.

	USD		EUR		CHF	
	Hospital Plan	Complete Plan	Hospital Plan	Complete Plan	Hospital Plan	Complete Plan
Maximum Cover						
Annual maximum cover per person per policy year	2 mill	2 mill	2 mill	2 mill	3 mill	3 mill
Hospitalisation						
Private room	100%	100%	100%	100%	100%	100%
Intensive care room	100%	100%	100%	100%	100%	100%
Room and board for a parent or legal guardian accompanying a child dependant	100%	100%	100%	100%	100%	100%
Surgery	100%	100%	100%	100%	100%	100%
Initial reconstruction surgery, immediate or delayed, following an injury or illness (excluded corrective reconstruction surgery for enhancement of appearance and replacement of implant/ prosthesis)	100%	100%	100%	100%	100%	100%
Pacemaker, maximum	25,000	25,000	25,000	25,000	37,000	37,000
Medical treatment, laboratory tests, X-rays	100%	100%	100%	100%	100%	100%
Medicine for use during hospitalisation and relevant only for the insured condition being treated	100%	100%	100%	100%	100%	100%
Cancer treatment Once cancer has been diagnosed this benefit includes fees that are related specifically to planning and carrying out active treatment for cancer. This includes tests, diagnostic imaging, consultations and prescribed medicines (when receiving anti-hormonal drug as sole treatment for cancer, only the antihormonal drug expenses are covered) If your treatment involves advanced therapy medicinal products (ATMP), this will be paid from the ATMP benefit.	100%	100%	100%	100%	100%	100%
Advanced therapy medicinal products (ATMPs) We pay for ATMP treatment if it is: <ul style="list-style-type: none"> o administered by a specialist in the country where you receive it, and; o approved by the licensing authority in the country where you receive it, for your condition, stage of disease and stage of treatment that you have, and; o endorsed by an independent specialist appointed by Bupa Global who confirms it: <ul style="list-style-type: none"> o as medically appropriate, based on established medical practice, or o is provided under a registered and ethically approved study (in this case we will not apply the 'experimental or unproven treatment' exclusion). Please contact us for pre-authorisation before proceeding with treatment.	100%, one course of treatment for each condition per lifetime	100%, one course of treatment for each condition per lifetime	100%, one course of treatment for each condition per lifetime	100%, one course of treatment for each condition per lifetime	100%, one course of treatment for each condition per lifetime	100%, one course of treatment for each condition per lifetime

Dialysis (including home dialysis), intravenous drug infusion which is only available as an infusion (must be pre-authorised by the Company)	100%	100%	100%	100%	100%	100%
Endoscopic Examination	100%	100%	100%	100%	100%	100%
Emergency room treatment in connection with acute illness or accident	100%	100%	100%	100%	100%	100%
Out-patient surgery at hospital or clinic Pre-examinations that are medically necessary in order to perform the surgery or treatment which is to take place during hospitalisation are covered up to 30 days prior to hospitalisation. Check-ups that are medically necessary in order to verify that the customer is recovering successfully from the surgery or treatment received while hospitalised are covered up to 90 days after hospitalisation. Physiotherapy following surgery is covered with up to 10 sessions	100%	100%	100%	100%	100%	100%
Mental health treatment provided by recognised mental health providers	100%	100%	100%	100%	100%	100%
Out-patient treatment in connection with hospitalisation	100%	100%	100%	100%	100%	100%
Acute emergency dental treatment due to serious accident requiring hospitalisation In case of doubt, the decision will be left with Bupa Global's dental consultant	100%	100%	100%	100%	100%	100%
Hospice and palliative care, maximum per lifetime	30,500	30,500	30,500	30,500	45,750	45,750
Pre-examinations that are medically necessary in order to perform the treatment / surgery are covered up to 30 days prior to treatment / surgery. Check-ups that are medically necessary in order to verify that the customer is recovering successfully from the treatment / surgery are covered up to 90 days after treatment / surgery. Physiotherapy following treatment / surgery is covered with up to 10 sessions						

	USD		EUR		CHF	
	Hospital Plan	Complete Plan	Hospital Plan	Complete Plan	Hospital Plan	Complete Plan
Organ Transplant						
Organ transplant	100%	100%	100%	100%	100%	100%
Per diagnosis and course of treatment per lifetime, to include all related costs up to the financial maximum The insurance policy must be valid throughout the course of treatment Only human organs The procurement of the organ must be pre-authorised	500,000	500,000	500,000	500,000	750,000	750,000

In-patient Rehabilitation						
<p>We pay for rehabilitation, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. We do not pay for room and board for rehabilitation when the treatment being given is solely physiotherapy.</p> <p>We pay for rehabilitation, only when you have received our pre-authorisation before the treatment starts, for up to 42 days treatment in each membership year. For in-patient treatment one day is each overnight stay and for day-case treatment, one day is counted as any day on which you have one or more appointments for rehabilitation treatment.</p> <p>We only pay for rehabilitation where it:</p> <ul style="list-style-type: none"> ○ starts within 6 weeks of in-patient treatment which is covered by your membership (such as trauma or stroke), and ○ arises as a result of the condition which required the in-patient treatment or is needed as a result of such treatment given for that condition <p>Note: in order to give pre-authorisation, we must receive full clinical details from your consultant; including your diagnosis, treatment given and planned, and proposed discharge date if you receive rehabilitation.</p>	100% 600	100% 600	100% 600	100% 600	100% 900	100% 900

Local medical transport						
Ground transport to and from hospital when it is medically necessary that special medical services and/ or medical equipment are provided	100%	100%	100%	100%	100%	100%
Home Nursing						
Expenses incurred for medically prescribed assistance in your private home, by a certified nurse (must be pre-authorised) per day, maximum per policy year, maximum	65 2,000	65 2,000	65 2,000	65 2,000	100 3,000	100 3,000
Childbirth (subject to a 12 month waiting period)						
Normal delivery or medically essential caesarean section operation at a hospital or clinic	100%	100%	100%	100%	100%	100%
Non-medically essential caesarean section operation will be reimbursed up to a maximum of the customary charges for normal delivery of one child at a hospital or clinic						
Pre- and postnatal examinations are reimbursed under the Complete Plan as consultations, see Complete Plan						
Delivery (whether (1) by normal delivery at a hospital or clinic or (2) by medically essential or non-medically essential caesarean section) following infertility treatment will be reimbursed up to a maximum of the customary charges for normal delivery of one child at a hospital or clinic						

Complete Plan			
Under the Complete Plan out-patient benefits are reimbursed 90%, unless otherwise stated. If you have chosen a deductible, please note that the benefit limits for the benefits listed in the Table of Benefits will be reduced by any remaining deductible. Once your deductible has been reached, all covered expenses will be paid in line with your benefit limits, up to a maximum of USD 40,000 / EUR 40,000 / CHF 60,000 per policy year.			
	USD	EUR	CHF
General Practitioners			
Office consultation	90%	90%	90%
Telephone/prescription consultation	90%	90%	90%
Visit to a patient's domicile	90%	90%	90%
Maximum. 15 consultations within a 30-day period			
Specialists*			
Eye and ear specialists, psychiatrists, other specialists	90%	90%	90%
Psychologist and psychotherapist*			
Psychologist and psychotherapist, per consultation	90%	90%	90%
Therapists / Other Medical Assistance			
Physiotherapy, Occupational therapy	90%	90%	90%
Speech therapy	90%	90%	90%
Maximum 12 consultations per policy year			
Acupuncture, homeopathic treatment, kinesiology, neuraltherapy, phytotherapy and antroposophic treatment if performed by a specialist	90%	90%	90%
Per policy year maximum	1,500	1,500	2,200
Hearing aids, when prescribed by a specialist	50%	50%	50%
Full health screening, per policy year maximum	90% 600	90% 600	90% 910
Chiropractor / Osteopath			
Examination, treatment, X-ray	50%	50%	50%
Medicine			
Prescribed medicine Dressings, appliances, vaccinations and injections	90%	90%	90%
Homeopathic and naturopathic medicine when prescribed by a licensed specialist or a member of NVS (Naturheilpraktikerverband Schweiz)	90%	90%	90%

*A combined max. of 15 consultations within a 30-day period for Specialists and Psychologist.

Optional modules

Medical Evacuation & Repatriation	
Medical Evacuation & Repatriation covers transportation to the nearest appropriate place of treatment if you have a serious illness or injury.	
Medical Evacuation & Repatriation	
Transportation expenses by aeroplane or helicopter	100%
Accompanying person	100%
Return journey to residential address abroad/home country within three months after completion of treatment	100%
Statutory arrangements in case of death, such as embalming and zinc coffin Transportation of the urn/coffin	100%
Expenses are covered up to the overall annual maximum of your policy in all circumstances, we must be notified before transport takes place, either directly or through the attending specialist Medical Evacuation & Repatriation must be pre-authorised	

Dental & Optical
Expenses for dental care are reimbursed 75%, whereas expenses for glasses and contact lenses are reimbursed 50% up to maximum USD 270 / EUR 270 / CHF 400 per person per policy year.
Eye checks performed by an optician/optometrist are reimbursed with 75% with a maximum of two visits per person per policy year. A collective annual maximum of USD 3,000 / EUR 3,000 / CHF 4,500 per person per policy year applies to the Dental & Optical supplement.

Subject to a 6 month waiting period	
Dental practitioner	75%
Examination	
Tooth-cleaning	
Individual preventive treatment	
Filling: not compound, compound, double compound, enamel cement, plastic, single surfaced, plastic, multi surfaced	
Root treatment: coronal amputation, apical amputation, root filling, acute opening of root canal and following canals	
Tooth extraction	
Surgery	
X-ray, simple and panoramic	
Emergency treatment	
Local anaesthesia	
Occlusion bar	
Retaining pivots, root screws and pivots	
Prescription	

Subject to a 12 month waiting period			
	USD	EUR	CHF
Crowns and Gold Inlay	75%	75%	75%
Gold, jacket and porcelain crowns Gold inlay, pivot teeth and plastic crowns Build-up and recementation Temporary crowns and implants			
Bridgework	75%	75%	75%
Bridgework and repairs			
Treatment of Periodontitis	75%	75%	75%
Treatment of gingivitis and periodontitis, preventive treatment included Rootscaling Periodontal surgery and membrane treatment			
Tooth adjustments	75%	75%	75%
Dentures	75%	75%	75%
Dentures and repairs			
Glasses / Contact Lenses (no waiting period applies)	50%	50%	50%
Normal or bifocal lenses and contact lenses, max. Lenses for sunglasses and frames will not be reimbursed	270	270	400
Eye check (no waiting period applies)	75%	75%	75%
Eye check performed by an optician/optometrist (max. two visits per policy year)			

This is only a summary. Full details of the benefits, limitations and exclusions can be found on bupaglobal.com or in the membership guide.

A few things that make us different

The Bupa Global difference

Over 50 years of medical expertise and dedication to health. A global team of advisers and health experts who, between them, speak multiple languages – and a service that exceeds expectations. These are just a few of the things that make us different.

Global network

Allowing access to a network of over 1.7 million medical providers (inc. U.S.), we give customers the flexibility to choose where and how they receive treatment. We settle directly with our network of providers, so you don't have to pay upfront for your treatment.

Financial reassurance

Health insurance isn't just about your health, it's also about not worrying about unexpected costs. With us by your side – one of the world's leading international health insurers – you can simply focus on enjoying life.

Bupa Global Assistance

Bupa Global Assistance provides you with medical emergency support around the clock. They also assist you in finding a medical provider for planned hospital stays and help you in organising direct payment settlement between Bupa Global and the hospital.

Multilingual advisers

When it comes to healthcare, we know you want support from people who understand you and your needs. That's why we have a multilingual team who are able to speak in many languages and can support you wherever you are.

Pre-existing conditions

We don't believe past health issues should stop you from enjoying your future. That's why, when you join our global health plans, many pre-existing conditions could be covered.

Your health is at the heart of everything we do

To maintain this focus, we continue to remain free of shareholders, re-investing profits back into our business. It fuels our drive to improve our services to you and offer access to first class care.

Confidence in your diagnosis

The solution to health problems isn't always black and white. That's why we offer you the opportunity to get another opinion from an alternative leading medical expert. The Second Medical Opinion service is available to all customers looking for confidence and peace of mind in their medical diagnosis.

Lifetime renewability

Regardless of your age and changes in your health, your insurance policy will be renewed (subject to changes in residency and/or nationality according to the Terms and Conditions).

Babies are covered from birth

After the parent's policy has been active for 12 months new-born babies are covered from birth, irrespective of their state of health (excluding adopted children, children being born as a result of infertility treatment and/or born by a surrogate mother).

High risk sport activities covered

Many leisure and sports activities are covered. For any details please refer to the Terms and Conditions.

Supporting mental health

We believe that mental health and wellbeing is just as important as physical health. To support this, we cover in-patient mental health treatment in line with in-patient physical health, and we include cover for self-inflicted injuries.

Talk to us

If you want quality health insurance, call us today to find out more about International Swiss Medical or any of Bupa Global's other products and services that may be of interest to you. After all, our purpose is all about longer, healthier, happier lives and making a better world, so there is no better place to start.



General services:

+44 (0) 1273 323 563

Medical related enquiries:

+44 (0) 1273 333 911

Calls may be recorded
or monitored

Bupa Global is a trading name of Bupa Insurance Limited and Bupa Insurance Services Limited which are registered in England and Wales at Companies House under numbers 3956433 and 3829851 respectively. The registered offices are Bupa, 1 Angel Court, London EC2R 7HJ, UK. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The Financial Conduct Authority does not regulate the activities of Bupa Insurance Limited that take place outside of the UK. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. The Financial Registration numbers of Bupa Insurance Limited and Bupa Insurance Services Limited are 203332 and 312526 respectively.

Global Virtual Care and Second Medical Opinion are provided by a third party, directly to you. Bupa Global assumes no liability and accepts no responsibility for information provided by this third party; or the performance of the services. Support and information provided through these services do not confirm that any related treatment or additional support is covered under your health plan. These services are not intended to be used for emergency or urgent medical treatment. Global Virtual Care and the Second Medical Opinion are not regulated by the Financial Conduct Authority nor by the Prudential Regulation Authority.

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