

International Private Medical Insurance

Insurance Product Information Document

Company: Bupa Global Designated Activity Company, Malta (Bupa Malta)

Product: Bupa Malta Private Hospital Plan - Premier

LifeStar Health Limited acts as an insurance agent for Bupa Global Designated Activity Company (Bupa Global DAC), which has passported its services through the European Passport Rights for Insurance and Reinsurance Undertakings. LifeStar Health Limited is enrolled as an insurance agent under the Insurance Distribution Act, Cap 487 of the Laws of Malta and is regulated by the Malta Financial Services Authority of Notabile Road, Attard BKR 3000, Malta and subject to limited regulation by the Central Bank of Ireland. Registered office: LifeStar Health Limited, Testaferrata Street, Ta' Xbiex XBX 1403, Malta. Company Registration No. C6393.

Bupa Global DAC, trading as Bupa Global, is a designated activity company limited by shares registered in Ireland under company number 623889 and having its registered office at Second Floor, 10 Pembroke Place, Ballsbridge, Dublin 4, D04 V1W6. Bupa Global DAC, trading as Bupa Global, is regulated by the Central Bank of Ireland.

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 a membership certificate. It's important that you read these documents carefully.

What is this type of insurance?

Private Medical Insurance which is designed to cover the costs of private healthcare when needed, depending on any agreed terms, both in Malta and in the specified region(s).



What is insured?

In-patient and day-case treatment (all fees charged must be reasonable and customary)

Annual policy maximum of €650,000 each person every membership year.

- ✓ Hospital accommodation
- ✓ Surgeons' and anaesthetists' fees
- ✓ Nursing care, drugs and surgical dressings
- ✓ Specialists' fees
- ✓ Theatre charges
- ✓ Pathology, X-rays, diagnostic tests and physiotherapy
- ✓ Prosthetic implants and appliances
- ✓ Parent accommodation
- ✓ Drugs following in-patient treatment: up to €125 each membership year

Out-patient treatment (all fees charged must be reasonable and customary)

Annual policy maximum of €650,000 each person every membership year.

- ✓ Consultants' fees pathology, radiology, diagnostic tests and treatment by therapists, complementary therapists and qualified nurses: up to €750 each membership year
- ✓ Mini minor procedures performed by a family doctor under local anaesthetic: €100 each procedure
- ✓ Costs for treatment by a family doctor: up to €125 each membership year

Other benefits (all fees charged must be reasonable and customary)

Annual policy maximum of €650,000 each person every membership year.

- ✓ Advanced imaging
- ✓ Cancer treatment
- ✓ Home nursing following in-patient treatment: up to €330 each week
- ✓ 24 hour home nursing: up to €120 each day
- ✓ Rehabilitation: up to €100 each day
- ✓ Maternity cash benefit: up to €250 each pregnancy
- ✓ Local road ambulance
- ✓ Emergency dental treatment: up to €100 each membership year
- ✓ Accident-related dental treatment: up to €300 each membership year
- ✓ Cash benefit in a state hospital: day-case treatment €30 each procedure; in-patient treatment €60 each night up to 40 nights each membership year



What is insured? (continued)

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 membership certificate.

Optional cover

- Extended Care option: prosthetic and medical devices, speech therapy, complementary medical treatment, cervical cancer screening, and dental check ups
- Dental option

For all benefits, limits and restrictions, see full terms and conditions



What is not insured?

- ✗ Artificial life maintenance lasting more than 90 days
- ✗ Advanced therapy medicinal products (ATMPs)
- ✗ Conflict and disaster if you are an active participant or put yourself in danger
- ✗ Cosmetic treatment
- ✗ Dialysis
- ✗ Treatment for developmental problems
- ✗ Epidemics and pandemics
- ✗ Experimental or unproven treatment
- ✗ Harmful or hazardous use of alcohol, drugs and/or medicines
- ✗ Routine and/or preventative treatment
- ✗ Chronic conditions
- ✗ Infertility treatment
- ✗ Treatment you need as a result of illegal activity
- ✗ Treatment for obesity
- ✗ Treatment for sexual problems/gender issues
- ✗ Treatment for sleep disorders
- ✗ Treatment from medical practitioners, hospitals or healthcare facilities that we do not recognise (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 for each person every policy year unless stated otherwise:
 - We will refund all reasonable and customary fees up to the benefit amount as outlined in the membership guide
 - 30 days lifetime: In-patient mental health treatment
 - 24 weeks: Home nursing after in-patient treatment
 - 2 weeks: 24 hours home nursing
 - 14 days: Rehabilitation
 - 40 nights: Cash benefit in a state hospital
 - 180 days: Chronic conditions
 - 10 sessions: Consultants' fees pathology, radiology, diagnostic tests and treatment by therapists, complementary therapists and qualified nurses
- ! Limitations under "What is insured" are applied as follows:
 - Each procedure: Minor procedures performed by a family doctor under local anaesthetic
 - Each pregnancy: Maternity cash benefit
 - Each device: Prosthetic and medical devices
- ! Waiting periods (the policy doesn't cover treatment you have during a waiting period):
 - First 24 months: Mental health
 - First 12 months: Maternity cash benefit
 - First 6 months: Dental option
- ! Pre-existing conditions will not be covered. An exclusion/ restriction will be noted in your membership certificate.
- ! We only cover medically necessary treatment as listed in the membership guide

Other restrictions apply, see full terms and conditions



Where am I covered?

- ✓ This plan covers you the policyholder and any additional people on your plan for treatment which is received in Malta. There is limited cover available outside Malta.



What are my obligations?

- You must pay your premium
- You must provide medical history as required
- You must obtain pre-authorisation prior to treatment for any covered benefits where it is stated that this is required in the membership guide
- You must provide any information we require to assess your claim
- All members must be habitually resident and actually living in Malta for more than 6 months of the year
- If you have selected an annual deductible you must pay the agreed amount before we can settle any claims
- You must tell us straight away if you move to a different country
- You must let us know if you have other insurance which also covers your covered benefits
- If the policyholder or a dependant dies we should be notified in writing within 30 days



When and how do I pay?

- You can pay by debit and credit card, bank transfer or cheque (quarterly/annually provided you pay in Euro). Quarterly payments will include an administration charge of 5%.



When does the cover start and end?

- The term of the contract is 12 calendar months. You will be provided with a renewal notice before your renewal due date.
- You can find your policy start and end date in your quote or in your membership certificate
- The quotation provided is valid for the indicated period specified on the quotation letter



How do I cancel the contract?

- You can only cancel the policy (or remove any dependant individually from cover) at your policy anniversary date by emailing or writing to us. 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. No administrative fee will be charged. To cancel, call Bupa on +356 21 342 342 or email to bupa@lifestarinsurance.com or write to Bupa Malta, LifeStar Health Limited, Testaferrata Street, Ta' Xbiex XBX 1403

Please refer to the full terms and conditions for further information