

Private Health Insurance

Insurance Product Information Document



Company: Bupa Insurance Limited

Product: Bupa Health Platinum Plus Policy

Registered in England and Wales. Authorised in the United Kingdom by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, registration number 203332.

This is a summary of the insurance cover. Before purchase, further information can be found in your quote and policy guide. At your renewal, you will find full terms and conditions in your policy guide and on your membership certificate. We'll send a confirmation of special conditions for anyone, if any special conditions apply. It is important you read all of these documents carefully.

What is this type of insurance?

Private health insurance, which is designed to cover the costs of private healthcare, from diagnosis to treatment.



What is insured?

Inpatient and day-patient treatment

- ✓ Hospital treatment - paid in full.
- ✓ Mental health treatment - paid in full up to 45 days for each person, each year.
- ✓ Diagnostic tests - paid in full.
- ✓ Scans (MRI, CT, PET) - paid in full.
- ✓ Radiotherapy and chemotherapy - paid in full.

Outpatient treatment

- ✓ Consultations - paid in full.
- ✓ Scans (MRI, CT, PET) and diagnostic tests - paid in full.
- ✓ Radiotherapy and chemotherapy - paid in full.
- ✓ Outpatient therapies (including mental health) - paid in full.

Other benefits:

- ✓ Digital GP - unlimited, 24/7 access to video GP appointments.
 - ✓ Anytime HealthLine - 24/7, unlimited telephone consultations with our team of nurses and GPs.
 - ✓ Family Mental HealthLine - 8am to 6pm Monday to Friday, telephone information and advice from a trained adviser and/or mental health nurse about your child's emotional wellbeing.
 - ✓ Menopause HealthLine - 8am to 8pm every day.
 - ✓ Staying in hospital with a child - to stay with a child aged 17 or under, one parent per night.
- You can choose to pay an excess which means you pay the first part of any claims costs for a reduction in price. Choices of up to £2,000 are available. Your chosen option is shown in your membership certificate and your policy guide explains how it works.

Other benefits apply, see full terms and conditions.



What is not insured?

- ✗ Benefits that are not covered and/or are above your allowances.
- ✗ Complementary or alternative products, preparations or remedies.
- ✗ Convalescence, rehabilitation and general nursing care.
- ✗ Drugs and dressings for outpatient or take home use other than for cancer.
- ✗ Excluded treatment or medical conditions.
- ✗ Health screening, routine tests, monitoring and preventive treatment other than certain cancer exceptions.
- ✗ Medical exclusions (special conditions) as detailed on any confirmation of special conditions we send.
- ✗ Treatments that are unproven based on established medical practice.
- ✗ Unproven drugs which are not licenced.
- ✗ Unrecognised consultants, healthcare professionals, hospitals and facilities.

Treatment of or relating to:

- ✗ Accident and emergency admissions.
- ✗ Allergies, allergic disorders or food intolerances.
- ✗ Birth control, conception and sexual problems.
- ✗ Complications from excluded conditions/treatment and unproven treatment.
- ✗ Deafness that is not due to an acute condition or injury.
- ✗ Eyesight correction that is not due to an acute condition or injury.
- ✗ Gender dysphoria or gender affirmation.
- ✗ Learning, behavioural and developmental conditions.
- ✗ Pandemic or epidemic disease.
- ✗ Sleep problems.
- ✗ Weight loss.



Are there any restrictions on cover?

- ! Cancer treatment is only paid in full when you use a Bupa recognised facility (within your facility access) and a Bupa recognised consultant who agrees to charge within our rates (a fee-assured consultant).
- ! Treatment and scans must be in a Bupa recognised facility (within your chosen facility access and recognised for the treatment or scan you need).
- ! Treatment must be provided by a consultant recognised by Bupa for the treatment you need.
- ! When you claim for eligible treatment costs under a benefit that has a benefit allowance, where applicable your excess amount will count towards your total allowance for that benefit.
- ! Chronic conditions (we pay for treatment of unexpected acute symptoms resulting from a flare-up).
- ! Cosmetic surgery to change or restore your appearance.
- ! Dental/oral treatment.

Restrictions are continued on page 2



Are there any restrictions on cover? (continued)

Restrictions apply to treatment of the following:

- ! Pre-existing conditions.
- ! Pregnancy and childbirth.
- ! Speech disorders.

Other restrictions

- ! Advanced therapies and specialist drugs.
- ! Contamination, wars, riots and terrorist acts.
- ! Critical and Intensive care.
- ! Dialysis.
- ! Leg varicose veins.
- ! Overseas treatment.
- ! Supply or fitting of physical aids and devices e.g. crutches, hearing aids.
- ! Temporary relief of symptoms.
- ! Treatment to relieve the symptoms of ageing, menopause and puberty.

Other restrictions apply, see full terms and conditions.



Where am I covered?

- ✓ UK, including Channel Islands and the Isle of Man.



What are my obligations?

Obligations at the start of the contract:

- You must pay your premiums on time.
- You must be a UK resident and registered with a GP.
- You must provide medical history (as required).

Obligations during the term of the contract:

- You must tell us of any changes in your or your dependants' address.

Obligations in the event that a claim is made:

- You must provide any information we require to assess your claim, including medical information.
- You must obtain pre-authorisation for any covered benefits where it is stated that this is required in the policy guide.
- Your treatment must be with a consultant or healthcare professional recognised by Bupa and registered with the relevant professional body.
- You must pay any policy excess (where applicable).
- You must let us know if you have other insurance which also covers you.



When and how do I pay?

- Monthly by Direct Debit or annually by Direct Debit or debit/credit card unless otherwise agreed.



When does the cover start and end?

- You can find your policy start and end date on your membership certificate.
- The term of the contract is 12 calendar months, unless your policy is subject to a common renewal date.
- If your policy is part of a scheme which has a common renewal date, depending on the month in which you join, your initial period of cover may not be a full year and your premiums and benefits and those of your dependants may change at the common renewal date. Your membership certificate will show if you have a common renewal date.
- At renewal the term of the contract is 12 calendar months. Your policy will be renewed automatically and payment taken, unless you choose not to continue.



How do I cancel the contract?

- You can cancel your policy, or your dependants' cover, within 21 days of receiving your policy documents or the start date of your policy (whichever is later) and receive a full refund if no claims have been made. After this period you can cancel your policy, or your dependants' cover, at any time and we will refund any premiums you have paid relating to the period after your policy ends.
- To cancel call us on **0800 010 383**, we may record or monitor our calls, write to us at **Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**, or email us at **consumer.cancellations@bupa.com**. Please be careful what you include as email may not always be secure.

For those with hearing or speech difficulties you can use the Relay UK service on your smartphone or textphone. For further information visit www.relayuk.bt.com. We also offer documents in Braille, large print or audio.

Bupa Insurance Limited, registered in England and Wales with registration number 3956433. Registered office: 1 Angel Court, London EC2R 7HJ

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