

Your policy summary

Bupa By You health insurance

Effective from 1 January 2020

Helping you understand how our health insurance
works and what you could be covered for



When you're buying health insurance it's important to be aware of the facts. That's why we've tried to give you a summary of all the information you need, including the legal bits, all in one place.

Statement of demands and needs

This product is generally suitable for someone who is looking to cover the cost of a range of healthcare expenses.

We have not provided you with any advice about this product and how it meets your individual needs. If you have purchased through a non-Bupa financial adviser then please refer to the statement of demands and needs that they have provided you with.

This summary does not provide you with the full terms and conditions of the policy, these can be found in the Policy Benefits and Terms and Membership Certificate. It is important that you always refer to your Policy Benefits and Terms and Membership Certificate for full details of your policy benefits and terms and conditions. Statements in this summary are always subject to the further detail of your policy benefits, and the terms and conditions, contained in your Policy Benefits and Terms and Membership Certificate.

Eligibility

To be eligible for this cover the Main Member and dependants must:

- be resident in the UK
- at the cover start date have been registered continuously with a GP for a period of at least six months, or have access to and be able to provide their full medical records in English, and
- not receive payment for taking part in sports.

What is Bupa By You?

Bupa By You is a private health insurance policy that covers the cost of eligible medical treatment in the UK, up to the limits of your chosen cover, by Bupa recognised consultants, therapists and practitioners.

If you decide to take out Bupa By You, your policy will be a 12 month contract. Please bear in mind that your policy may change from time to time, especially at your annual renewal point. Renewal is also your opportunity to check that your policy still meets your needs and make any changes you want to.

If you require correspondence and marketing literature in an alternative format, we offer a choice of Braille, large print or audio. Please get in touch to let us know which you would prefer.

Textphone

 0345 606 6863

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Section one:

What you get from your product

1.1 Comprehensive

This is our highest level of cover that opens the door to private diagnosis, treatment and aftercare for all your eligible medical needs.

Where we state a combined out-patient limit, this is in relation to eligible out-patient consultations and treatment, diagnostic tests and out-patient therapies.

Cover	Explanation
Out-patient consultations	<p>We will pay for all your eligible fees for consultations provided by Bupa recognised consultants when you are being seen as an out-patient to diagnose your condition or post diagnosis.</p> <p>For a diagnostic consultation you usually need a referral from your GP, consultant or our Direct Access service. Please see the Policy Terms section of your Policy Benefits and Terms booklet for an explanation of the Direct Access service.</p> <p>Sometimes, when you have had a consultation with another healthcare practitioner before seeing a GP and they believe referral to a consultant is appropriate, a GP appointment may not be clinically necessary. The situations in which we will accept such a referral are set out on bupa.co.uk/referrals or you can call us.</p> <p>Further details about the Direct Access service, including the age limits that apply, can be found on bupa.co.uk/direct-access or you can call us.</p> <p>Benefits: Paid in full or, if chosen, up to your annual combined out-patient benefit limit (£500, £750 or £1,000) (see page 9)*.</p>
Diagnostic tests	<p>These are tests that your GP or consultant may ask for to help find out what's wrong with you or to inform your treatment following diagnosis.</p> <p>This includes more complicated diagnostic procedures, such as an endoscopy that may be necessary. We pay consultants' fees if, for medical reasons, your consultant has to undertake your diagnostic procedure.</p> <p>We will pay the recognised facility charges for these in full (see page 9)*, whilst you are undergoing eligible diagnostic tests as an out-patient, day-patient or in-patient to diagnose your condition.</p> <p>Included in this are any charges for interpreting the results of your tests.</p> <p>Benefits: Paid in full or, if chosen, up to your annual combined out-patient benefit limit (£500, £750 or £1,000) (see page 9)*.</p>
Out-patient therapies	<p>This includes therapies such as physiotherapy for eligible treatment.</p> <p>Benefits: Paid in full or, if chosen, up to your annual combined out-patient benefit limit (£500, £750 or £1,000) (see page 9)*.</p>

Cover	Explanation
Diagnostic MRI, CT and PET scans	<p>These are scans that your consultant may ask for to help them determine or assess your eligible condition as an out-patient. These can be for an initial diagnosis or undertaken following an initial diagnosis.</p> <p>We will pay recognised scanning facility charges for MRI, CT and PET scans. Included in this are any charges for interpreting the results of your scans.</p> <p>Benefits: Paid in full (see page 9)[†].</p>
Parent accommodation	<p>We will pay for each night a parent needs to stay in hospital with their child, provided the child:</p> <ul style="list-style-type: none"> ▪ is covered under the health insurance policy ▪ is under 16 years of age, and ▪ is having eligible diagnostic tests, or ▪ is having an eligible surgical operation for the diagnosis of their disease, illness or injury as in-patient treatment, or ▪ is receiving eligible in-patient treatment. <p>Benefits: Paid in full, for one parent each night (see page 9)[†].</p>
Hospital treatment	<p>This is the eligible treatment and care you have as an out-patient or whilst in hospital. We will pay recognised facility charges for your eligible treatment and looking after you whilst in their care.</p> <p>We will pay recognised consultant fees (surgeons, anaesthetists or physicians) for your eligible treatment.</p> <p>Benefits: Paid in full (see page 9)[†].</p>
Mental health	<p>This includes eligible mental health treatment from a consultant psychiatrist or mental health and wellbeing therapist.</p> <p>Benefits: Paid in full or, if chosen, up to your annual combined out-patient benefit limit (£500, £750 or £1,000) applicable to out-patient treatment. Limited to 28 days in-patient or day-patient care (combined) each year (see page 9)*.</p>
NHS cash benefit	<p>We will pay a cash benefit for in-patient treatment provided to you free under the NHS when it would have been eligible for private treatment under your benefits.</p> <p>Benefits: For in-patient treatment, you will receive £50 per night up to 35 nights per year.</p>

Cover	Explanation
NHS cancer cover cash benefit	<p>We will pay a cash benefit for treatment provided to you free under the NHS when it would have been eligible for private treatment under your benefits. Except for eligible treatment for cancer treatment taken by mouth, we only pay this benefit once even if you have more than one eligible treatment on the same day.</p> <p>Benefits: In relation to cancer treatment, you will receive:</p> <ul style="list-style-type: none"> ■ £100 for each night of in-patient stay that you receive radiotherapy, chemotherapy or a surgical operation ■ £100 for each day you receive radiotherapy and/or proton beam therapy in a hospital setting ■ £100 for each day you receive IV-chemotherapy ■ £100 for each day on which you have a consultation with your consultant and they provide you with a prescription for cancer treatment taken by mouth ■ £100 on the day of your surgical operation.
Cancer treatment after a diagnosis of cancer has been confirmed	
There are three options for you to choose from:	
1. Cancer Cover	<p>You will be covered for all eligible private cancer treatment from diagnosis including eligible treatment such as surgery, chemotherapy, radiotherapy and bone marrow and stem cell transplants.</p> <p>Benefits: Paid in full (see page 9)‡.</p>
2. NHS Cancer Cover Plus	<p>You will receive cancer treatment in the NHS following diagnosis and will only be covered when the radiotherapy, chemotherapy or surgical operation you need to treat your cancer is not available to you under the NHS.</p> <p>Benefits: Paid in full (see page 9)‡.</p>
3. No cancer cover	
Additional benefits	
Treatment at home	<p>Certain eligible treatment such as chemotherapy could potentially be administered at your home instead of in a hospital. This benefit is subject to your consultant's and Bupa's approval.</p> <p>Benefits: Paid in full (see page 9)‡.</p>
Home nursing	<p>We will pay for home nursing charges following private in-patient treatment that is covered under your policy. This benefit is subject to Bupa's approval.</p> <p>Benefits: Paid in full (see page 9)‡.</p>
Private ambulance	<p>We will pay for travel by private road ambulance if you need private day-patient treatment or in-patient treatment, and it is medically necessary for you to travel by ambulance.</p> <p>Benefits: Up to £60 per journey with no annual limit.</p>

1.2 Treatment and Care

Treatment and Care is for people who are happy to get diagnosed by the NHS but would like to receive treatment privately. We'll cover the cost of eligible treatment by a private consultant and aftercare at a private hospital. We do not pay for the diagnosis of a condition.

Cover	Explanation
Out-patient consultations	We will pay your fees for eligible consultations within six months of the discharge date of your hospital treatment. Benefits: Paid in full (see page 9) [†] .
Diagnostic tests following treatment	These are tests that your consultant may ask for following treatment. We will pay the hospital or clinic charges for eligible tests in full [†] , whilst you are being treated as an out-patient, day-patient or in-patient and within six months of the discharge date of your hospital treatment. Included in this are any charges for interpreting the results of your tests. Benefits: Paid in full (see page 9) [†] .
MRI, CT and PET scans	These are scans that your consultant may ask for to help them determine or inform your treatment. We will pay scanning facility charges for eligible MRI, CT and PET scans whilst you are being treated as an out-patient, day-patient or in-patient and within six months of the discharge date of your hospital treatment. Included in this are any charges for interpreting the results of your tests and scans. Benefits: Paid in full (see page 9) [†] .
Out-patient therapies	This includes therapies such as physiotherapy for eligible treatment. Benefits: Paid in full (see page 9) [†] .
Parent accommodation	We will pay for each night a parent needs to stay in hospital with their child, provided the child: <ul style="list-style-type: none">▪ is covered under the health insurance policy▪ is under 16 years of age, and▪ is having eligible diagnostic tests following treatment, or▪ is receiving eligible in-patient treatment. Benefits: Paid in full, for one parent each night (see page 9) [†] .
Hospital treatment	This is the eligible treatment and care you have as an out-patient or whilst in hospital. We will pay recognised facility charges for your eligible treatment and looking after you whilst in their care. We will pay recognised consultant fees (surgeons, anaesthetists or physicians) for your eligible treatment. Benefits: Paid in full (see page 9) [†] .
Mental health	This includes eligible mental health treatment from a recognised consultant psychiatrist or mental health and wellbeing therapist. Benefits: Paid in full (see page 9) [†] . Limited to 28 days in-patient or day-patient care (combined) each year.

Cover	Explanation
NHS cash benefit	We will pay a cash benefit for in-patient treatment provided to you free under the NHS when it would have been eligible for private treatment under your benefits. Benefits: For in-patient treatment, you will receive £50 per night up to 35 nights per year.
NHS cancer cover cash benefit	We will pay a cash benefit for treatment provided to you free under the NHS when it would have been eligible for private treatment under your benefits. Except for eligible treatment for cancer treatment taken by mouth, we only pay this benefit once even if you have more than one eligible treatment on the same day. Benefits: In relation to cancer treatment, you will receive: <ul style="list-style-type: none"> ■ £100 for each night of in-patient stay that you receive radiotherapy, chemotherapy or a surgical operation ■ £100 for each day you receive radiotherapy and/or proton beam therapy in a hospital setting ■ £100 for each day you receive IV-chemotherapy ■ £100 for each day on which you have a consultation with your consultant and they provide you with a prescription for cancer treatment taken by mouth ■ £100 on the day of your surgical operation.
Cancer treatment after a diagnosis of cancer has been confirmed	
There are three options for you to choose from:	
1. Cancer Cover	You will be covered for all private eligible cancer treatment from diagnosis including eligible treatment such as surgery, chemotherapy, radiotherapy and bone marrow and stem cell transplants. Benefits: Paid in full (see page 9)‡.
2. NHS Cancer Cover Plus	You will receive cancer treatment in the NHS following diagnosis and will only be covered when the eligible radiotherapy, chemotherapy or surgical operation you need to treat your cancer is not available to you under the NHS. Benefits: Paid in full (see page 9)‡.
3. No cancer cover	
Additional benefits	
Treatment at home	Certain eligible treatment such as chemotherapy could be potentially administered at your home instead of in a hospital. This benefit is subject to your consultant's and Bupa's approval. Benefits: Paid in full (see page 9)†.
Home nursing	We will pay for home nursing charges following private in-patient treatment that is covered under your policy. This benefit is subject to Bupa's approval. Benefits: Paid in full (see page 9)†.
Private ambulance	We will pay for travel by private road ambulance if you need private day-patient treatment or in-patient treatment, and it is medically necessary for you to travel by ambulance. Benefits: Up to £60 per journey with no annual limit.

1.3 Limitations on benefits

*For eligible treatment on your core health insurance, paid in full up to your chosen out-patient benefit limit (if any) when you use a recognised facility from your chosen Bupa network and a Bupa recognised consultant who agrees to charge within Bupa limits (a fee-assured consultant).

†For eligible treatment on your core health insurance when you use a recognised facility from your chosen Bupa network and a Bupa recognised consultant who agrees to charge within Bupa limits (a fee-assured consultant).

‡For eligible treatment on your core health insurance when you use a recognised facility from your chosen Bupa network and a Bupa recognised consultant who agrees to charge within Bupa limits (a fee-assured consultant). In addition if you have chosen NHS Cancer Cover Plus, cover is only available when the radiotherapy, chemotherapy or surgical operation you need is not available from your NHS.

The hospitals or treatment facilities, centres or units that are:

- on our list for the medical condition you have
- carrying out the type of treatment you need, and
- covered by your Membership Certificate.

You can ask us whether a hospital, facility, centre or unit is on our list and the type(s) of treatment we recognise them for or you can access these details at finder.bupa.co.uk

A recognised practitioner is a healthcare practitioner who at the time of your treatment:

- is recognised by us for the purpose of our private medical insurance schemes for treating the medical condition you have and for providing the type of treatment you need, and
- is in our list of recognised practitioners that applies to your benefits.

1.4 What you are not covered for

Whatever kind of cover you create with Bupa By You, there are a number of conditions and treatments that your policy does not cover. Full terms and conditions will be in the policy documents provided if you take out Bupa health insurance.

These exclusions apply to Comprehensive and Treatment and Care only.

Bupa does not routinely cover the following conditions and treatments:

- Accident and emergency treatment
- Ageing, puberty and menopause
- Allergies, allergic disorders or food intolerances
- Birth control, conception, sexual problems and gender reassignment
- Chronic conditions
- Complications from excluded conditions/treatment and experimental treatment
- Contamination, wars, riots and some terrorist acts
- Convalescence, rehabilitation and general nursing care
- Cosmetic, reconstructive or weight loss treatment
- Deafness
- Dental/oral treatment (such as fillings, gum disease, jaw shrinkage, etc)
- Dialysis
- Drugs and dressings for out-patient or take-home use and Complementary and Alternative Products
- Experimental drugs and treatments
- Intensive care (other than in some specific circumstances)
- Learning difficulties, behavioural and developmental problems
- Overseas treatment and repatriation
- Pandemic or epidemic disease
- Physical aids and devices
- Pre-existing or special conditions
- Pregnancy and childbirth
- Screening, monitoring and preventative treatment
- Sleep problems and disorders
- Speech disorders
- Temporary relief of symptoms
- Treatment to correct eyesight (eg long or short sight)
- Unrecognised providers or facilities

1.5 No claims discount

Your Membership Certificate will tell you if a no claims discount applies to your cover.

In calculating the subscriptions payable next year, we will apply a no claims discount to the core health insurance subscriptions – based upon the value of the claims paid for you during the 12-month period (the first 10-month period in your first year of cover) preceding our calculation. For a dependant who first joins mid-year we will use the period from their cover start date for that year to the end of the month before our calculation.

We apply your no claims discount to your net subscription rate excluding Insurance Premium Tax.

Any no claims discount applied each year for each person will form part of the subscriptions on which we will base our no claims discount calculation for that person in successive years.

Please note:

- Payment may take a few weeks from the date of your treatment, depending on how quickly invoices are submitted to us.
- Claims are considered for the main member and each dependant separately.
- If you are unwell, you should not delay seeking treatment because of the impact it will have on your no claims discount.
- We may make changes to, or withdraw, the no claims discount. Such changes will only affect you from your renewal date and we will let you know of any changes in advance.
- Claims in relation to the following Benefits (if applicable under your cover) do not count as claims in the assessment of the no claims discount to be applied to your subscriptions:
 - Add-ons (Benefits A1 to A4)
 - Fitness check (Benefit B10)
 - NHS cash benefit (Benefits CB1 to CB4)
 - Travel and Emergency Medical Cover.

How discounts are calculated

The following table shows the amount of no claims discount that applies for each no claims discount level.

Discount level 14 is the maximum discount level available and your no claims discount will therefore never exceed 70%.

No claims discount scale	
Discount level you are on	Discount you will receive
14	70% (maximum)
13	68%
12	65%
11	62%
10	59%
9	55%
8	50%
7	45%
6	40%
5	35%
4	27.5%
3	20%
2	10%
1	0% (minimum)

How claiming affects your discount

The following table shows how any claims you make will affect your level of no claims discount.

In addition, any claims paid for during the calculation period that fall entirely within your excess will not be counted.

Using the scale	
Claims approved for payment in the calculation period	Change in discount level applied at the next 'renewal date'
£0.00	Move up the scale by one level
£0.01 to £250	Move down the scale by one level
£250.01 to £500	Move down the scale by two levels
£500.01 and above	Move down the scale by three levels

The calculation period

The following table shows which months we include in the calculation periods to determine your no claims discount. We will calculate your no claims discount before renewal.

Calculation period	
Months included in period	Calculation period
Month 1 to 10 of first year (for dependants first joining mid-year the period from their cover start date for that year)	Year one renewal or first year renewal
Months 11 and 12 of previous year plus months one to 10 of current year	Year two renewal and thereafter

Section two:

Understanding how your cover works

2.1 Claiming process

If you fall ill, you have enough to think about without a complex claiming process. That's why we do our best to make ours simple.

How it works

Find out if the Direct Access service is available to you. For certain medical conditions you can call us directly for a referral to a consultant or therapist usually without seeing a GP and we call this our Direct Access service. For details about cover for Direct Access and how it works please see the Policy Terms section of your Policy Benefits and Terms booklet.

Sometimes, when you have had a consultation with another healthcare practitioner before seeing a GP and they believe referral to a consultant is appropriate, a GP appointment may not be clinically necessary. The situations in which we will accept such a referral are set out on [bupa.co.uk/referrals](https://www.bupa.co.uk/referrals) or you can call us.

If these routes are not available (or if you prefer) visit a GP.

When you visit a GP, they'll advise you if you need to see a consultant or healthcare professional.

A GP will give you a referral letter

We recommend that you ask a GP for an 'open referral' which leaves you free to speak to us about finding the right consultant for your needs.

In some cases a GP may want to give you a referral that names a suitable consultant.

Call us

No matter which type of referral a GP gives you, make sure you call us on **0345 606 6739**[^] to check that the treatment your GP is proposing is covered by your policy.

If a GP names a consultant, call us to check that they charge within our limits.

2.2 Underwriting choices

Underwriting for Bupa By You is the process by which Bupa decides on what terms it will accept a person for cover based on the information they supply.

Full medical underwriting

Full medical underwriting means that your medical history is taken into account when deciding on the cover that we can provide. We usually don't cover you (or any family members on your policy) for conditions that existed before you take out insurance with us.

[^]We may record or monitor our calls.

When choosing full medical underwriting you'll be asked a number of questions about your medical history or you'll be required to complete a medical history form.

It is essential that you give us all the information we ask for, even if you have symptoms that have not been diagnosed. If you don't, we may not pay any future claims and could even cancel your policy. If you are not sure whether or not to mention something, you should always do so. Questions should be answered accurately and completely for each person covered as your answers may affect your ability to claim.

We will review the information you give us and decide what cover we can offer you. If necessary, we may need to ask your doctor for more information to help us do this.

About pre-existing conditions

If you have a pre-existing condition that may need treatment in the future, we will usually exclude it from your cover along with any conditions related to it. We will show any exclusions on the membership certificate you receive from us when we have processed your application.

The same process will also apply for any members of your family included in your application.

Why customers choose full medical underwriting

You would generally choose full medical underwriting to ensure certainty about the extent of your cover at the point of joining. With full medical underwriting, new medical conditions arising after the start of your policy will be covered, subject to the policy terms and conditions.

A fully underwritten policy does not cover medical conditions that you (and your family) already have, (including any related conditions), when you take out the policy.

Moratorium underwriting

With moratorium underwriting you will not need to fill in a medical history form when you join. If you (or any dependants on your application) have had a medical condition in the five years prior to joining Bupa, then this would not be covered for the first two years of your policy.

When you need to make a claim, you will be required to complete a pre-treatment form each time so that we can confirm if the condition for which you are claiming is new or pre-existing. If your claim relates to a new condition, this will be paid provided it is eligible under your policy.

After the first two years of your Bupa membership, a pre-existing condition would be considered eligible for cover if you have not experienced symptoms, had any treatment, taken any medication or had any consultations relating to the condition for the whole of the preceding two years.

You should not delay seeking medical advice or treatment for a pre-existing condition simply to obtain cover under your policy.

2.3 How Bupa cancer cover works

The examples below are for illustrative purposes only and should not be used as a guide to what is covered by your policy. All examples are based on members with Bupa By You Comprehensive, using Bupa approved facilities within their chosen network and Bupa recognised consultants who have agreed to charge within Bupa limits.

Please note: We do not consider cancer as a chronic condition.

Beverley

Beverley has been with Bupa for five years when she is diagnosed with breast cancer. Following discussions with her specialists she decides to have the tumour removed by surgery.

As well as removing the tumour, Beverley's treatment will include a reconstruction operation, to undergo a course of radiotherapy and chemotherapy and to take hormone therapy tablets for several years after the chemotherapy has finished.

Will her Bupa policy cover this treatment plan?

Beverley will benefit from having access to tests and scans to diagnose her breast cancer. She will then be covered for surgery to remove the tumour. As long as Beverley continues to renew her Bupa health insurance, we will cover the cost of her reconstructive surgery, should she prefer it at a later date.

With no financial limits on our cancer cover[#] for as long as Beverley remains a member, she will also be covered for all the radiotherapy, chemotherapy and other medically appropriate treatment she needs up until her cancer goes into remission. Once in remission, Beverley's hormone therapy can continue within the NHS.

At every stage of cancer, Beverley and her family can rely on the support of the Bupa Oncology Support Team. They will make sure Beverley has access to all the services, benefits and information she needs.

During the course of chemotherapy Beverley suffers from anaemia. Her resistance to infection is also greatly reduced. Her specialist:

- admits her to hospital for a blood transfusion to treat her anaemia
- prescribes a course of injections to boost her immune system.

Will her policy cover this treatment plan?

We will cover all Beverley's hospital and consultant fees along with the blood transfusion she needs to treat her anaemia. We will also cover the cost of the injections required to boost Beverley's immune system.

[#]When you use a healthcare facility from your chosen Bupa network and a Bupa recognised consultant who agrees to charge within Bupa limits (a fee-assured consultant).

What if her condition gets worse?

Despite the injections to boost her immune system, Beverley develops an infection and needs to be admitted to hospital again for a course of antibiotics.

We will cover the cost of hospital and consultant fees, and the antibiotics required to treat the infection. We will continue to do everything we can to ensure Beverley makes a return to health as soon as possible.

Five years after Beverley's treatment finishes, the cancer returns. Unfortunately, it has spread to other parts of her body. Her specialist recommends the following treatment plan:

- a course of six cycles of chemotherapy aimed at destroying cancer cells, to be given over the next six months.
- monthly infusions of a drug to help protect the bones against pain and fracture. This infusion is to be given for as long as it is working.
- weekly infusions of a drug to suppress the growth of the cancer. These infusions are to be given for as long as they are working.

Bupa covers cancer even if it spreads or returns, so Beverley can rest assured we will be there to fund her chemotherapy at this difficult time. There are no financial or time limits on our cancer cover[#] for as long as Beverley continues to renew her Bupa health insurance, so we will cover both the drug to protect Beverley's bones (where the cancer treatment is directly linked to a risk of osteoporosis) and the drug to suppress the growth of the cancer for as long as these are of benefit to Beverley.

Please note that the tables below are a summary of our full cancer cover. This includes cover for diagnosis through to eligible treatment and aftercare provided that you use a facility from your chosen Bupa network and a recognised consultant who we have already agreed our fees with (a fee-assured consultant).

Getting diagnosed

What is covered

Diagnostic tests and investigations

You'll be covered for medically appropriate eligible consultations, tests, and scans including MRI, CT and PET to help diagnose your condition or which are needed as part of your treatment.

Tests after remission

If you are experiencing any symptoms or if pain returns when you are in remission, we would cover you for further investigations and treatment.

[#]When you use a healthcare facility from your chosen Bupa network and a Bupa recognised consultant who agrees to charge within Bupa limits (a fee-assured consultant).

Getting treated

What is covered

Hospital treatment

We will cover your eligible and recognised hospital and clinic charges for the care you receive as an in-patient, day-patient and as an out-patient.

Consultants'/specialists' fees

We will cover your recognised consultants'/specialists' fees for your eligible treatment.

Radiotherapy and chemotherapy

We will fund your eligible radiotherapy and chemotherapy to treat the cancer and relieve your symptoms as long as your consultant considers it as clinically necessary.

Treatment at home

Bupa also gives you the option to receive eligible treatment at home if your consultant feels it is clinically appropriate and we have provided you with our written approval.

What is not covered

Hospice care

Hospices are charitable organisations that do not charge for their care. We do not pay for Hospice care other than when it is given as a donation.

Surgery

What is covered

Surgical operations

We will cover your eligible surgical operations to treat your cancer even if it spreads or returns.

Reconstructive surgery

If you need reconstructive surgery as a direct result of your surgery for cancer, we will cover this cost subject to your policy terms.

Experimental treatments

Bupa may pay for experimental drugs and treatments but only after careful assessment of your condition and a thorough review of supporting medical evidence.

What is not covered

Unproven treatments

Bupa does not pay for unproven treatments. The only exception is when the treatment is part of a clinical trial, the protocols of which have been reviewed and approved by us.

Genetic testing and preventive treatment

What is covered

Mastectomy and oophorectomy

If you are currently being treated for cancer and, have a strong family history of cancer, and you have taken a genetic test for breast or ovarian cancer and the result shows that you are at high risk of developing further cancer we will cover you for eligible prophylactic surgery mastectomy or oophorectomy (removal of your ovaries).

Genetic tests

These are biological techniques used to analyse genetic material to help assess your condition or determine the most appropriate treatment for you. We may cover these tests in some instances.

What is not covered

Genetic tests

There are instances where some tests are not covered. It might be that there is not enough evidence to support its use or the test is being used for screening purposes when no symptoms are present.

Preventive treatment

Unless you are being treated for cancer and it is proven to be clinically necessary, we do not cover preventative treatment.

Screening

We do not cover health checks or health screening.

Vaccines

Bupa does not provide cover for vaccines.

Access to drugs and treatments

What is covered

Breakthrough cancer drugs and treatments

We provide access to certain eligible breakthrough cancer drugs and treatments often before they are available on the NHS as long as they are evidence-based.

Bupa can fund drugs that have not yet been approved by NICE (National Institute for Health and Care Excellence) provided that they are licensed in the UK for your condition.

Experimental medicines

We will always evaluate requests to fund new or experimental medicines – these are drugs that have not yet received a license for a particular condition in the UK. Bupa's clinical appraisal process takes an average of just two working days.

Clinical research trials

We will sometimes support a clinical trial as long as we believe you would benefit from it and its protocols have been fully reviewed and approved by us.

What is not covered

Take-home drugs

In most cases we will not cover drugs to maintain remission as this can be provided through your GP.

Drugs used in clinical trials

Once you have been accepted on to a clinical trial, it is our practice to pay for facilities, consultations and nursing care associated with eligible drug trials. The drugs themselves are usually paid for by the individual drug company.

Palliative treatment

What is covered

You are covered for eligible palliative treatment (to help relieve the symptoms of your condition) to ensure you maintain the highest quality of life possible during the end stages of your illness.

What is not covered

Bupa does not cover the costs of general nursing care or care required for domestic or social reasons.

End of life care

What is covered

End of life care

We provide support if you have received an end of life prognosis to be in your preferred setting when you die. Helping you in the final weeks to die with dignity whilst surrounded by the appropriate care in a setting that is right for you.

If you wish to be treated at home rather than in hospital, we may cover this, provided it is covered under your policy.

Support with your care plan

Our dedicated Oncology Support Team nurses work with you and your family to help you develop the care plan that is right for you. They will liaise with providers, community services and other organisations to help you receive assistance in line with your care plan.

Support at every stage

We will provide cover and support to you at every stage of your cancer until remission or the end of your life.

What is not covered

Nursing support

If you are in residential care, we would be unable to provide extra nursing support as this is included as part of your accommodation.

Financial help

What is covered

NHS cancer cash benefit

Bupa can offer you a cash benefit payment if you decide to have some or all of your eligible cancer treatment carried out by the NHS.

Other financial help

To help you with your expenses, we can pay towards the cost of a wig, mastectomy bra and some prosthetic devices when these are needed as a result of your cancer treatment.

Additional benefits

What is covered

Access to cancer specialists

Treatment for the most commonly diagnosed cancers (breast and bowel) is provided through our unique network of quality assured specialist oncology clinics, which guarantees you will be treated by an expert cancer specialist team.

Clinical side-effects

We will cover the management of acute side effects of your cancer treatment such as nausea and vomiting and treatments for low blood counts if clinically indicated and caused by your treatment.

Access to trained counsellors

We can provide you and your close relatives and carers with counselling and advice related to your specific situation.

Treatment options service

Our treatment options service helps you to understand the treatment options available to you and gives you the information you need to make informed decisions about your own care.

Survivorship programme

This dedicated service supports members in their transition to living with cancer or coping with the aftermath of the illness.

2.4 Chronic conditions

What is a chronic condition?

A chronic condition is a disease, illness or injury that has one or more of the following characteristics: it needs long-term monitoring, ongoing or long-term control or relief of symptoms, it requires rehabilitation, and it has no known cure or is likely to come back.

Please note: We do not consider cancer as a chronic condition.

What does this mean in practice?

Chronic or long-term illnesses can often require reoccurring consultations over a long period, checks on medication, long-term therapy or treatment, which is usually needed to keep a condition or its symptoms under control. In these circumstances, treatment that is needed as part of the ongoing management of care is not covered under Bupa health insurance because these symptoms are part of the natural progression of the disease.

Am I covered for chronic conditions?

You'll be covered for specialist consultations until a chronic condition has been diagnosed but you will need to go back to the care of a GP and the NHS for the ongoing management, screening and monitoring of the condition.

What if my condition gets worse?

If your long-term condition gets worse, you may be having an acute flare-up. This is when there is a sudden and unexpected deterioration of the condition or its symptoms which can be modified by a short course of treatment. Eligible treatment of an acute flare-up when the condition is likely to respond quickly and aims to restore you to the state of health immediately before suffering the acute flare-up, will be covered. Following this, the ongoing management of your condition will return to the NHS.

If you need urgent medical attention to help stabilise or treat this flare-up, you should access NHS emergency services in the normal way, as your health insurance, in most cases, does not cover emergency treatment. However, when your condition has been stabilised and your consultant has agreed that you are well enough, you may be able to transfer to private care if you need planned treatment. Just remember to contact us to ensure that your condition is eligible and the treatment is covered under your policy.

Here are a few examples related to chronic conditions

The examples are purely fictional and are designed to give you an indication of how the policy will work but do not illustrate the specific terms of your individual cover.

Please bear in mind, where we say your treatment or consultation is not covered by your health insurance, it is usually due to the general exclusions that apply to your policy – it does not mean that your treatment or consultation is not medically necessary.

Deirdre

Deirdre has had Bupa By You Comprehensive for three years when she develops symptoms that indicate she may have diabetes. Her GP refers her to a consultant who organises a series of investigations to confirm the diagnosis. She then starts on oral medication to control the diabetes. After several months of regular consultations and adjustments made to her medication the consultant confirms the condition is now well controlled and asks to see her every four months to review her condition.

Will Deirdre be covered?

Deirdre will receive prompt access to the investigations she needs to diagnose her illness. However, following diagnosis, Deirdre's care and the ongoing management of her diabetes, including medicines and any regular reviews would be provided by the NHS.

If ever Deirdre is worried about her condition, she can contact Bupa's Anytime HealthLine for around the clock access to health information and advice.

What if Deirdre's condition gets worse?

Several years later, Deirdre's diabetes worsens and her GP arranges for her to go into hospital for treatment. If Deirdre's admission to hospital is on an emergency basis, we will not cover the cost as she is receiving NHS care.

However, Deirdre's health insurance policy will cover admission to a private general ward if she needs planned treatment during the acute phase of her condition. This is subject to pre-authorisation and the terms of her policy.

Aaron

Aaron has been with Bupa for many years. He develops chest pains and is referred by his GP to a consultant. After consultation and investigations, he is diagnosed with a heart condition called angina. Aaron receives treatment which controls his symptoms.

Will Aaron be covered?

Aaron's Bupa health insurance gives him access to a private consultant for consultations and initial investigations into his condition, which are normally covered by his policy. After diagnosis and any eligible treatment needed to treat his acute symptoms, Aaron will be referred back to the NHS to receive further medication and ongoing check-ups that he may need to monitor his condition.

What if Aaron's condition gets worse?

Two years later Aaron's chest pain returns so he visits his GP for assessment who refers him back to a consultant. The consultant recommends that he has a heart by-pass operation.

Aaron would need to call us with a new GP referral so we can pre-authorise his appointment with the consultant. We would cover the heart by-pass operation and eligible follow-up consultations, to check how Aaron is doing after the operation.

If he needs further monitoring such as six monthly check-ups, this would not be covered under his policy, but will be provided by the NHS or he may choose to pay for this himself.

Ricky

Ricky goes to his local opticians for a routine check-up, and one of the tests reveals some abnormal changes in his eye pressure, so the optician refers him to an ophthalmologist.

Will Ricky be covered?

We will cover Ricky for the ophthalmologist consultation and tests to diagnose the problem.

The ophthalmologist confirms that Ricky has glaucoma. He is prescribed with some eye drops and advised that he needs to have his eye pressure checked every six months.

As Ricky's condition is chronic and requires regular monitoring, check-ups are not covered by his Bupa policy; however Ricky can arrange further monitoring to be carried out in the NHS.

What if Ricky's condition gets worse?

Two years later, at one of Ricky's follow-up appointments, it was discovered that his glaucoma had worsened and so his ophthalmologist had recommended he has surgery.

Ricky can use his Bupa policy to cover his operation. He will be covered for one follow-up consultation to ensure everything went well with the operation. His GP and the NHS will then continue to monitor his condition.

Eve

Eve has been with Bupa for five years when she develops breathing difficulties. Her GP refers her to a consultant who arranges for some tests. These reveal that Eve has asthma. Her consultant puts her on medication and recommends a follow-up consultation in three months to see if her condition has improved. At that consultation Eve says that her breathing has been much better, so the consultant suggests she has check-ups every four months.

Will Eve be covered?

Eve can rely on prompt access to a consultant thanks to her Bupa health insurance. She will be covered for all appropriate consultations and tests to diagnose her condition. Since asthma is a chronic condition, following diagnosis, Eve's medication and ongoing check-ups would not be covered and would need to be provided by the NHS. If ever Eve is worried about her condition, she can contact Bupa's Anytime HealthLine for around the clock access to health information and advice.

What if Eve's condition gets worse?

Eighteen months later, Eve has a bad asthma attack. This is considered as an acute flare-up of Eve's condition for which she will need emergency treatment. As health insurance is not designed to cover emergency admissions, Eve will receive treatment via the Accident and Emergency department at her NHS hospital. Following Eve's flare-up, she may ask her GP for a referral to a consultant. Bupa will cover the cost of a follow-up consultation with a private consultant to investigate the cause of her flare-up and recommend appropriate treatment.

As Eve's condition is chronic, any further medication, treatment or check-ups she needs will be followed up by her GP and the NHS.

2.5 Drugs and treatments

Innovative medicines

Bupa health insurance can give you access to innovative eligible cancer drugs and treatments that are newly licensed for your medical condition, many of which are not widely available in the UK.

NICE (National Institute for Health and Care Excellence)

In most cases, if your consultant prescribes a drug that has not yet been approved by NICE but is licensed for your specific condition in the UK, we can give you fast access to the medicine you need.

We do not need to wait for NICE approval. As long as there is sound clinical evidence to prove any benefit and it is eligible under your policy, we will fund it.

Experimental drugs and treatments

Bupa also reviews requests to fund experimental drugs and treatments (ie drugs that have not yet received a license for your medical condition in the UK). Our clinical evaluation process usually takes two working days.

When your cover for a specific condition may end

There are circumstances when treatment may no longer be available.

This is usually when we have previously funded treatment for a condition that later becomes chronic. Once the condition is diagnosed, your care will be provided by the NHS as Bupa does not provide cover for chronic conditions, unless you suffer an acute flare-up of your condition (see page 23).

Drugs prescribed for out-patient treatment, or for taking home when leaving the hospital, are also not covered. However:

- If we do need to stop paying for further treatment of your chronic condition, we will let you know in advance. We will also give you help and guidance on continuing your treatment in the NHS.
- If your treatment is not available through the NHS, we can advise you on alternatives or how you can continue to pay for private treatment.

Section three:

Protecting your information and rights

3.1 Status disclosure

Private health insurance, health expenses insurance, dental insurance and travel insurance are provided by Bupa Insurance Limited and arranged and administered by Bupa Insurance Services Limited as an agent of Bupa Insurance Limited. Subscriptions are collected by Bupa Insurance Services Limited as an agent of Bupa Insurance Limited for the purpose of receiving, holding and refunding subscriptions and claims monies. These companies (using the trading name Bupa) are wholly owned subsidiaries of the British United Provident Association Limited.

Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. The firm reference numbers are 203332 and 312526 respectively. This information can be checked by visiting the Financial Conduct Authority website www.fca.org.uk

Bupa Insurance Limited is registered in England and Wales with company registration No. 3956433 and Bupa Insurance Services Limited is registered in England and Wales with company registration No. 3829851. They have the same registered office: **1 Angel Court, London EC2R 7HJ.**

Getting in touch

The Bupa helpline is always the first number to call if you need help or support.

You can call us on **0345 606 6739**[^].

The Staff at Bupa are trained and supervised to provide our customers and members with information only on Bupa's own insurance products and health related services.

3.2 Cancellation

You may cancel your membership for any reason by calling us on **0800 010 383**[^] or writing to us within the later of 21 days of receipt of your policy documents (including your membership certificate) we send you each year confirming your cover, the cover start date or renewal date of your policy. During this period, if you have not made any claims we will refund all of your subscriptions. After this period of time you can cancel your cover at anytime, we will refund any subscriptions you have paid relating to the period after your cover ends.

[^]We may record or monitor our calls.

You may cancel any of your dependants' membership for any reason by calling us on **0800 010 383**[^] or writing to us within the later of 21 days of receipt of your policy documents (including your membership certificate) we send you each year confirming cover, the cover start date or renewal date of your policy. During this period, as long as no claims have been made in respect of their cover we will refund all of your subscriptions paid in respect of that dependant's cover. After this period of time you can cancel their cover at anytime, we will refund any subscriptions you have paid relating to the period after their cover ends.

3.3 Privacy notice

Our Privacy Notice explains how we take care of your personal information and how we use it to provide your cover. A brief version of the notice can be found in your membership guide or a full copy is online at bupa.co.uk/privacy

3.4 Making a complaint

We are committed to providing you with a first class service at all times and will make every effort to meet the high standards we have set. If you feel that we have not achieved the standard of service you would expect or if you are unhappy in any other way, then please get in touch.

By phone: **0345 606 6739**[^]

In writing: **Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**

By email: customerrelations@bupa.com

Please be aware that information you send to this email address may not be secure unless you send us your email through Egress.

For more information and to sign up for a free Egress account, go to <https://switch.egress.com>. You will not be charged for sending secure emails to a Bupa email address using the Egress service.

How will we deal with your complaint and how long is this likely to take?

If we can resolve your complaint within three working days after the day you made your complaint, we will write to you to confirm this. Where we are unable to resolve your complaint within this time, we will promptly write to you to acknowledge receipt. We will then continue to investigate your complaint and aim to send you *our* final written decision within four weeks from the day of receipt. If we are unable to resolve your complaint within four weeks following receipt, we will write to you to confirm that we are still investigating it.

Within eight weeks of receiving your complaint we will either send you a final written decision explaining the results of *our* investigation or we will send you a letter advising that we have been unable to reach a decision at this time.

[^]We may record or monitor our calls.

If you remain unhappy with *our* response, or after eight weeks you do not wish to wait for *us* to complete *our* review, you may refer your complaint to the Financial Ombudsman Service. You can write to them at: **Exchange Tower, London E14 9SR** or contact them via email at **complaint.info@financial-ombudsman.org.uk** or call them on **0800 023 4567** (calls to this number are free on mobile phones and landlines) or **0300 123 9123** (calls to this number cost no more than calls to 01 and 02 numbers).

For more information you can visit **www.financial-ombudsman.org.uk**

If you refer your complaint to the Financial Ombudsman Service, they will ask for your permission to access information about you and your complaint. *We* will only give them what is necessary to investigate your complaint and this may include medical information. If you are concerned about this, please contact *us*.

Your complaint will be dealt with confidentially and will not affect how *we* treat you in the future. Following the complaints procedure does not affect your right to take legal action.

The European Commission also provides an online dispute resolution (ODR) platform which allows consumers who purchase online to submit complaints through a central site which forwards the complaint to the relevant Alternative Dispute Resolution (ADR) scheme. For *Bupa*, complaints will be forwarded to the Financial Ombudsman Service and you can refer complaints directly to them using the details above. For more information about ODR please visit **http://ec.europa.eu/consumers/odr**

The Financial Services Compensation Scheme (FSCS)

In the unlikely event that *we* cannot meet *our* financial obligations, you may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of your claim.

The FSCS may arrange to transfer your policy to another insurer, provide a new policy or, where appropriate, provide compensation. Further information about compensation scheme arrangements is available from the FSCS on **0800 678 1100** or **020 7741 4100** or on its website at: **www.fscs.org.uk**

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Registered office: 1 Angel Court,
London EC2R 7HJ

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