

Bupa trust guide

Bupa Select guide for trusts

This guide, together with your registration certificate and confirmation of special conditions (if any), explain your benefits under the trust.



Introduction

Your trust rules and benefits

There are three documents which set out full details of how being a **beneficiary** works:

- this trust guide, which contains the general terms and all the possible benefits for Bupa Select trusts
- your **registration certificate**, which shows your specific **benefits** and **allowances** and is personal to you, and
- **confirmation of special conditions**, if any **special conditions** apply, for you or your **dependants** (if any).

Although they're separate documents, you should read them together. Each **year**, we'll send you updated documents which will apply from your latest **start date**.

Need to know

This trust guide contains all the possible benefits under Bupa Select. Your **registration certificate** shows the **benefits** that your **group** has selected and that are available to you. This means you may not have all the benefits set out in this trust guide. Your **registration certificate** could also show changes to the benefits set out in this trust guide that apply to you. Please see the 'Further details' section on your **registration certificate**.

The **trust rules** may be changed from time to time without notice.

Some words in this guide are in bold type. This is because they have a specific meaning which we explain on pages 55 to 63.

References to 'we', 'our' and 'us' mean the **trustee** or **Bupa** acting on their behalf.

Always get in touch with us before you have any consultations, tests or **treatment** to check that they're payable under your **benefits**.

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HealthLine and digital wellbeing services

Our HealthLine services are available to all our customers and are free to use. Digital wellbeing services are available to customers aged 16 and over. We may record or monitor phone calls.

Bupa Anytime HealthLine

If you have any health questions or concerns you can call our confidential Bupa Anytime HealthLine on **0345 607 7777**.

You can speak to our qualified nurses at anytime of the day or night. They have practical, professional experience and skills to help.



Family Mental HealthLine

If you're a parent or care for a young person and are concerned about their mental wellbeing, our confidential Family Mental HealthLine can provide advice, guidance and support. A trained adviser or mental health nurse will give you advice about what to do next.

You can call our Family Mental HealthLine on **0345 266 7938** between 8am and 6pm, Monday to Friday. You can use this service even if the young person isn't a **beneficiary** under the trust.

Menopause HealthLine

You, or anyone included as a **beneficiary** under the **trust**, can talk to one of our menopause-trained nurses. They'll offer advice, guidance, and support, even if you're not sure that you're menopausal. This includes support that you can give to a partner who may be going through the menopause.

You can call our Menopause HealthLine on **0345 608 9984** between 8am and 8pm, every day.

Digital wellbeing services

If you are in the **UK**, our digital wellbeing services on the My Bupa app can help you keep your body and mind healthy. These services provide ways to support your mental and physical health.

Download the My Bupa app to get started.



How to get in touch with us

We're always here for our customers and happy to help.

Bupa digital account

Your own secure online account so you can see your **Bupa** trust documents and a personalised view of your **benefits** in one place wherever you are.

Visit [bupa.co.uk](https://www.bupa.co.uk) to create your account or download the My Bupa app.



Call

For answers to questions about your **benefits** and to ask us to pre-authorise consultations, tests and **treatment**, please call us on the number on your **registration certificate**. We may record or monitor phone calls.



Webchat

For answers to general questions and to ask us to pre-authorise consultations, tests and **treatment**, you can chat with us using your online account, or by visiting [bupa.co.uk](https://www.bupa.co.uk).



If you have hearing or speech difficulties

You can use the Relay UK service. Visit www.relayuk.bt.com for more information.

If you have sight difficulties

We have documents in Braille, large print or audio.

Please let us know if you'd like us to send your documents in any of these formats.



Write

You can write to us at **Bupa, Bupa Place, 102 The Quays, Salford, M50 3SP.**

How to get treatment and claim

We're here to help.

If it's about:

- **cancer**
- muscles, bones and joints, or
- mental health

use our Direct Access service if your **registration certificate** shows it is available to you.

You can call us about your symptoms without needing a referral from a **GP**. We'll provide support and advice, and a referral for consultations, tests or **treatment** if you need them.

You can find more information on the next page.

If Direct Access is not available to you or if you prefer, see a **GP**. This can be a digital **GP**.

If it's about anything else

You'll first need to see a **GP**. This can be your own or a digital **GP**. If you need a consultation, tests or **treatment**, ask the **GP** for an open referral and contact us. We can then help you find a **consultant** or healthcare professional eligible under your **benefits**.

We may also accept referrals from other healthcare professionals. Find out more at bupa.co.uk/referrals.

Need to know

If your **benefits** include any of the 'Well-Health outpatient benefits' (see pages 32 to 34), you don't need a referral to access these.

If you're claiming for cash benefits or health expenses benefits (see pages 35 to 38), please contact us and we'll let you know how to claim.

How to get in touch with us

Call

The helpline number on your **registration certificate**.

We may record or monitor phone calls.

Webchat

bupa.co.uk/contact-us

Bupa digital account

Visit bupa.co.uk or use the My Bupa app.



Important information about your benefits and any claims

For **treatment** to be payable under your **benefits** it needs to be:

- shown as covered on your **registration certificate**
- shown as payable by a tick in this trust guide
- **eligible treatment**, and
- not shown as excluded by a cross in this trust guide.

It's also really important that you follow the process and requirements set out in this trust guide. If you don't, we may not be able to pay your claim.

Here are the general conditions which always apply to your **benefits** and any claims. They're part of your **group's** agreement with us.

Need to know

Any **treatment** that takes place after the date your **benefits** end isn't payable, even if it's been pre-authorised. You'll be responsible for paying for this. Also, **treatment** that takes place after the renewal of your **benefits**, if that **treatment** is no longer payable under your **benefits** won't be payable.

Direct access to treatment and care

You don't always need to see a **GP** before contacting us. If you have our Direct Access service available to you under your **benefits**, you can call us if you're worried about **cancer**, mental health or muscle, bone and joint problems. We'll provide support and advice and a referral for consultations, tests or **treatment** if you need them.

If you have a **GP** referral, we may also offer you a phone or video assessment with a healthcare professional who specialises in your condition. This will allow you to explore all of your **treatment** options.

If you have a Direct Access phone or video assessment you won't need to pay an excess or co-pay for it, and we won't take the cost from your **outpatient** benefit **allowance** (if either of these apply to your **benefits**). However, if you have a **total annual allowance** the cost will count towards your **total annual allowance**. If our Direct Access service refers you for a consultation, tests or **treatment** you may be able to claim for that consultation, test or **treatment**, and we'll explain how to do this after your assessment.

You can find more information about our Direct Access service at bupa.co.uk/direct-access.

Getting a GP referral

If you see a **GP** and you need a consultation, tests or **treatment**, ask for an open referral. This means your **GP** will recommend the type of specialist you need to see instead of naming a specific specialist. When you contact us, we'll use your **GP's** recommendation to help you choose a **fee-assured consultant or healthcare professional**.

Need to know

Your **registration certificate** will show if the open referral cover option applies to you. (Look in the group details section, under cover option.)

If you have the open referral cover option the following conditions apply.

- You must ask for an open referral from a **GP** or our Direct Access service (if this is available for your condition).
- You must contact us before arranging any consultations, tests or **treatment** for pre-authorisation.
- If you need to see a **consultant**, they need to be in our open-referral network - you can check that a **consultant** is in our open-referral network on finder.bupa.co.uk or when you contact us, we'll help you find one.

For anyone aged 17 or under, please ask the **GP** for a named referral.

Before you arrange consultations, tests or treatment

Pre-authorisation

It's important that you contact us before arranging any consultations, tests or **treatment** so we can:

- confirm whether the consultation, test or **treatment** is **eligible treatment** and if it's payable under your **benefits**
- confirm the **consultants**, healthcare professionals, hospitals or clinics recognised by the **trust**
- let you know how to claim for cash benefits or health expenses benefits, if these apply to you (see pages 35 to 38 for more information about these benefits), and
- give you a pre-authorisation number.

We may ask you for information about the history of your symptoms, including details from your **GP** or **consultant**.

You can then contact the **consultant**, healthcare professional, hospital or clinic to arrange an appointment. You'll need to give them your pre-authorisation number so we can pay them for your **treatment** that is payable under your **benefits**. We will write to the **main beneficiary**, or to their **dependant** who is having **treatment** (if they are aged 16 or over), if there is an amount for them to pay in relation to any claim (for example, if they have to pay an excess or co-pay) to explain how much and who to pay.

Need to know

You don't need a pre-authorisation to use the 'Digital GP services' (benefit 1.8) if it's included under your **benefits**. For anything else, if you don't get pre-authorisation from us, you'll be responsible for paying for all **treatment** that we wouldn't have pre-authorised if you'd contacted us before arranging it.

For people aged 17 or under

We always need a named referral for a paediatric **consultant**. If someone aged 17 or under who is a **beneficiary** under the **trust** needs to see a **consultant**, please ask their **GP** for a named referral, and not an open referral. Some private hospitals don't provide services for children or have restricted services available, so **treatment** may be at an **NHS** hospital. Please visit finder.bupa.co.uk to see paediatric services available in your area and contact us before any consultations, tests or **treatment** so we can confirm that these are payable under your **benefits**.

Trust recognised consultants, healthcare professionals, hospitals and facilities

Need to know

Where we say **trust** recognised, we mean recognised by **Bupa** for the purpose of **Bupa UK schemes** and which recognition the **trust** has adopted for the purpose of the **trust rules**.

Your **benefits** for **eligible treatment** costs depend on you using certain **trust** recognised **consultants**, healthcare professionals and **recognised facilities**.

- The facility, **consultant** or healthcare professional must be recognised by the **trust** for treating the medical condition you have, and for providing the type of **treatment** you need on the date you receive that **treatment**.
- If you need **inpatient treatment** or **day-patient treatment** (or both), the **recognised facility** must be part of the **facility access** list which applies to your **benefits** and is shown on your **registration certificate**.
- The person who has overall responsibility for your **treatment** must be a **consultant**, unless the treatment is provided by 'Digital GP services' (benefit 1.8), 'Well-Health outpatient benefits' (WH1 to WH6) or where a **GP** or our Direct Access service, refers you for **outpatient treatment** by a **therapist, complementary medicine practitioner** or **mental health and wellbeing therapist**.

Need to know

If you have the open referral cover option, any **consultant** you see needs to be in our open-referral network.

What we pay consultants for treatment in hospital

We pay **consultant** fees for **treatment** in hospital up to the amounts shown in our **schedule of procedures**. You can find the schedule at bupa.co.uk/codes.

If you see a **consultant** who charges more than we will pay, you may need to pay the difference.

Reasonable and usual charges

We only pay reasonable and usual charges for **eligible treatment**. This means that the amount we will pay **consultants**, healthcare professionals, hospitals and facilities will be in line with what the majority of **Bupa UK's** customers are charged for similar **treatment** or services.

There may be another proven **treatment** available in the **UK** that costs more than the **treatment** that the majority of **Bupa UK's** customers have for the same condition. If the other proven **treatment** doesn't provide a better clinical outcome, we will only pay up to the amount the majority of **Bupa UK's** customers are charged for similar **treatment** or services.

Excess or co-pay

If your **group** has decided an excess or co-pay will apply to your **benefits**, the details will be shown on your **registration certificate**, including:

- the amount
- who has to pay it, and
- when it will apply.

How an excess or co-pay works

Having an excess or co-pay means that you must pay part of any **treatment** costs that would otherwise be payable under your **benefits**, up to the excess or co-pay amounts shown on your **registration certificate**.

If your excess or co-pay applies each **year**, it renews at the beginning of each **year**, even if you're part way through **treatment**. So, you could have to pay the excess or co-pay twice during a single course of **treatment** if your **treatment** begins in one **year** and continues into the next **year**.

If there's an excess or co-pay to pay, we'll write to the **main beneficiary** or the **dependant** having **treatment** (if they're aged 16 or over). We apply your excess or co-pay in the order in which we receive your claims. You don't have to pay the excess or co-pay if you're claiming for cash benefits or health expenses benefits (see pages 35 to 38) or for claims for 'Digital GP services' (benefit 1.8). Your **registration certificate** will show if there are any other **benefits** that your excess or co-pay does not apply to. We'll let you know which **consultant**, healthcare professional, hospital or clinic you need to pay your excess or co-pay to.

Need to know

If you are claiming for **treatment** costs where an **allowance** applies, your excess or co-pay will count towards the **allowance** for that benefit. If you have a **total annual allowance** your excess or co-pay will count towards your **total annual allowance**. Your **registration certificate** will show your specific benefit **allowances** and if a **total annual allowance** applies to you.

Here's an example of how an excess which applies each year works

Helen's trust scheme has a £100 excess which applies each **year**. Helen has some physiotherapy which costs £250. We pay Helen's physiotherapist £150 and we'll let Helen know that she needs to pay them £100 (the excess). If Helen needs other **treatment** (whether it's for the same condition or not) during the **year**, she doesn't need to pay another excess. When Helen's **benefits** renew, the excess will also renew.

Here's an example of how an excess which applies on a 12 month rolling basis works

Helen's trust scheme has a £100 rolling excess which applies in any 12 month period. Helen has some physiotherapy in February 2025 which costs £250. We pay Helen's physiotherapist £150 and we'll let Helen know that she needs to pay them £100 (the excess). If Helen needs other **treatment** (whether it's for the same condition or not) before February 2026, she doesn't need to pay another excess. Helen's excess will only apply again if she needs **treatment** more than 12 months after her physiotherapy in February 2025.

Here's an example of how a co-pay works

Helen's trust scheme has a co-pay of 20% of any **treatment** costs up to a maximum of £500 each **year**. Helen has some physiotherapy which costs £250. We pay Helen's physiotherapist £200 and we'll let Helen know that she needs to pay them £50 (the 20% co-pay). If Helen needs other **treatment** (whether it's for the same condition or not) during the **year**, she needs to pay 20% of the **treatment** costs up to the remaining £450 co-pay.

Need to know

You should always claim for **eligible treatment** even if it costs less than your excess or co-pay. Otherwise, if you need to claim again, your remaining excess or co-pay may be higher than it would have been.

The six-week scheme

Your **registration certificate** will show if you have a six-week scheme.

With the six-week scheme, if the **NHS** cannot offer the eligible **day-patient treatment** or **inpatient treatment** (including diagnostic procedures such as an endoscopy) you need within six weeks of a **consultant** saying that you need it, the cost of you having your **treatment** privately will be payable under your **benefits**.

Need to know

- You must confirm to us each time you need **day-patient** or **inpatient treatment** which isn't available on the **NHS** within six weeks.
- If the eligible **day-patient** or **inpatient treatment** (including any diagnostic procedures such as an endoscopy) you need is available on the **NHS** within six weeks, the cost of you having your **treatment** privately won't be payable under your **benefits**.
- The six-week scheme doesn't apply to **outpatient treatment**, so any eligible private **outpatient treatment** you need will be payable in line with the **trust rules**.

For example:

Jack's consultant tells him on 1 July that he needs to have an **operation**. The **operation** isn't available on the **NHS** until 30 October at the earliest. As this is more than six weeks after his **consultant** says he needs the **operation**, and it's for **eligible treatment**, Jack can have the **operation** privately and the costs will be payable under his **benefits**. If Jack could have had his **operation** on the **NHS** between 1 July and 12 August, the cost of him having it privately wouldn't have been payable under his six-week scheme.

Need to know

If you have NHS cash benefits CB1, CB6.1, CB6.2 and CB7, we don't pay cash benefit for **NHS day-patient treatment** or **NHS inpatient treatment** if the **treatment** you need is available on the **NHS** within six weeks of the **consultant** saying that you need it.

Providing us with information

We may need some information from you to help us with your claim. This might include for example:

- medical reports and other information about the **treatment** you're claiming for
- the results of any independent medical examination we may ask you to have (which we'll pay for), and
- original unaltered invoices for your claim (including any **treatment** costs covered by your excess or co-pay).

We may not be able to review or pay your claim without this information.

Medical reports

We may need to ask your doctor for information about your consultation, tests or **treatment** to see if it's payable under your **benefits**. We'll need your permission to do this, and you have certain rights when it comes to your personal and medical information.

- You can give your doctor permission to send us a medical report without you seeing it first. Or you can ask your doctor to show you the medical report before they send it to us, but you must do this within 21 days from the date we ask them for it.
- If you don't contact your doctor within 21 days to ask to see your medical report, we'll ask them to send it straight to us.
- You can ask your doctor to change the report if you think it's inaccurate or misleading. If they refuse, you can add your own comments to the report before the doctor sends it to us.
- Once you've seen the report, your doctor can't send it to us unless you give them permission to do so.
- You can ask your doctor not to send us the medical report, but if you do this we won't be able to tell you whether your consultation, test or **treatment** is payable under your **benefits**, and we may not be able to pay your claim.
- You can ask your doctor to let you see a copy of your medical report within six months of it being sent to us.
- Your doctor can withhold some or all the information in the report if they believe the information:
 - might cause you or someone else physical or mental harm, or

- would reveal someone else's identity without their permission (unless the person is a healthcare professional, and the information they provide is about your care).
- Your doctor may charge a fee for a medical report. We'll let you know if we'll pay some of this cost.

There are more details about your rights in **The Access to Medical Reports Act 1988** and **The Access to Personal Files and Medical Reports (NI) Order 1991**, which you can find at legislation.gov.uk.

If you'd like to withdraw a claim

Please call us on the number on your **registration certificate** and let us know as soon as possible if you'd like to withdraw a claim you have made. (We may record or monitor phone calls.) You'll need to pay for your **treatment** if you do this. You cannot withdraw a claim we've already paid.

Treatment or costs not payable by your benefits

You're responsible for paying for any consultations, tests, **treatment** or costs that aren't payable by your **benefits**.

Insurance cover

If you have insurance cover for the cost of the **treatment** or services that you are claiming from us, you must provide us with full details of that insurance policy as soon as possible. You must do this either by writing to us or by completing the appropriate section on your claim form. In which case we may need you to make a claim against the insurer for any amounts we have paid under the **trust** and repay the amounts to us.

Underwriting

We look at the risk of providing healthcare **benefits** for someone before a scheme starts. This is known as underwriting. Your **registration certificate** shows the type of underwriting your **group** has chosen to apply to your **benefits**.

Need to know

If your underwriting type is underwritten or moratorium the following conditions apply.

- Your **trust** provides **benefits** for you for health risks that might arise in the future.
- Any conditions, **special conditions**, **pre-existing conditions**, **moratorium conditions**, symptoms, diseases, illnesses or injuries you had before you became a **beneficiary** of the **trust** aren't usually eligible.
- If a **special condition** applies, we'll send a **confirmation of special conditions** to the **main beneficiary** or to the relevant **dependant** (if they're aged 16 or over).
- If you need to claim, we may ask you for some information about your symptoms and when they started before we can pre-authorise any **treatment**.
- At the **start date** you and your **dependants** must have been registered continuously with a **GP** for at least six months or must have access to, and be able to provide, your full medical records in English.

Types of underwriting and how they work

Underwritten

To help you understand what's payable under your **benefits**, when you apply to be a **beneficiary** under the **trust**, we'll look at your medical history (and the medical history of any of your **dependants**, if any), and let you know about **pre-existing conditions** that **benefits** aren't payable for. It's really important that you fill in your application form carefully and send it to us so we can confirm what is and isn't payable under your **benefits**.

Depending on your symptoms and how long you've been a **beneficiary**, when you contact us to make a claim, we may need to check that your symptoms or condition started after you joined the **trust**. We may also ask your doctor for more information, and they may charge for this. We'll let you know if some of the cost will be payable under the **trust**. If not, you'll need to pay for it yourself.

When you join us, if you had a **previous scheme** with another insurer that was underwritten, we may agree to continue with your underwriting terms from your **previous scheme**. We'll need to review your medical history and we'll let you know if there are any conditions that **benefits** aren't payable for. We and your **group** need to agree to this, and there must be no break in you being a **beneficiary** or member of that **previous scheme**.

Moratorium

When you apply to be a **beneficiary** under the **trust**, we don't look at your medical history (or the medical history of any of your **dependants**, if any). Instead, if you claim we may ask you for more information about the history of your symptoms, so we can confirm if **benefits** are payable for the condition or symptoms. We may also need details from your doctor and they may charge for this. If so, you'll need to pay for this yourself.

There are two types of moratorium underwriting.

Fixed moratorium underwriting

When you claim for a condition, you had in the **moratorium qualifying period** before your **moratorium start date**, it will only be payable under your **benefits** after you have had your cover for two consecutive years from your **moratorium start date**. Your **moratorium qualifying period** is shown in the 'Further details' section on your **registration certificate**.

Need to know

After you've had your cover for two consecutive years from your **moratorium start date**, **treatment** of a **moratorium condition** is payable under your **benefits** subject to your **trust rules**.

Rolling moratorium underwriting

When you claim for a condition you had in the **moratorium qualifying period** before your **moratorium start date**, it will only be payable under your **benefits** if you have had your cover for two consecutive years at any time after your **moratorium start date** without having any symptoms, **treatment**, medication, or advice for the condition. Your **moratorium qualifying period** is shown in the 'Further details' section on your **registration certificate**.

Non-underwritten

When you apply to be a **beneficiary** under the **trust**, we won't look at your medical history. So you or your **dependants** (if any), don't need to worry about there being any time periods during which you can't claim for certain conditions.

When you need treatment because of something that was someone else's fault

You may need to claim for **treatment** you need because of an injury or medical condition that was caused by someone else (a 'third party') or was their fault. This could be due to a road accident, an injury or potential clinical negligence. If this happens, you should let us know as soon as possible as we'll need to recover costs we've paid for your **treatment** from the third party. This won't reduce the amount you can claim from the third party.

- Tell us as soon as you know you need (or may need) **treatment** for something that was caused by a third party or was their fault. You can call us on **0800 028 6850** (we may record or monitor phone calls) or email us at **infthirdparty@bupa.com**. If you need to send us sensitive information, you can email us using Egress, which is a free secure email service (visit **switch.egress.com** for more information).
- Tell your solicitor, insurer or representative (if you're using one) that you are a **beneficiary** of a **trust** that may have paid some of the costs.
- Give us your solicitor's, insurer's and representative's details and your permission to contact them.
- Help us to recover the cost of the **treatment** we paid for from the third party. This includes making sure we can communicate with you and your legal representative (if you appoint one) about this, and that you or your legal representative regularly keeps us updated on their progress with any recovery action.
- Ask your solicitor, insurer or representative to include in your claim all the costs we've paid for your **treatment**, plus 8% interest for each year.
- If you agree a settlement with the third party, make sure it includes the full cost of the **treatment** we've paid for, and that you pay this amount (and any interest) to us as soon as possible.





What is payable

Need to know

This section explains all the possible types of **treatment**, services and charges that could be payable under Bupa Select trusts. Your **registration certificate** shows your specific **benefits** and **allowances**. Please also see the 'How to get treatment and claim' on page 6 for details of who can refer you for **treatment** and 'Important information about your benefits and any claims' on page 7. Your **benefits** have some restrictions. It's important that you read the sections that tell you what is and isn't payable. Anything in the 'What isn't payable' section applies to your **benefits** unless it says otherwise.

1. Outpatient consultations and treatment

Benefit	Description	Payable
1.1 Outpatient consultations	Consultants' fees for outpatient consultations for acute conditions .	✓
	Consultants' fees for phone or video consultations for acute conditions .	✓
1.2 Outpatient therapies and other outpatient charges	Therapists' fees for outpatient treatment .	✓
	Therapists' fees for phone or video consultations.	✓
	Therapists' fees for treatment at home if this is recommended by your healthcare professional or offered by us (as long as it's provided by a therapist recognised by us for treatment at home).	✓
	Recognised facility charges for prostheses and appliances that are needed as part of outpatient treatment .	✓
	Recognised healthcare professionals' fees and recognised facility charges for outpatient treatment that aren't described in any other benefit.	✓
1.3 Outpatient complementary medicine	Complementary medicine practitioners' fees for outpatient treatment .	✓
	Complementary or alternative products, preparations or remedies aren't payable.	✗
1.4 Outpatient diagnostic tests	Recognised facility charges or consultants' fees for diagnostic tests if these are requested by your consultant or another healthcare professional (as explained in 'How to get treatment and claim' on page 6) as part of outpatient treatment . The cost of reporting the results is included in the charge for the diagnostic test . Continued on the next page.	✓

Benefit	Description	Payable
1.4 Outpatient diagnostic tests (continued)	<p>Recognised facility charges for diagnostic tests sent to your home if these are recommended by your healthcare professional or offered by us.</p> <p>Need to know</p> <p>Charges for diagnostic tests that aren't from a recognised facility or a consultant who is recognised by us to carry out diagnostic tests aren't payable.</p>	
1.5 Outpatient MRI, CT and PET scans	<p>Recognised facility charges for MRI, CT and PET scans if these are requested by a consultant or another healthcare professional (as explained in 'How to get treatment and claim' on page 6). The cost of reporting the results is included in the charge for the scan.</p>	
1.6 Outpatient monitoring and management of chronic conditions	<p>Your registration certificate shows if this benefit is included under your benefits and your allowance.</p>	
	<p>This benefit is payable for:</p> <ul style="list-style-type: none"> ■ outpatient treatment for monitoring and management of a chronic condition, and ■ therapists' fees for outpatient treatment that, although not likely to quickly cure you or return you to your previous state of health, is clinically appropriate and likely to improve your condition. <p>Need to know</p> <p>We pay for the same types of treatment that are described in outpatient benefits 1.1, 1.2, 1.3 and 1.4. We pay up to the allowance that applies for this benefit 1.6 as shown on your registration certificate.</p>	
	<p>This benefit isn't payable for:</p> <ul style="list-style-type: none"> ■ any treatment that is excluded by the trust rules (including the section 'What isn't payable' in this trust guide, for example, Allergies, allergic disorders or food intolerances (exclusion 3), Outpatient drugs, dressings, complementary and alternative products (exclusion 14), and Sleep problems (exclusion 26)) ■ operations ■ MRI, CT and PET scans ■ treatment of mental health conditions, please see 'Mental health treatment' (benefit 5) ■ eligible treatment of unexpected acute symptoms of a chronic condition that flare up, this would be payable as explained in 'Chronic conditions' (exclusion 6, exception 1). 	
1.7 Diagnosis of gender dysphoria	<p>Your registration certificate shows if this benefit is included under your benefits and your allowance.</p> <p>Continued on the next page.</p>	

Benefit	Description	Payable
<p>1.7 Diagnosis of gender dysphoria (continued)</p>	<p>If you are aged 18 or over, we pay for up to three consultations for the diagnosis of gender dysphoria. Each consultation can be with a consultant psychiatrist or a chartered clinical psychologist who is recognised by us.</p> <p>Need to know</p> <p>This benefit is payable under 'Outpatient consultations' (benefit 1.1) and is subject to any allowance that applies to that benefit. Exclusion 22 'Pre-existing conditions and special conditions' and exclusion 23 'Moratorium conditions' do not apply to this benefit.</p>	✓
<p>1.8 Digital GP services</p>	<p>Your registration certificate shows if this benefit is included under your benefits and your allowance.</p>	
	<p>Consultations with a digital primary care provider (this may include digital consultations with a GP, or another healthcare professional such as a physiotherapist, nurse or pharmacist).</p> <p>Need to know</p> <p>We'll let you know the digital primary care provider you can use to access this benefit.</p> <p>If you use the Digital GP services benefit you won't need to pay an excess or co-pay and we won't take the cost from your outpatient benefit allowance (if either of these apply to your benefits). If you have a total annual allowance, the cost for each appointment will count towards your total annual allowance.</p> <p>If the digital primary care provider refers you for a consultation, tests or treatment, you may be able to claim for that consultation, test or treatment. You must contact us to pre-authorise your treatment and to check it's payable under your benefits.</p>	✓
	<p>Any drugs or medicines prescribed to you by a digital primary care provider are not payable (these maybe payable separately by another benefit).</p>	✗

2. Consultants' fees for hospital treatment

Benefit	Description	Payable
2.1 Consultants' fees for hospital treatment	Consultant surgeons' and consultant anaesthetists' fees for operations payable under your benefits .	✓
	Consultants' fees for day-patient treatment or inpatient treatment .	✓
	Consultants' fees for planning and supervising chemotherapy and radiotherapy if these are part of eligible treatment .	✓

3. Hospital or clinic charges

Need to know

Your **facility access** and the **allowances** we pay are shown on your **registration certificate**. The facility that you use for your **eligible treatment** must be recognised by the **trust** for treating both the medical condition you have and the type of **treatment** you need.

Benefit	Description	Payable
3.1 Outpatient operations	Recognised facility charges for outpatient operations payable under your benefits . This includes the cost of using operating theatres, and equipment, common drugs , advanced therapies , specialist drugs and surgical dressings used during the operation .	✓
3.2a Staying in hospital	Recognised facility accommodation charges, including your meals and refreshments while you're having day-patient treatment or inpatient treatment that is payable under your benefits .	✓
	Personal items (such as newspapers or personal laundry), meals and refreshments for your visitors, and phone calls aren't payable.	✗
	Recognised facility charges for accommodation aren't payable if: <ul style="list-style-type: none"> ■ they're for an overnight stay for treatment that would normally be carried out as outpatient treatment or day-patient treatment ■ they're for a bed for treatment that would normally be carried out as outpatient treatment, or ■ the accommodation is mainly used for: <ul style="list-style-type: none"> – convalescence, rehabilitation, supervision or anything other than eligible treatment – general nursing care or any other services which could have been provided in a nursing home or anywhere else which is not a recognised facility, or – services provided by a therapist or complementary medicine practitioner or mental health and wellbeing therapist. 	✗

Benefit	Description	Payable
3.2b Staying in hospital with a child	Accommodation for one parent each night they need to stay in a recognised facility with their child. The child must be a beneficiary , aged 17 or under and having inpatient treatment . The claim will be paid from the child's benefits .	✓
3.2c Theatre charges, nursing care, drugs and surgical dressings	Operating theatre and nursing care charges, common drugs, advanced therapies, specialist drugs and surgical dressings that are an essential part of your day-patient treatment or inpatient treatment .	✓
	Any drugs or surgical dressings provided or prescribed for outpatient treatment or for you to take home with you when leaving hospital or a clinic aren't payable (these maybe payable separately by another benefit).	✗
	Any extra nursing services in addition to those which would usually be provided by a recognised facility as part of normal patient care without making any extra charge aren't payable.	✗
3.2d Day-patient or inpatient diagnostic tests, MRI, CT and PET scans	Recognised facility charges for diagnostic tests , MRI, CT and PET scans if these are recommended by your consultant as part of day-patient treatment or inpatient treatment .	✓
3.2e Therapies	Recognised facility charges for eligible treatment provided by therapists , if this is needed as part of your day-patient treatment or inpatient treatment .	✓
3.2f Prostheses and appliances	Recognised facility charges for prostheses or appliances that are needed as part of day-patient treatment or inpatient treatment .	✓
	The costs of maintaining, refitting or replacing a prosthesis or appliance if you have acute symptoms that directly relate to the prosthesis or appliance and it was fitted as part of eligible treatment .	✓
	The costs of maintaining, refitting or replacing a prosthesis or appliance if you don't have acute symptoms that are directly related to the prosthesis or appliance aren't payable.	✗

Benefit	Description	Payable
<p>3.2g Intensive care</p>	<p>Intensive care which is essential, follows planned inpatient treatment in a recognised facility, takes place in a critical care unit, and is routinely needed by people having the same type of treatment as you.</p> <p>If your inpatient treatment or day-patient treatment in a recognised facility doesn't routinely need intensive care, and something unexpected happens which means you do need it, your intensive care will be payable if either:</p> <ul style="list-style-type: none"> ■ it is provided in the recognised facility's critical care unit, or ■ the recognised facility doesn't have a critical care unit, but has an agreement with us to follow an emergency protocol to transfer patients to a specific recognised facility critical care unit, which is next to the original recognised facility, or part of the same hospital group. <p>Your consultant or recognised facility will contact us if you're admitted into a critical care unit.</p> <p>There are situations when intensive care isn't payable, and these are explained in 'Accident and emergency treatment' (exclusion 2) and 'Intensive care' (exclusion 18) in the 'What isn't payable' section of this guide.</p> <p>Need to know</p> <p>Transferring into private inpatient care from an NHS hospital</p> <p>If you want to transfer your care from an NHS hospital, or a hospital stay that you're paying for yourself, to a private recognised facility, your eligible treatment costs will be payable under your benefits following the transfer, as long as:</p> <ul style="list-style-type: none"> ■ you've been discharged from a critical care unit to a general ward for more than 24 hours before the transfer ■ the consultants in the hospital you are moving from and the consultants in the recognised facility you are transferring to agree that it's clinically safe and appropriate to transfer your care, and ■ we've had full clinical details from your consultant and confirmed that you're having eligible treatment before the transfer. 	<p style="text-align: center;">✓</p>

4. Cancer treatment

4.1 Cancer cover

Your **registration certificate** will show if you have **cancer** cover. Once **cancer** has been diagnosed, benefits 4.1a to 4.1e apply to your **outpatient treatment** for **cancer**. Sections 1.5, 2, 3, 6, 7 and 8 apply to all other **eligible treatment** for **cancer** that's payable under your **benefits**. **Eligible treatment** for side effects of **cancer**, or side effects of **treatment** for **cancer**, is payable on the same basis as **eligible treatment** for **cancer**. **Treatment** for **mental health conditions** relating to **cancer** is payable as set out in 'Mental health treatment' (benefit 5).

Benefit	Description	Payable
4.1a Outpatient consultations for cancer	Consultants' fees for outpatient consultations for cancer .	✓
	Consultants' fees for phone or video consultations for cancer .	✓
4.1b Outpatient therapies and other outpatient charges for cancer treatment	Therapists' fees for outpatient treatment for cancer .	✓
	Therapists' fees for phone or video consultations.	✓
	Recognised healthcare professionals' fees and recognised facility charges for your outpatient treatment or consultation for cancer .	✓
	Charges for clinical reviews we request to confirm that your treatment is eligible.	✓
4.1c Outpatient complementary medicine treatment for cancer	Complementary medicine practitioners' fees for outpatient treatment for cancer .	✓
	Complementary or alternative products, preparations or remedies aren't payable.	✗
4.1d Outpatient diagnostic tests for cancer	<p>Recognised facility charges or consultants' fees for diagnostic tests if these are requested by your consultant as part of outpatient treatment for cancer. The cost of reporting the results is included in the charge for the diagnostic test.</p> <p>Need to know</p> <ul style="list-style-type: none"> ■ Charges for diagnostic tests that aren't from a recognised facility or a consultant who is recognised by us to carry out diagnostic tests aren't payable. ■ Outpatient MRI, CT and PET scans for cancer are payable under benefit 1.5. 	✓
4.1e Outpatient cancer drugs	<p>Recognised facility charges for common drugs, advanced therapies and specialist drugs specifically for planning and providing outpatient treatment for cancer.</p> <p>Continued on the next page.</p>	✓

Benefit	Description	Payable
4.1e Outpatient cancer drugs (continued)	Benefits aren't payable for: <ul style="list-style-type: none"> ■ common drugs, advanced therapies and specialist drugs that are available from a GP, unless you're prescribed an initial small supply when you're discharged from the recognised facility (so you can start your treatment straight away) ■ common drugs, advanced therapies and specialist drugs that are available to buy without a prescription, or ■ complementary, homeopathic or alternative products, preparations or remedies for cancer. 	X
	If a total annual allowance applies to your benefits , drug treatment for cancer (such as chemotherapy drugs, hormone therapies and biological therapies) where the drug hasn't got a UK license or is not used within its UK license isn't payable.	X
4.2 NHS Cancer Cover Plus	Your registration certificate shows if NHS Cancer Cover Plus is included under your benefits .	
	<p>Eligible treatment for cancer is payable only if the following criteria applies:</p> <ul style="list-style-type: none"> ■ the radiotherapy, chemotherapy, drug therapy or operation you need to treat your cancer isn't available to you on the NHS, and ■ the NHS care that isn't available to you isn't solely supportive medicines for cancer or diagnostic tests, and ■ you receive your treatment for cancer in a recognised facility. <p>Where the above criteria applies:</p> <ul style="list-style-type: none"> ■ your eligible treatment for cancer is payable as explained in 'Cancer cover' (benefit 4.1) and 'Cash benefit for wigs or hairpieces' (CB6.4) and 'Cash benefit for mastectomy bras' (CB6.5) ■ if you have 'NHS cash benefit for treatment for cancer' (benefits CB6.1, CB6.2 and CB6.3) and eligible treatment for cancer is payable as explained in 'Cancer cover' (benefit 4.1), and you have part of your cancer treatment on the NHS, that otherwise would have been payable privately under your benefits, you can claim these cash benefits as explained in: <ul style="list-style-type: none"> – 'NHS cash benefit for NHS inpatient treatment for cancer' (CB6.1) – 'NHS cash benefit for NHS outpatient, day-patient and home treatment for cancer' (CB6.2), and – 'NHS cash benefit for oral drug treatment for cancer' (CB6.3). 	✓
	Where the above criteria doesn't apply, your treatment for cancer isn't payable.	X

5. Mental health treatment

Your **registration certificate** shows if you have benefits for **mental health treatment** and your **allowances**.


Need to know

Mental health treatment for, or relating to, any **special conditions**, **pre-existing conditions** or **moratorium conditions** isn't payable. **Mental health treatment** which relates to anything else listed in the 'What isn't payable' section is payable as explained in this benefit.

We do not pay for **treatment** for dementia.

Benefit	Description	Payable
5.1a Outpatient consultant psychiatrists' fees for mental health conditions	Consultant psychiatrists' fees for outpatient treatment for a mental health condition .	✓
	Consultant psychiatrists' fees for phone or video consultations for a mental health condition .	✓
5.1b Outpatient mental health therapy	Mental health and wellbeing therapists' fees or recognised facility charges for outpatient mental health treatment .	✓
	Mental health and wellbeing therapists' fees for phone or video consultations.	✓
	Online therapy programme (as long as you use the online programme or service we guide you to).	✓
5.1c Outpatient mental health diagnostic tests	Recognised facility charges for diagnostic tests if these are requested by your consultant psychiatrist as part of your outpatient mental health treatment . The cost of reporting the results is included in the charge for the diagnostic test . Need to know Outpatient MRI, CT and PET scans for mental health treatment are payable under benefit 1.5.	✓
5.1d Assessments for neurodiverse conditions	Your registration certificate shows if this benefit is included under your benefits and your allowance . Continued on the next page.	

Benefit	Description	Payable
<p>5.1d Assessments for neurodiverse conditions (continued)</p>	<p>Consultant fees, mental health and wellbeing therapist fees and recognised facility charges for one outpatient assessment (which may include a combination of assessments) for any of the following suspected conditions:</p> <ul style="list-style-type: none"> ■ attention deficit hyperactivity disorder (ADHD) ■ autism spectrum disorder (ASD) ■ dyslexia ■ dyscalculia, or ■ dysgraphia. <p>This benefit is available to beneficiaries aged 6 years or over. Only one outpatient assessment (which may include a combination of assessments) is payable in each person's lifetime. This applies to all Bupa policies and Bupa administered health trusts, which you've been a member or beneficiary of previously, are a beneficiary of now or become a member or beneficiary of in the future.</p> <p>You must use the consultant, mental health and wellbeing therapist and recognised facility we guide you to.</p> <p>Need to know</p> <p>For beneficiaries aged 16 or over, you need to be referred for an assessment by a consultant or GP. For beneficiaries aged 6 to 15, GP referrals are not accepted. You need to be referred by a consultant, or your school Special Educational Needs Coordinator (SENCo) or equivalent. To pre-authorise please contact us.</p>	<p>✓</p>
	<p>Any assessments for screening purposes when there are no signs or symptoms of a neurodiverse condition aren't payable.</p>	<p>✗</p>
<p>5.2 Day-patient and inpatient mental health treatment</p>	<p>Need to know</p> <p>Your registration certificate shows the maximum number of days that are payable under your benefits for day-patient treatment or inpatient treatment for a mental health condition.</p> <p>Consultant psychiatrists' fees for mental health day-patient treatment or mental health inpatient treatment.</p> <p>Recognised facility charges for day-patient or inpatient mental health treatment.</p> <p>Need to know</p> <p>We pay the type of recognised facility charges listed as payable in benefit 3.</p> <p>Continued on the next page.</p>	<p>✓</p> <p>✓</p>

Benefit	Description	Payable
5.2 Day-patient and inpatient mental health treatment (continued)	One addiction treatment programme in each person's lifetime is payable. This applies to all Bupa policies and Bupa administered health trusts, which you've been a member or beneficiary of previously, are a beneficiary of now or become a member or beneficiary of in the future. Addiction treatment programme means treatment of substance related addictions or substance misuse, including detoxifications carried out as inpatient treatment or day-patient treatment .	

6. Treatment at home

Your **registration certificate** shows if this benefit is included under your **benefits** and your **allowances**.

Benefit	Description	Payable
6 Treatment at home	<p>Eligible treatment provided at home instead of inpatient treatment, day-patient treatment or chemotherapy as an outpatient as long as:</p> <ul style="list-style-type: none"> ■ your consultant recommends that you receive the treatment at home and continues to be in charge of your treatment ■ you'd need to have the treatment in a recognised facility for medical reasons if you didn't have it at home, and ■ a medical treatment provider needs to provide the treatment. <p>We need full details of your treatment at home from your consultant before it starts so that we can confirm whether it's payable under your benefits.</p> <p>We pay for:</p> <ul style="list-style-type: none"> ■ consultants' fees for treatment at home as described in benefit 2, and ■ medical treatment providers' fees for treatment at home as described in benefit 3. <p>Need to know</p> <p>Outpatient therapies and diagnostic tests at home are payable under benefit 1 and not under this benefit.</p>	

7. Home nursing after private eligible inpatient treatment

Your **registration certificate** shows if this benefit is included under your **benefits** and your **allowance**.

Benefit	Description	Payable
7 Home nursing after private eligible inpatient treatment	<p>Home nursing immediately after private inpatient treatment as long as it:</p> <ul style="list-style-type: none">■ is for eligible treatment■ is needed for medical reasons and not domestic or social reasons■ starts immediately after you leave a recognised facility■ is necessary and without it you would have to stay in the recognised facility■ is provided by a nurse in your own home, and■ is supervised by your consultant. <p>Before your home nursing starts, we need full details about your care from your consultant so we can confirm that it's payable under your benefits.</p>	✓
	Home nursing provided by a community psychiatric nurse isn't payable.	✗


8. Private ambulance charges

Your **registration certificate** shows if this benefit is included under your **benefits** and your **allowance**.

Benefit	Description	Payable
8 Private ambulance charges	<p>Private road ambulance charges if you need private day-patient treatment or inpatient treatment and an ambulance is medically necessary for travel:</p> <ul style="list-style-type: none">■ to a recognised facility from your home, place of work, or an airport or seaport■ between recognised facilities if you need to move for inpatient treatment, or■ from a recognised facility to your home.	✓

9. Overseas emergency treatment

Your **registration certificate** shows if this benefit is included under your **benefits** and your **allowances**.



Benefit	Description	Payable
9 Overseas emergency treatment	<p>Emergency treatment of an acute condition that you need because of a sudden illness or injury when you are temporarily travelling outside the UK. The treatment must be provided by a consultant, therapist, or complementary medicine practitioner.</p> <p>By temporarily travelling we mean a trip of up to a maximum of 28 consecutive days starting from the date you leave the UK and ending on the date you return to the UK. There is no limit to the number of temporary trips outside the UK that you take each year. We pay for the same types of treatment as set out in benefits 1.1 to 1.5, 2, and 3. We pay up to the allowances that apply for this benefit 9, as shown on your registration certificate.</p> <p>Need to know</p> <p>The emergency treatment must be consistent with generally accepted standards of emergency medical practice in the country in which you are receiving treatment. The treatment must be provided by a consultant, therapist or complementary medicine practitioner who is fully trained and legally qualified to practice by the relevant authorities in the country in which your treatment takes place for the treatment you need.</p> <p>Facility charges are only payable when the facility is registered under the laws of the territory in which it stands as existing primarily for carrying out major surgical operations and providing treatment only a consultant can provide.</p> <p>If we agree your overseas emergency treatment is payable, you'll need to pay for it yourself and send us your itemised dated receipts and invoices. We will pay eligible claims in pound sterling. When we have to make a conversion from a foreign currency to pound sterling, we will use the exchange rate published on Oanda.com on the date you paid for your treatment.</p> <p>Continued on the next page.</p>	

Benefit	Description	Payable
9 Overseas emergency treatment (continued)	<p>Overseas emergency treatment isn't payable if any of the following apply:</p> <ul style="list-style-type: none"> ■ you were given medical advice not to travel abroad ■ you were told before travelling that you were suffering from a terminal illness ■ you travelled abroad to receive treatment ■ you knew you would need the treatment or thought you might ■ the treatment is the type of treatment that is normally provided by GP's in the UK ■ the treatment, services and charges are excluded under your benefits ■ the treatment is provided by a GP, or ■ the treatment you need is outpatient drugs and dressings. <p>Please also see 'Overseas Treatment' (exclusion 20) in the 'What isn't payable' section.</p>	X

10. Repatriation and evacuation assistance

Your **registration certificate** shows if this benefit is included under your **benefits** and your **allowances**.

Benefit	Description	Payable
10 Repatriation and evacuation assistance	<p>Need to know</p> <p>This benefit provides cover towards repatriation and evacuation transport costs if you're ill or injured whilst abroad and you need to be admitted to hospital for day-patient treatment or inpatient treatment with a consultant that cannot be provided in the country or location you are in and it would have been payable in the UK under your benefits.</p> <p>Repatriation or evacuation transport costs are only payable if you don't have any other repatriation or evacuation insurance cover to help you receive the treatment you need.</p> <p>You or somebody on your behalf must call us before any arrangements are made. Please call us on the helpline on your registration certificate. When the helpline is closed, you can call us on +44 (0)1925 361 337. Lines are open 24 hours, 365 days a year. We may record or monitor phone calls.</p> <p>You must provide us or the medical assistance company, with any information we may reasonably ask for, to support your request. All arrangements for your repatriation or evacuation must be made by the medical assistance company and only in advance of your repatriation or evacuation.</p> <p>We only pay transport costs for your repatriation or evacuation. Any other costs related to the repatriation or evacuation such as hotel accommodation or taxis aren't payable. Costs of any treatment you receive aren't payable under this benefit. Only costs we consider to be reasonable are payable. This means the amount we'll pay will be in line with what the majority of Bupa UK's customers are charged for similar services.</p> <p>Continued on the next page.</p>	



Benefit	Description	Payable
10 Repatriation and evacuation assistance (continued)	<p>If we agree to pay towards your repatriation or evacuation transport costs, the following is payable:</p> <ul style="list-style-type: none"> ■ Your repatriation transport costs back to the UK from abroad so you're able to be admitted immediately to a hospital for your day-patient treatment or inpatient treatment. ■ When medically essential, your evacuation transport costs to the nearest medical facility where your day-patient treatment or inpatient treatment is available if it's not available locally. This could be another part of the country you're in or another country, whichever is medically appropriate. Following your treatment, we pay for immediate onward repatriation to a hospital in the UK but only if its medically essential for you to be repatriated to the UK and your day-patient treatment and inpatient treatment needs to continue immediately when you arrive in the UK. ■ A partner or relative to accompany you during your repatriation or evacuation. ■ If you die abroad, we'll pay reasonable transport costs to bring your body back to a port or airport in the UK. 	
	<p>Repatriation or evacuation isn't payable if any of the following apply.</p> <ul style="list-style-type: none"> ■ You travelled abroad despite being given medical advice that you shouldn't travel abroad. ■ You were told before travelling abroad that you were suffering from a terminal illness. ■ You travelled abroad to receive treatment. ■ You knew that you would need treatment before travelling abroad or thought you might. ■ Repatriation or evacuation would be against medical advice. ■ The arrangements for your repatriation or evacuation haven't been made by the medical assistance company. ■ You have separate travel insurance which provides cover for repatriation or evacuation to help you receive the treatment you need. <p>Need to know</p> <p>We or the medical assistance company cannot be held responsible if we are not able to arrange your evacuation or repatriation where the local situation makes it impossible or dangerous to enter the area, for example, a warzone. We also cannot be held responsible for any delays or restrictions associated with arranging transportation that are beyond our control such as weather conditions, remote locations, mechanical problems, or restrictions imposed by local or national authorities.</p>	





Well-Health outpatient benefits

Your **registration certificate** will show which (if any) of these Well-Health benefits are included under your **benefits** and your **allowances**. These **outpatient benefits** are designed to support your personal wellbeing and provide quick access to screening, diagnosis and aftercare for a range of wellbeing worries. If any of these **benefits** apply to you, you don't need a referral to access them. You must call us to pre-authorise any Well-Health benefits on the number on your **registration certificate**.

Need to know

The general exclusions in the 'What isn't payable' section don't apply to any of these Well-Health benefits. Any further **treatment** you need following use of a Well-Health benefit will be subject to your **trust rules**.

Benefit	Description	Payable
<p>WH1 Targeted cancer screening</p>	<p>Targeted cancer screening once each year at a Bupa health centre. These screenings are targeted on early detection of breast, cervical, prostate, testicular and bowel cancer. They include:</p> <ul style="list-style-type: none"> ■ a consultation with a GP including medical history review ■ if clinically indicated a: <ul style="list-style-type: none"> – physical examination of the breast – physical examination of the pelvis – test for human papilloma virus (HPV), cervical screening will be carried out if HPV virus is present – physical examination of the prostate – physical examination of the testicles – prostate-specific antigen (PSA) blood test, and – bowel screening stool test (qFIT). <p>Need to know</p> <p>You must be aged 18 years or over to use this benefit. These screenings are not suitable for anyone showing symptoms. Some of the tests may not be recommended due to your age. This benefit is payable under 'Outpatient consultations' (benefit 1.1) and is subject to any allowance that applies to that benefit.</p>	
<p>WH2 Menopause plan</p>	<p>A Bupa menopause plan once each year at a Bupa health centre. The Bupa menopause plan is intended for those looking for advice and support with menopause.</p> <p>The plan includes:</p> <ul style="list-style-type: none"> ■ a pre-appointment questionnaire and symptom-checker ■ an appointment with a GP specially trained in menopause ■ a personalised care plan, and ■ a follow up appointment with a GP. <p>Need to know</p> <p>You must be aged 18 years or over to use this benefit. This benefit is payable under 'Outpatient consultations' (benefit 1.1) and is subject to any allowance that applies to that benefit. Following your Menopause plan, any treatment you require that's associated with menopause will be subject to your trust rules.</p>	

Benefit	Description	Payable
WH3 Outpatient fertility check	<p>A fertility check once each year at a fertility check facility. A fertility check includes a consultation with a fertility specialist, outpatient tests, and a consultation afterwards to discuss your results.</p> <p>Need to know</p> <p>You must be aged 18 years or over to use this benefit. Any additional fertility service or fertility treatment isn't payable once a fertility check has been completed. Please see 'Birth control, conception and sexual problems' (exclusion 5). This benefit is payable under 'Outpatient consultations' (benefit 1.1) and is subject to any allowance that applies to that benefit.</p>	
WH4 Face to face GP	<p>Planned face-to-face consultations with a GP at a Bupa health centre up to the allowance as shown on your registration certificate.</p> <p>Need to know</p> <p>You must be aged 18 years or over to use this benefit. If the GP refers you for a consultation, tests or treatment you may be able to claim for that consultation, test or treatment. You must contact us to pre-authorise your treatment and to check it's payable under your benefits.</p>	
	<p>Face-to-face GP benefit isn't payable for the following:</p> <ul style="list-style-type: none"> ■ phone or video consultations with a GP ■ any treatment costs other than the consultation cost ■ any preventive treatment or medical services that arise from the consultation, for example, health screening, vaccinations or medical reports, and ■ any drugs or medicines prescribed to you by the GP (these maybe payable separately by another benefit). 	
WH5 Nutrition health	<p>Up to three virtual Bupa nutrition health appointments each year with a lifestyle coach or health adviser provided by a Bupa health centre.</p> <p>The nutrition health benefit is a virtual only benefit. It is intended for those looking for support or guidance with their nutrition and health.</p> <p>Need to know</p> <p>You must be aged 18 years or over to use this benefit. This benefit is payable under 'Outpatient consultations' (benefit 1.1) and is subject to any allowance that applies to that benefit.</p>	

Benefit	Description	Payable
<p>WH6 Men's sexual function plan</p>	<p>A Bupa men's sexual function plan once each year at a Bupa health centre.</p> <p>The men's sexual function plan is intended for those looking for advice, assessment, and support with their sexual function, for example, erectile dysfunction or reduced sex drive.</p> <p>The plan includes:</p> <ul style="list-style-type: none"> ■ a pre-appointment questionnaire and symptom-checker ■ time with a GP ■ blood tests to support diagnosis of symptoms, and ■ a follow up appointment. <p>Need to know</p> <p>You must be aged 18 years or over to use this benefit.</p> <p>This benefit is payable under 'Outpatient consultations' (benefit 1.1) and is subject to any allowance that applies to that benefit.</p> <p>Following your Men's sexual function plan, any treatment you require for sexual problems is not payable. Please see 'Birth control, conception and sexual problems' (exclusion 5).</p>	<p style="text-align: center;">✓</p>

Cash benefits and health expenses benefits

You may be able to claim a payment for some types of **treatment**, or health expenses or CB2 Family cash benefit. Your **registration certificate** shows which (if any) of these apply to your **benefits** and your **allowances**.

Need to know





Please contact us before your **treatment** so we can let you know how to claim.

Benefit	Description	Payable
CB1 NHS cash benefit for NHS hospital inpatient treatment	If you have free NHS inpatient treatment which would have been payable under your benefits if you'd had it privately, you can claim NHS cash benefit for each night you stay in an NHS hospital . Need to know This benefit (CB1) isn't payable in addition to any other NHS cash benefit for treatment that takes place on the same date, apart from 'NHS cash benefit for oral drug treatment for cancer' (benefit CB6.3).	✓
	Any additional NHS hospital charges , such as the cost of an amenity room (a private room you pay for and which you receive NHS treatment in) aren't payable.	✗
	NHS cash benefit isn't payable when you are admitted to and discharged from hospital on the same date.	✗
CB2 Family cash benefit	Family cash benefit is available for the main beneficiary when they have or adopt a child during the year . Please see your registration certificate for full details.	✓
CB3 Optical cash benefit	The following goods and services are payable during your optical cash benefit period for you or a dependant who is aged 16 or over at your or their start date . <ul style="list-style-type: none"> ▪ Routine eye tests provided by an optician. ▪ Glasses or contact lenses prescribed by an optician. ▪ Laser eye surgery to correct your sight as long as you're treated by a consultant or other qualified practitioner. Need to know The optical cash benefit period is two consecutive years (the whole time in which optical cash benefit must be included under your benefits). It begins on the start date when optical cash benefit is included under your benefits . Each two year optical cash benefit period will start once your last one ends.	✓
	Any other optical goods or services aren't payable (for example, sunglasses whether they are prescribed or not).	✗


Benefit	Description	Payable
CB4 Accidental dental injury cash benefit	<p>Dental treatment by a dentist which you or a dependant who is aged 16 or over at your or their start date, need because of an accidental dental injury.</p> <p>Need to know</p> <p>This benefit is only payable if the accidental dental injury and the dental treatment needed as a result takes place while this benefit CB4 is included under your benefits. The dental treatment must take place within six months of the accidental dental injury.</p>	✓
CB5 Prescription cash benefit	<p>Charges for prescribed medicines or devices used to treat a medical condition or symptoms for you or a dependant who is aged 16 or over at your or their start date.</p> <p>This includes charges for:</p> <ul style="list-style-type: none"> ■ NHS or private prescriptions issued by a GP, hospital or consultant ■ drugs or dressings for you to use at home after hospital treatment, if these are prescribed by your consultant or the hospital, and ■ prescription prepayment certificates. 	✓
	<p>Prescription charges for medicines or devices to prevent illness (such as anti-malaria medication) aren't payable.</p>	✗

Benefit CB6 NHS cash benefit for treatment for cancer

Benefit	Description	Payable
CB6.1 NHS cash benefit for NHS inpatient treatment for cancer	<p>Cash benefit for each night you have free NHS inpatient treatment for cancer, which would have been payable under your benefits if you'd had it as a private inpatient and which includes:</p> <ul style="list-style-type: none"> ■ radiotherapy ■ chemotherapy ■ an operation for cancer ■ a blood transfusion, or ■ a bone-marrow or stem-cell transplant. <p>Need to know</p> <p>This benefit (CB6.1) isn't payable in addition to any other NHS cash benefit for treatment that takes place on the same date, apart from 'NHS cash benefit for oral drug treatment for cancer' (benefit CB6.3).</p>	✓
	<p>Any additional NHS hospital charges, such as the cost of an amenity room (a private room you pay for and which you receive NHS treatment in), aren't payable.</p>	✗

Benefit	Description	Payable
CB6.2 NHS cash benefit for NHS outpatient, day-patient and home treatment for cancer	<p>When you have any of the following outpatient, day-patient or home treatments free on the NHS, if they would have been payable under your benefits if you'd had them privately, you can claim for:</p> <ul style="list-style-type: none"> ■ each day you have radiotherapy ■ each day you have chemotherapy, apart from oral chemotherapy, and ■ the day you have an operation for cancer that is eligible treatment for cancer. <p>Need to know</p> <ul style="list-style-type: none"> ■ This benefit (CB6.2) isn't payable in addition to any other NHS cash benefit for treatment that takes place on the same date, apart from 'NHS cash benefit for oral drug treatment for cancer' (benefit CB6.3). ■ This benefit is only paid once, even if you have more than one eligible treatment on the same day. 	
CB6.3 NHS cash benefit for oral drug treatment for cancer	<p>Cash benefit for each three-weekly period of treatment which is provided to you free by the NHS but which would have been payable under your benefits if you'd had it as private treatment, during which you take:</p> <ul style="list-style-type: none"> ■ oral chemotherapy, or ■ oral anti-hormone therapy that isn't available from a GP. <p>Need to know</p> <p>This benefit is payable at the same time as other NHS cash benefits you may be eligible for.</p>	
CB6.4 Cash benefit for wigs or hairpieces	<p>Cash benefit for a wig or hairpiece if you lose your hair during eligible cancer treatment. This cash benefit is paid each time:</p> <ul style="list-style-type: none"> ■ a new cancer is diagnosed, or ■ a previous cancer comes back. <p>If 'NHS Cancer Cover Plus' (benefit 4.2) applies to your benefits, we pay this cash benefit as set out in benefit 4.2.</p>	
CB6.5 Cash benefit for mastectomy bras	<p>Cash benefit for mastectomy bras and prostheses after an eligible mastectomy where a reconstruction isn't done at the same time. This cash benefit is paid once for each mastectomy operation.</p> <p>If 'NHS Cancer Cover Plus' (benefit 4.2) applies to your benefits, we pay this cash benefit as set out in benefit 4.2.</p>	

Benefit CB7 Procedure specific NHS cash benefit

Benefit	Description	Payable
CB7 Procedure specific NHS cash benefit	<p>Cash benefit for some treatments provided to you free on the NHS that would otherwise have been payable under your benefits if you'd had them privately.</p> <p>For information about the treatments this cash benefit is available for, please contact us or go to bupa.co.uk/pscb. These treatments may change from time to time.</p> <p>Need to know</p> <p>This benefit (CB7) isn't payable in addition to any other NHS cash benefit for treatment that takes place on the same date, apart from 'NHS cash benefit for oral drug treatment for cancer' (benefit CB6.3).</p>	

What isn't payable

This section explains the type of **treatment**, services and charges which aren't payable under your **benefits** and the exceptions when **benefits** are available. The 'What is payable' section of this trust guide, your **registration certificate** and any **confirmation of special conditions** will also show any **treatment** or conditions that aren't payable. This section doesn't apply to:

- 'Well-Health outpatient benefits' WH1 to WH6
- 'Digital GP services' benefit 1.8, and
- Cash benefits CB2 to CB5.

Mental health treatment for, or relating to, **special conditions**, **pre-existing conditions** and **moratorium conditions** isn't payable. **Mental health treatment** which relates to anything else in this section is payable as explained in 'Mental health treatment' (benefit 5).

Exclusion	Description	Payable
1 Ageing, menopause and puberty	Treatment to relieve symptoms linked to the body's natural changes, such as ageing, menopause or puberty, and not due to any disease, illness or injury, isn't payable (for example, acne which is caused by natural hormonal changes).	✗
	Exception: eligible treatment of an acute condition that develops during menopause, such as heavy bleeding (menorrhagia) or urinary incontinence, is payable in line with the other trust rules . Need to know If your benefits include 'Menopause plan' (benefit WH2), advice and support associated to menopause symptoms is payable as set out in 'Menopause plan' (benefit WH2).	✓
2 Accident and emergency treatment	Any accident and emergency treatment , including immediate care, provided by an NHS or private accident and emergency (A&E) department, urgent care or walk-in clinic isn't payable.	✗
	Any urgent treatment or treatment you need immediately when you are admitted to hospital, including accommodation costs, isn't payable if you are admitted directly after and in connection with: <ul style="list-style-type: none"> ■ attending an NHS or private A&E department, an urgent care centre or a walk-in clinic, or ■ a consultation with a GP or consultant. Need to know After any urgent or immediate treatment has been completed, your benefits may cover any further treatment you need. Please contact us and we can let you know how we can support you. Continued on the next page.	✗

Exclusion	Description	Payable
2 Accident and emergency treatment (continued)	<p>Exception: day-patient or inpatient treatment, including immediate treatment, which directly follows a consultation with a consultant is payable if:</p> <ul style="list-style-type: none"> ■ you have been having eligible treatment with that consultant before the date of your day-patient treatment or inpatient treatment, and the day-patient treatment or inpatient treatment is related to the condition or treatment you have seen that consultant for, or ■ it is for mental health treatment. <p>We need full details of your treatment from your consultant before it starts so that we can confirm whether it's payable under your benefits.</p> <p>Need to know</p> <p>We don't pay for any of your treatment costs if you're admitted straight into a critical care unit, please see 'Intensive care' (exclusion 18).</p>	✓
3 Allergies, allergic disorders or food intolerances	<p>Treatment isn't payable once an allergic condition, disorder or food intolerance has been diagnosed. This includes tests to identify the exact allergen or food involved, or to desensitise or neutralise any allergic condition.</p>	✗
	<p>Exception: treatment to diagnose a suspected allergy or food intolerance is payable.</p>	✓
4 Benefits that are not payable or are above your allowances	<p>Treatment, services or charges that aren't listed as payable under your benefits aren't payable.</p>	✗
	<p>Any costs above your allowances aren't payable.</p>	✗
5 Birth control, conception and sexual problems	<p>Treatment isn't payable for:</p> <ul style="list-style-type: none"> ■ contraception, sterilisation or termination of pregnancy ■ sexual problems (including impotence, whatever the cause), or ■ fertility treatment such as assisted reproduction, fertility investigations, IVF, surrogacy, harvesting of (collecting) donor eggs or donor sperm. <p>Need to know</p> <p>If your benefits include 'Outpatient fertility check' (benefit WH3) or a 'Men's sexual function plan' (benefit WH6), these are payable as set out in these benefits.</p>	✗

Exclusion	Description	Payable
<p>6 Chronic conditions</p>	<p>Treatment of chronic conditions isn't payable. By this, we mean a disease, illness or injury which has at least one of the following characteristics.</p> <ul style="list-style-type: none"> ■ It needs ongoing or long-term monitoring through consultations, examinations, check-ups or tests. ■ It needs ongoing or long-term control or relief of symptoms. ■ It needs rehabilitation or for you to be specially trained to cope with it. ■ It continues indefinitely. ■ It doesn't have a known cure. ■ It comes back or is likely to come back. <p>Treatment for expected flare-ups of a chronic condition isn't payable under your benefits. This is because the treatment is part of the ongoing management of the condition. For example, conditions where symptoms come and go, such as inflammatory bowel disease. There may be times when symptoms are severe (a flare-up), followed by long periods when there are few or no symptoms (remission). These are called 'relapsing and remitting conditions' and aren't payable because the flare-ups are an expected part of the condition.</p> <p>Need to know</p> <p>Sometimes, it may not be immediately clear that the disease, illness or injury being treated is a chronic condition. Once a condition is confirmed as being chronic, any further consultations, tests or treatment aren't payable under your benefits. If this happens during a hospital stay, we'll help you transfer to the NHS or you can arrange to pay for the treatment yourself.</p>	<p>✗</p>
	<p>Exception 1: eligible treatment of unexpected acute symptoms of a chronic condition that flare up and don't need prolonged treatment is payable, as long as the treatment is likely to quickly:</p> <ul style="list-style-type: none"> ■ lead to a complete recovery, or ■ get you back to how you were before the flare-up. <p>For example, treatment following a heart attack as a result of chronic heart disease is payable.</p>	<p>✓</p>
	<p>Exception 2: eligible treatment of cancer and mental health conditions is payable if your registration certificate shows you have benefits for these. You can find details of what is payable in 'Cancer treatment' (benefit 4) and 'Mental health treatment' (benefit 5) in the 'What is payable' section of this guide.</p> <p>Please also see 'Temporary relief of symptoms' (exclusion 29) in this section.</p>	<p>✓</p>
	<p>Exception 3: if your benefits include 'outpatient monitoring and management of chronic conditions' (benefit 1.6), outpatient monitoring and management of chronic conditions is payable as set out in benefit 1.6.</p>	<p>✓</p>

Exclusion	Description	Payable
7 Treatment or medical conditions that are not payable, and their complications	<p>Benefits aren't payable for:</p> <ul style="list-style-type: none"> ■ treatment or medical conditions that are excluded from your benefits ■ treatment for complications of medical conditions that are excluded from your benefits, or ■ treatment for complications from treatment that is excluded from your benefits. 	<p>✗</p>
8 Contamination, wars, riots and terrorist acts	<p>Treatment isn't payable for any condition directly or indirectly arising from:</p> <ul style="list-style-type: none"> ■ wars, riots, terrorist acts, civil disturbances or acts against any foreign hostility, whether or not war has been declared, or ■ chemical, biological, radioactive or nuclear contamination, including the effects of burning chemicals or nuclear fuel. 	<p>✗</p>
	<p>Exception: eligible treatment needed following a terrorist act is payable as long as the act doesn't cause chemical, biological, radioactive or nuclear contamination.</p>	<p>✓</p>
9 Convalescence, rehabilitation and general nursing care	<p>Accommodation isn't payable if it's mainly for:</p> <ul style="list-style-type: none"> ■ convalescence, rehabilitation, supervision or anything other than providing eligible treatment ■ general nursing care or other services which could be provided in a nursing home or anywhere else which isn't a recognised facility, or ■ services from a therapist, complementary medicine practitioner or mental health and wellbeing therapist. <p>Need to know</p> <p>This does not apply to addiction treatment programmes if they are payable by your benefits under 'Mental health treatment' (benefit 5).</p>	<p>✗</p>
10 Cosmetic, reconstructive or weight-loss treatment	<p>Treatment isn't payable even if it's needed for medical or psychological reasons, if:</p> <ul style="list-style-type: none"> ■ it's to change your appearance, such as surgery to reshape your nose, a facelift or a breast enlargement ■ an intended result of the treatment is weight loss, whether this is a direct or indirect result and even if the treatment may cure or relieve other conditions or symptoms (for example, bariatric surgery) ■ it involves removing healthy (not diseased) or surplus tissue or fat (liposuction), such as breast reduction as treatment for backache or men's breast swelling (gynaecomastia), or ■ it's to reduce scarring, including keloid scars. <p>Continued on the next page.</p>	<p>✗</p>

Exclusion	Description	Payable
10 Cosmetic, reconstructive or weight-loss treatment (continued)	<p>Exception 1: eligible treatment to remove a lesion is payable if:</p> <ul style="list-style-type: none"> ■ a biopsy shows, or a consultant believes, that the lesion is diseased ■ the lesion stops you from being able to see, smell or hear ■ the lesion causes pressure on your organs, or ■ the lesion stops you from being able to carry out activities of daily living. 	✓
	<p>Exception 2: eligible operations following an accident, eligible cancer surgery or eligible preventive surgery (prophylactic surgery) to restore the appearance of the affected part of your body are payable.</p> <p>This includes operations on a healthy breast to make its appearance match the other breast which has been reconstructed following cancer surgery. Once you've had initial eligible treatment to restore your appearance (including delayed operations), any repeat operations, reconstructions and further treatment to restore or amend your appearance aren't payable.</p>	✓
11 Deafness	<p>Treatment for or arising from deafness that is present from birth, or that develops due to maturing or ageing isn't payable.</p>	✗
	<p>Exception: treatment for deafness caused by an infection, injury or tumour is payable.</p>	✓
12 Dental or oral treatment	<p>Dental and oral treatment isn't payable. This includes:</p> <ul style="list-style-type: none"> ■ fitting dental implants or dentures, or repairing or replacing damaged teeth, including crowns, bridges, dentures, or any other dental prosthesis ■ management of, or treatment for, jaw shrinkage or loss as a result of having teeth removed or gum disease, and ■ bone disease treatment for gum or tooth disease or damage. 	✗
	<p>Exception 1: if cancer treatment is payable under your benefits, eligible treatment for oral cancer treatment is payable as set out in 'Cancer treatment' (benefit 4).</p>	✓
	<p>Exception 2: an eligible operation is payable if it is carried out by a consultant to:</p> <ul style="list-style-type: none"> ■ treat a jawbone cyst, as long as it's not for a cyst or abscess on the tooth root, or any other tooth gum disease or damage, or ■ surgically remove a complicated, buried or impacted tooth or root, which is causing infection or pain (such as an impacted wisdom tooth), as long as it's not to make space for dentures. 	✓
13 Dialysis	<p>Treatment for or linked to kidney dialysis (haemodialysis and peritoneal dialysis) isn't payable.</p> <p>Continued on the next page.</p>	✗

Exclusion	Description	Payable
13 Dialysis (continued)	<p>Exception: eligible treatment for short-term kidney dialysis or peritoneal dialysis is payable if it's needed:</p> <ul style="list-style-type: none"> temporarily for sudden kidney failure caused by a disease, illness or injury affecting another part of your body, or immediately before or after a kidney transplant. 	✓
14 Outpatient drugs, dressings, complementary and alternative products	Drugs or surgical dressings provided or prescribed for outpatient treatment or for you to take home when you leave hospital or a treatment facility aren't payable.	✗
	Complementary or alternative therapy products aren't payable. This includes homeopathic remedies.	✗
	Exception: if cancer treatment is payable under your benefits, outpatient common drugs, advanced therapies and specialist drugs for eligible treatment of cancer are payable only as set out in 'Cancer treatment' (benefit 4).	✓
15 Unproven drugs and treatment	<p>Treatment or procedures which are, in our reasonable opinion, unproven based on established medical practice in the UK aren't payable. This includes:</p> <ul style="list-style-type: none"> drugs used outside their licence or procedures which haven't been satisfactorily reviewed by NICE (National Institute for Health and Care Excellence), and licensed advanced therapies for conditions other than cancer that haven't been tested in phase-3 clinical trials. 	✗
	<p>Exception: if a total annual allowance doesn't apply to your benefits, unproven drug treatment for cancer is payable as long as:</p> <ul style="list-style-type: none"> it follows an unsuccessful initial licensed treatment you speak regularly to our nurses, so we can support you and monitor your treatment, and it has been agreed by a multidisciplinary team (MDT) which meets the NHS Cancer Action Team standards. <p>Before we can confirm the treatment is payable we'll need a detailed MDT report, including evidence that there are published phase-3 clinical trial results for the drug showing that it's safe and effective for your condition. Please contact us for more information or ask your consultant to contact us.</p> <p>Need to know</p> <p>If a total annual allowance applies to your benefits, unproven drug treatment for cancer isn't payable.</p>	✓
16 Eyesight	Treatment to correct your eyesight (for example, long or short sight) or treatment for poor sight due to ageing isn't payable. Glasses or contact lenses aren't payable.	✗
	Laser-assisted cataract surgery isn't payable. Continued on the next page.	✗

Exclusion	Description	Payable
16 Eyesight (continued)	Exception 1: eligible treatment for your sight is payable if it's needed as a result of an injury or an acute condition , such as a detached retina.	✓
	Exception 2: eligible treatment for cataract surgery performed using ultrasonic emulsification is payable.	✓
17 Epidemic or pandemic disease	<p>Treatment for or arising from an epidemic or pandemic isn't payable.</p> <p>Need to know</p> <p>Epidemic means significantly more cases of an illness, specific health-related behaviour or other health-related events in a community or region than would normally be expected (unless the World Health Organization provides another definition). Pandemic means the worldwide spread of a disease with epidemics in many countries and most regions of the world.</p>	✗
18 Intensive care	<p>Intensive care isn't payable if:</p> <ul style="list-style-type: none"> ■ it follows a transfer from a private recognised facility to an NHS hospital ■ it follows a transfer from an NHS critical care unit to a private one ■ it's not carried out in a critical care unit, or ■ you go straight into a critical care unit when you're admitted to hospital, for example, following: <ul style="list-style-type: none"> – an NHS transfer to a recognised facility – an outpatient consultation – a GP referral – return to the UK (repatriation), or – transferring from one private facility to another. 	✗
19 Learning difficulties, behavioural and development conditions	Treatment for learning difficulties, such as dyslexia isn't payable.	✗
	Treatment for behavioural conditions, such as attention deficit hyperactivity disorder (ADHD) and autistic spectrum disorder (ASD) isn't payable.	✗
	Treatment for development conditions such as shortness of stature isn't payable.	✗
	Exception: if your benefits include 'Assessments for neurodiverse conditions' (benefit 5.1d), an outpatient assessment for neurodiverse conditions is payable as set out in benefit 5.1d.	✓
20 Overseas treatment	Treatment you have outside of the UK isn't payable.	✗
	<p>Exception 1: if your benefits include 'Overseas emergency treatment' (benefit 9), treatment needed as a result of a sudden illness or injury when you're travelling outside the UK is payable, but only as set out in benefit 9.</p> <p>Continued on the next page.</p>	✓

Exclusion	Description	Payable
<p>20 Overseas treatment (continued)</p>	<p>Exception 2: if treatment for your condition isn't available in the UK but would have been eligible treatment if it were available in the UK, we'll pay up to the cost of the standard alternative treatment which is routinely available in the UK. You'll need to pay the difference between the cost of treatment abroad and the cost of the standard alternative treatment which is routinely available in the UK. We need full details of the treatment from your consultant before it starts, including confirmation that the treatment is not available in the UK, so that we can confirm whether it's payable under your benefits.</p> <p>Need to know</p> <p>If we agree to pay towards your treatment abroad, you'll need to pay for it yourself and send us your receipts so we can pay your claim up to the cost of the standard alternative treatment which is routinely available in the UK.</p> <p>Please also see 'Unproven drugs and treatment' (exclusion 15) in this section.</p>	<p>✓</p>
<p>21 Physical aids and devices</p>	<p>Treatment for supplying or fitting physical aids and devices isn't payable. This includes hearing aids, glasses, contact lenses, crutches and walking sticks.</p> <p>Exception 1: recognised facility charges for prostheses or appliances that are needed as part of outpatient treatment, day-patient treatment or inpatient treatment are payable as set out in 'Outpatient therapies and other outpatient charges' (benefit 1.2) and 'Prostheses and appliances' (benefit 3.2f).</p> <p>Exception 2: the costs of maintaining, refitting or replacing a prosthesis or appliance which was fitted as part of eligible treatment are payable if you have acute symptoms that directly relate to the prosthesis or appliance, as set out in 'Prostheses and appliances' (benefit 3.2f).</p>	<p>✗</p> <p>✓</p> <p>✓</p>
<p>22 Pre-existing conditions and special conditions</p>	<p>Your registration certificate shows the type of underwriting your group has chosen to apply to your benefits.</p> <p>If your underwriting type is underwritten:</p> <ul style="list-style-type: none"> ■ treatment of pre-existing conditions isn't payable (this includes any special conditions listed on any confirmation of special conditions we send you), and ■ treatment of any condition, symptom, disease, illness or injury resulting from pre-existing conditions or special conditions isn't payable. <p>Need to know</p> <p>If you have a special condition on your scheme and you're unlikely to need treatment for it in the future, you can ask us to review it when your benefits are due to renew. We'll let you know if we can and whether it can be payable under your benefits in the future.</p> <p>We'll need a medical report from your doctor. If there is a charge for the medical report, you'll need to pay this as it isn't payable under your benefits.</p>	<p>✗</p>

Exclusion	Description	Payable
23 Moratorium conditions	<p>Your registration certificate shows the type of underwriting your group has chosen to apply to your benefits.</p> <p>If your underwriting type is moratorium:</p> <ul style="list-style-type: none"> ■ treatment of moratorium conditions isn't payable ■ treatment of any condition, symptom, disease, illness or injury resulting from moratorium conditions isn't payable. 	✗
24 Pregnancy and childbirth	<p>Treatment isn't payable for:</p> <ul style="list-style-type: none"> ■ pregnancy, including treatment of an embryo or foetus ■ childbirth (including delivery of a baby by caesarean section), or ■ termination of pregnancy, or any condition resulting from this. 	✗
	<p>Exception 1: eligible treatment of the conditions below, including complications following them, is payable.</p> <ul style="list-style-type: none"> ■ Miscarriage ■ Stillbirth ■ Abnormal cell growth in the womb (hydatidiform mole) ■ Foetus growing outside the womb (ectopic pregnancy) ■ Heavy bleeding immediately after childbirth (post-partum haemorrhage) ■ Part of the afterbirth being left in the womb after having a baby (retained placental membrane). 	✓
	<p>Exception 2: eligible treatment of an acute condition of the beneficiary (mother) that relates to pregnancy or childbirth is payable as long as:</p> <ul style="list-style-type: none"> ■ it's needed to treat a flare-up, and ■ it's likely to lead to a quick and complete recovery of the mother or restore her to how she was before the condition flared up, without needing prolonged treatment. 	✓
25 Screening, monitoring and preventive treatment	<p>Health checks and screening aren't payable. Health screening is where you may or may not know that you're at risk of, or affected by, a disease or its complications, and answer questions or have tests to find out if you are.</p>	✗
	<p>Routine tests or monitoring of medical conditions isn't payable. This includes:</p> <ul style="list-style-type: none"> ■ antenatal care or screening of the mother or foetus during pregnancy ■ checks or monitoring of chronic conditions such as diabetes mellitus or high blood pressure (hypertension), and ■ tests or procedures which, in our reasonable opinion based on established clinical and medical practice, are for screening or monitoring (for example, an endoscopy, when you don't have any symptoms). <p>Continued on the next page.</p>	✗

Exclusion	Description	Payable
25 Screening, monitoring and preventive treatment (continued)	Preventive treatment , procedures or medical services aren't payable. This includes: <ul style="list-style-type: none"> ■ vaccinations, and ■ medication reviews and appointments where there's no change in your usual symptoms. 	✗
	Exception 1: genetic tests to measure your future risk of cancer are payable if: <ul style="list-style-type: none"> ■ cancer treatment is payable under your benefits ■ you're being treated for cancer ■ you have a strong direct family history of cancer, and ■ your consultant recommends the test. We'll need full details of your treatment from your consultant before it starts so that we can confirm whether it's payable under your benefits .	✓
	Exception 2: if an eligible genetic test shows your risk of developing more cancers is high, preventive surgery (prophylactic surgery) recommended by your consultant is payable. Reconstructive surgery following eligible preventive surgery is also payable, as described in 'Cosmetic, reconstructive or weight-loss treatment' (exclusion 10 under exception 2 in the 'What isn't payable' section).	✓
	Exception 3: if cancer treatment is payable under your benefits , eligible treatment to monitor cancer , is payable as described in 'Outpatient consultations for cancer' (benefit 4.1a in the 'What is payable' section) and 'Outpatient diagnostic tests for cancer' (benefit 4.1d in the 'What is payable' section).	✓
	Exception 4: if your benefits include 'Outpatient monitoring and management of chronic conditions' (benefit 1.6), outpatient monitoring and management of chronic conditions is payable as set out in benefit 1.6.	✓
	Need to know If your benefits include 'Targeted cancer screening' (benefit WH1), targeted cancer screening is payable as set out in benefit WH1.	
26 Sleep problems	Treatment for or needed as a result of sleep problems such as insomnia, snoring or sleep apnoea (temporarily stopping breathing during sleep) isn't payable.	✗
27 Speech and language disorders	Treatment for, or relating to, developmental speech, language and communication difficulties, including stammering, isn't payable.	✗
	Exception 1: short-term speech therapy provided by a therapist is payable when it's part of eligible treatment and takes place during or immediately after it. Continued on the next page.	✓

Exclusion	Description	Payable
27 Speech and language disorders (continued)	Exception 2: up to 12 sessions of speech therapy is payable for acute symptoms of glue ear which affect speech development.	✓
28 Gender dysphoria or gender affirmation	Treatment for gender dysphoria or gender affirmation isn't payable.	✗
	Exception: if your benefits include 'Diagnosis of gender dysphoria' (benefit 1.7) and you are aged 18 or over, outpatient consultations for the diagnosis of gender dysphoria are payable as set out in benefit 1.7.	✓
29 Temporary relief of symptoms	Treatment which is mainly to temporarily relieve symptoms or is for the ongoing management of a condition isn't payable.	✗
	Exception 1: up to 21 days of treatment to support your end-of-life care for a terminal illness is payable if: <ul style="list-style-type: none"> it's needed as part of your care plan your consultant tells you that the ongoing treatment will be to support your end-of-life care, and you're no longer receiving treatment to stop or improve the illness. Treatment can take place in a Bupa recognised facility or in another location of your choice, such as your home . The treatment must be provided by services registered with the CQC (Care Quality Commission). This treatment is payable on the same basis as 'Consultants' fees for hospital treatment' (benefit 2.1) and 'Staying in hospital' (benefit 3.2a). This benefit can only be claimed once.	✓
	Exception 2: if your benefits include 'Outpatient monitoring and management of chronic conditions' (benefit 1.6), outpatient monitoring and management of chronic conditions is payable as set out in benefit 1.6.	✓
30 Unrecognised healthcare professionals, hospitals and clinics	We don't pay for any of your treatment costs, from any consultants , healthcare professionals, hospitals, clinics or any treatment facility if your treatment is provided under the care or supervision of a consultant who isn't trust recognised for: <ul style="list-style-type: none"> treating the medical condition you have, or providing the treatment you need. This includes treatment provided under the care or supervision of consultants who are not in our open-referral network, if the open referral cover option applies to your benefits .	✗
	We don't pay for any part of your treatment costs for day-patient or inpatient treatment that takes place in a hospital, clinic or treatment facility that isn't included in the facility access list that applies to your benefits or isn't trust recognised for the type of treatment you need or treating the medical condition you have. Continued on the next page.	✗

Exclusion	Description	Payable
30 Unrecognised healthcare professionals, hospitals and clinics (continued)	We don't pay any treatment costs from consultants , healthcare professionals, hospitals, clinics or treatment facilities that aren't trust recognised for the type of treatment you need or medical condition you have.	✗
	Exception: if, for medical reasons, your day-patient or inpatient treatment can't take place in a recognised facility , we may cover your treatment somewhere else. We need full details of your treatment from your consultant before it starts so that we can confirm whether it's payable under your benefits .	✓
31 Advanced therapies and specialist drugs	Any gene therapy, somatic-cell therapy and tissue engineered medicines that aren't on the list of advanced therapies that applies to your benefits aren't payable. You can find the list of advanced therapies at bupa.co.uk/policyinformation .	✗
	Any drugs or medicines which the recognised facility charges separately for that aren't common drugs or specialist drugs aren't payable.	✗
32 Leg varicose veins	Only one operation on each leg for varicose veins is payable in each person's lifetime (both legs treated on the same day counts as one operation on each leg). Any further operations for varicose veins aren't payable. Need to know This applies to each person's lifetime, and includes operations provided under all Bupa policies and Bupa administered health trusts, which you've been a member or beneficiary of previously, are a beneficiary of now or become a member or beneficiary of in the future.	✗
	Exception: the following treatment for leg varicose veins is payable. <ul style="list-style-type: none"> ■ If you still have symptoms following an operation for varicose veins, we pay a single sclerotherapy treatment within six months of your operation. ■ Any eligible consultations and diagnostic tests needed for your operation. 	✓

How your health trust works



How your trust works

The **trust** is funded by your employer, based on an estimate of the likely claims costs during the **year**. The **trustee** has the power to delegate the administration and payment of healthcare benefits under the **trust** and has currently done so to Bupa Insurance Services Limited (**Bupa**). This is different to an insurance arrangement as **Bupa** is not responsible for meeting the cost of claims – instead it's your employer's responsibility to fund the **trust** and **Bupa** can only pay claims out of the funds that your employer has provided.

Where you see 'we', 'our' or 'us' in this guide it means the **trustee** or **Bupa** acting on their behalf.

In order for **Bupa** to administer and pay claims on behalf of the **trustees**, **Bupa** needs to process **beneficiaries'** special category information. Each **beneficiary** has a right to withdraw their permission for this processing, but if they do **Bupa** can no longer administer and pay claims on behalf of the **trustees** for that **beneficiary**. If you have any **dependant beneficiaries** you must make sure they are aware of the contents of this trust guide and the 'Privacy notice' at the end of this guide.

The documents that set out your benefits

There are three documents which set out full details of how being a **beneficiary** works:

- This trust guide which contains the general terms and exclusions, and all possible benefits for Bupa Select trusts.
- Your **registration certificate** which shows your specific **benefits** and **allowances**, when your **benefits** start and end and is personal to you.
- A **confirmation of special conditions** (if any apply), which we will send to the **main beneficiary** or to the **dependant** (if they are aged 16 or over).

Although these are separate documents, you should read them together as a whole. Each **year**, we'll send you a **registration certificate** and a trust guide, both of which apply from your latest **start date**.

Need to know

This trust guide contains all the possible benefits available under Bupa Select. Your **registration certificate** shows the **benefits** that your **group** has selected for you. This means you may not have all the **benefits** set out in this trust guide.

Paying for treatment

We only pay for **treatment** you have while you're a **beneficiary** under the **trust** and we only pay for **treatment** in line with the **benefits** that apply to you on the date the **treatment** takes place. **Benefits** aren't payable for any **treatment** that takes place after the date you stop being a **beneficiary**, even if we've pre-authorised it.

Benefits are only payable under the **trust** if we have sufficient funds to meet the costs of the claim, taking into account the cost of **treatment** that we've already approved. Should there be insufficient funds, we'll ask your employer to top-up the **trust** fund, although they aren't obliged to do so.

When you receive private medical **treatment** you have a contract with the providers of your **treatment**. You are responsible for the costs of having private **treatment**. However, we pay the costs for which you're eligible under your **benefits**. If your **treatment** isn't payable under your **benefits**, you'll be responsible for paying the costs of that **treatment** to your treatment provider.

We don't provide private **treatment** or any other clinical services that you receive under your **benefits**. In many cases we have agreements with **consultants**, healthcare professionals, hospitals and clinics for how much they charge our customers for **treatment** and how we pay them. We'll usually pay the **consultant**, healthcare professional, hospital or clinic direct for your **treatment**. Otherwise, we'll pay the **main beneficiary**. We'll write to the **main beneficiary** or to their **dependant** who is having **treatment** (if they are aged 16 or over), if there is an amount for them to pay in relation to any claim (for example, if they have to pay an excess or co-pay) to explain how much and who to pay.

Changes to lists

Where we refer to a list that we can change, which has been adopted by the **trust** for the purpose of the **trust rules**, it will be for one or more of the following reasons.

- We are required to make a change under any industry code, law or regulation that applies.
- A contract (for example, with a treatment provider) ends or is amended by a third party for any reason.
- We decide to end or amend a contract (for example, because of quality concerns or changes to the facilities or specialist services provided).
- To make sure we are providing a balanced service – for example, we may need to add or remove treatment providers if we find that services in some areas of the **UK** are no longer in line with similar **treatments** or services (in terms of effectiveness or cost) or are not in line with accepted standards of medical practice.
- A new service, **treatment** or facility is available.

The lists we may change include the following.

- **Advanced therapies**
- **Appliances**
- **Complementary medicine practitioners**
- **Consultants**
- **Critical care units**

- Fee-assured consultants
- Fertility check facility
- Medical treatment providers
- Mental health and wellbeing therapists
- Prostheses
- Recognised facilities
- Schedule of procedures
- Specialist drugs
- Therapists
- Bupa's list of open-referral network **consultants** which the **trust** has adopted for the purpose of the **trust rules**.

Please note, we cannot guarantee that any facility, practitioner or **treatment** on one of our lists will be available.

General information

Change of address

The **main beneficiary** should let us know if you change your address.

Documents and communications

We'll send:

- **beneficiary** documents to the **main beneficiary**
- a **confirmation of special conditions** (if any apply) to the **main beneficiary** or to the **dependant** (if they are aged 16 or over)
- all claims correspondence to the **main beneficiary** or to the **dependant** having **treatment** (if they are aged 16 or over)
- copies of any original documents you send us if you ask us for the documents back (because we can't return the originals), and
- an invitation to create a **Bupa** digital account if you or any **dependant** who is aged 16 or over gives us their email address.

Applicable law

The **trust rules** are governed by English law.

Private Healthcare Information Network

You can get independent information about the quality and cost of private **treatment** available from doctors and hospitals from the Private Healthcare Information Network (www.phin.org.uk).

How to complain



We work hard to provide a great service to our customers, but occasionally things can go wrong and when this happens we'll do our best to put things right quickly.

How to get in touch

Call us on your **Bupa** helpline number, which you can find on your **registration certificate**, or call our Customer Relations team on **0345 606 6739** between 9am and 5pm, Monday to Friday. We may record or monitor phone calls.

Chat to us online at **bupa.co.uk/complaints**.

Email us at **customerrelations@bupa.com** (please include your registration number).

If you need to send us sensitive information you can email us using Egress, which is a free secure email service. Visit **switch.egress.com**.

Write to us at **Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford, M50 3SP**.

If we can't resolve your complaint straight away, we'll email or write to you within five business days to explain the next steps.

The role of your trustees

Our role is to provide a service for the **trust** to authorise treatment and assess claims within the agreed terms and conditions. As we act as an administrator and not as an insurer, we can't refer beneficiaries of a health trust scheme to the Financial Ombudsman Service for help with their complaints. It's very rare that we can't settle a complaint but if this does happen you may refer your complaint to the **trustees** of your scheme.

What some of the words and phrases in this guide mean

Wherever the following words and phrases appear in this guide in bold type, they have the meanings shown below.

Word or phrase	Meaning
Accidental dental injury	Damage to your teeth or gums caused by accidentally being hit by or colliding with an object.
Activities of daily living	<ul style="list-style-type: none">■ Being able to move from one place to another to carry out day-to-day activities.■ Having a shower or bath.■ Feeding yourself.■ Maintaining personal hygiene (for example, brushing your teeth, washing your hands and washing your hair).■ Going to the toilet.■ Being able to work or take part in education.
Acute condition	A disease, illness or injury that is likely to respond quickly to treatment which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.
Advanced therapies	<p>Gene therapy, somatic-cell therapy or tissue-engineered medicines which:</p> <ul style="list-style-type: none">■ the UK medicines regulator has classified as advanced therapy medicinal products (ATMPs) to be used as part of your eligible treatment, and■ at the time of your eligible treatment are included (with the medical conditions we pay them for) on the list of advanced therapies that applies to your benefits, as shown on your registration certificate under the heading 'Advanced therapies list'. <p>This list is used by Bupa for the purpose of its schemes and has been adopted by the trust for the purpose of the trust rules.</p> <p>The list of advanced therapies that applies to your benefits is available at bupa.co.uk/policyinformation, or you can contact us. The advanced therapies on the list will change from time to time.</p>
Allowances	The financial allowances of your benefits , as shown on your registration certificate .
Appliances	Any medical appliances which are on Bupa's appliance list for your benefits when you have your treatment and which list the trust has adopted for the purpose of the trust rules . The list of appliances will change from time to time. You can find the list at bupa.co.uk/prostheses-and-appliances .
Beneficiary	A person designated by the group as a beneficiary under the trust and as being eligible for healthcare benefits under the trust .
Benefits	The benefits listed on your registration certificate for which you're eligible as an individual beneficiary under the trust .

Word or phrase	Meaning
Bupa	Bupa Insurance Services Limited to whom the trustee has currently delegated the administration of the trust .
Bupa UK	Bupa Insurance Limited.
Bupa UK schemes	Bupa UK's private health insurance schemes for UK residents.
Cancer	A malignant tumour, tissues or cells characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.
Chemotherapy	Systemic anti-cancer therapies (SACT), not including anti-hormone therapies. SACT are used to destroy cancer cells or stop them growing and spreading.
Chronic condition	A disease, illness or injury which has one or more of the following characteristics: <ul style="list-style-type: none"> ■ It needs ongoing or long-term monitoring through consultations, examinations, check-ups or tests. ■ It needs ongoing or long-term control or relief of symptoms. ■ It requires rehabilitation or for you to be specially trained to cope with it. ■ It continues indefinitely. ■ It has no known cure. ■ It comes back or is likely to come back.
Common drugs	Commonly used medicines (such as antibiotics and painkillers) which, in our reasonable opinion based on established clinical and medical practice, should be an essential part of your eligible treatment .
Complementary medicine practitioner	An acupuncturist, chiropractor or osteopath who is recognised by Bupa for the purpose of Bupa UK schemes and which recognition the trust has adopted for the purpose of the trust rules . You can search for a complementary medicine practitioner at finder.bupa.co.uk or contact us.
Confirmation of special conditions	The most recent confirmation of special conditions we send to the main beneficiary or to a dependant who the special condition applies to (if they are aged 16 or over). We only send confirmation of special conditions if a special condition applies.
Consultant	A registered medical healthcare professional who, when you have your treatment is: <ul style="list-style-type: none"> ■ recognised by Bupa as a consultant for the purposes of Bupa UK schemes both for treating your condition and for providing the type of treatment you need, and which recognition the trust has adopted for the purpose of the trust rules, and ■ is in Bupa's list of recognised consultants that applies to your benefits and which list the trust has adopted for the purpose of the trust rules. <p>You can search for a consultant at finder.bupa.co.uk or contact us.</p>

Word or phrase	Meaning
Critical care unit	<p>Any intensive care unit, intensive therapy unit, high dependency unit, coronary care unit or progressive care unit which is in Bupa's list of critical care units for the purpose of Bupa UK schemes and recognised by Bupa at the time of the treatment for the type of intensive care that you need and which list and recognition the trust has adopted for the purpose of the trust rules.</p> <p>The units on the list and the type of intensive care that we recognise each unit for will change from time to time.</p> <p>You can search for a critical care unit at finder.bupa.co.uk or contact us.</p>
Day patient	A patient who is admitted to a hospital, treatment facility or day patient unit because they need a period of medically supervised recovery, but who does not occupy a bed overnight.
Day-patient treatment	Eligible treatment you have as a day patient .
Dentist	Any general dental practitioner who is registered with the General Dental Council when you have your dental treatment.
Dependant	Your partner or any child you or your partner is responsible for and who is a beneficiary of the scheme and named on your registration certificate .
Diagnostic tests	Investigations, such as X-rays or blood tests, to find or to help to find the cause of your symptoms.
Digital primary care provider	A digital primary care provider we recognise for providing a digital primary care consultation, this can include a GP and other healthcare professionals registered with the digital primary care provider. (Primary care services provide the first point of contact in the healthcare system.)
Effective underwriting date	<p>If your underwriting type is 'underwritten', the effective underwriting date is the date you started your continuous period of entitlement to benefits under the scheme. This is the date shown as the 'Effective underwriting date' on your registration certificate.</p> <p>If the effective underwriting date isn't shown on your registration certificate, it will be your start date shown on the first registration certificate we provided which lists you as a beneficiary under the scheme.</p> <p>If you joined from a previous scheme and we have agreed with your group to continue with your original start date from your previous scheme, your effective underwriting date is the date of underwriting provided by the insurer or administrator of your previous scheme.</p> <p>If you're not sure of your effective underwriting date, contact us and we'll tell you it.</p>

Word or phrase	Meaning
Eligible treatment	<p>Treatment (including any products and equipment used as part of the treatment):</p> <ul style="list-style-type: none"> ■ of an acute condition, cancer, a mental health condition, or ■ payable by the trust through benefits 1.6, 1.7 and any Well-Health benefits (WH1 to WH6). <p>The treatment must be:</p> <ul style="list-style-type: none"> ■ consistent with generally accepted standards of medical practice and best practice in the medical profession in the UK (for example, as specified by the National Institute for Health and Care Excellence (NICE), or equivalent bodies in Scotland) ■ clinically appropriate, in terms of the facility or location where the services are provided and the type, frequency, extent and duration of treatment ■ demonstrated through scientific evidence to be effective in improving health outcomes ■ not provided or used mainly for the convenience or financial (or other) advantage of you, your consultant or another healthcare professional, and ■ not excluded from your benefits.
End date	<p>The date on which your current period of entitlement to benefits under the scheme ends, shown as 'End date' on your registration certificate.</p>
Facility access	<p>The network of recognised facilities as shown on your registration certificate, for which you're eligible under your benefits. This is participating facility, or partnership facility.</p>
Fee-assured consultant or healthcare professional	<p>A consultant or other healthcare professional who is:</p> <ul style="list-style-type: none"> ■ recognised by Bupa as a fee-assured consultant or other healthcare professional for the purpose of Bupa UK schemes and which recognition the trust has adopted for the purpose of the trust rules, and ■ in the list of fee-assured consultants and other healthcare professionals that applies to your benefits. <p>A fee-assured consultant or healthcare professional won't send you any extra bills for treatment as long as it's payable under your benefits and the costs are within your allowances.</p> <p>You can search for a fee-assured consultant or healthcare professional at finder.bupa.co.uk or contact us. The list may change from time to time.</p>
Fertility check facility	<p>A facility that, at the time you receive a fertility check, is in Bupa's list of such facilities that applies to your benefits and which list and recognition the trust has adopted for the purpose of the trust rules. You can search for details of these providers at finder.bupa.co.uk. The list may change from time to time.</p>
Gender dysphoria	<p>When someone has a sense of unease because of a mismatch between their biological sex (the sex they were assigned at birth) and the gender they identify with.</p>
GP	<p>A doctor who refers you for a consultation or treatment and who is on the UK General Medical Council's General Practitioner Register.</p>
Group	<p>Your employer or the company acting on their behalf who named you as a main beneficiary of the trust.</p>

Word or phrase	Meaning
Home	The place where you normally live or another non-healthcare setting where you have your treatment .
Inpatient	A patient who is admitted to a hospital or treatment facility and who occupies a bed overnight (or for longer) for medical reasons.
Inpatient treatment	Eligible treatment you have as an inpatient .
Intensive care	Eligible treatment for intensive care, intensive therapy, high dependency care, coronary care or progressive care.
Main beneficiary	The person named as the main beneficiary on the registration certificate . The term main beneficiary doesn't include any dependants .
Medical assistance company	The company who works with Bupa UK as a medical assistance company for the purpose of its Bupa UK schemes for arranging repatriation and evacuation and which appointment the trust has adopted for the purpose of the trust rules . The medical assistance company may change from time to time and current details are available on request.
Medical treatment provider	A person or company who is recognised by Bupa as a medical treatment provider for the purpose of its Bupa UK schemes for the type of treatment at home that you need and which recognition the trust has adopted for the purpose of the trust rules . The list of medical treatment providers and the type of treatment we recognise them for will change from time to time. You can search for details of these providers at finder.bupa.co.uk .
Mental health and wellbeing therapist	<p>A healthcare professional recognised by Bupa for the purpose of Bupa UK schemes and which recognition the trust has adopted for the purpose of the trust rules, who is:</p> <ul style="list-style-type: none"> ■ a psychologist registered with the Health and Care Professions Council ■ a psychotherapist accredited with UK Council for Psychotherapy, the British Association for Counselling and Psychotherapy, or the British Psychoanalytic Council ■ a counsellor accredited with the British Association for Counselling and Psychotherapy, or the National Counselling and Psychotherapy Society, or ■ a cognitive behavioural therapist accredited with the British Association for Behavioural and Cognitive Psychotherapies. <p>You can search for a recognised mental health and wellbeing therapist at finder.bupa.co.uk.</p>
Mental health condition	An illness or condition which a reasonable medical authority considers to be a mental health condition (for example, anxiety or depression).
Mental health treatment	Eligible treatment as set out in benefit 5 'Mental health treatment' in the 'What is payable' section of this guide.

Word or phrase	Meaning
Moratorium condition	<p>Any condition, disease, illness or injury (including related conditions), whether diagnosed or not, which you:</p> <ul style="list-style-type: none"> ■ asked for or received medical advice, treatment or medication for, or ■ had symptoms of or knew existed <p>in your moratorium qualifying period immediately before your moratorium start date.</p> <p>By a related condition we mean any symptom, condition, disease, illness or injury which, in our reasonable medical opinion, is associated with another symptom, condition, disease, illness or injury.</p>
Moratorium qualifying period	<p>The number of years prior to your moratorium start date in which a symptom, condition, disease, illness or injury including related condition is considered a moratorium condition. The moratorium qualifying period is stated in the 'Further details' section of your registration certificate.</p>
Moratorium start date	<p>If you're underwriting type is moratorium, the date you started your continuous period of entitlement to benefits under the scheme is:</p> <ul style="list-style-type: none"> ■ the 'Moratorium start date' on your registration certificate, or ■ if this isn't shown on your registration certificate, your start date on the first registration certificate we sent you, or ■ your original moratorium start date from a previous scheme if you had a moratorium underwriting scheme with Bupa or another insurer and we have agreed with the group that this would continue to apply when you joined this scheme. <p>If you're not sure of your moratorium start date, contact us and we'll tell you it.</p>
NHS	<ul style="list-style-type: none"> ■ The National Health Service in Great Britain and Northern Ireland. ■ The healthcare system that is operated by the relevant authorities of the Channel Islands. ■ The healthcare scheme that is operated by the relevant authorities of the Isle of Man.
Nurse	<p>A qualified nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.</p>
Operation	<p>Eligible treatment that is a medical procedure. This includes surgery and complex diagnostic procedures (such as an endoscopy) and all associated treatment that is medically necessary.</p>
Optician	<p>An ophthalmic optician or optometrist who is registered with the General Optical Council.</p>
Oral chemotherapy	<p>Chemotherapy taken by swallowing a pill, capsule or liquid.</p>
Outpatient	<p>A patient who attends a hospital, consulting room, outpatient clinic or treatment facility and is not admitted as a day patient or an inpatient.</p>
Outpatient treatment	<p>Eligible treatment that you have as an outpatient.</p>

Word or phrase	Meaning
Participating facility	<p>A hospital or a treatment facility, centre or unit that is in Bupa's participating facility list for the purpose of the Bupa UK schemes and which applies to your benefits, and is recognised by Bupa for both:</p> <ul style="list-style-type: none"> ■ treating your medical condition, and ■ carrying out the type of treatment you need. <p>and which list and recognition the trust has adopted for the purpose of the trust rules.</p> <p>The hospitals, treatment facilities, centres or units on the list and the medical conditions and types of treatment we recognise them for, will change from time to time. You can search for a participating facility at finder.bupa.co.uk.</p>
Partnership facility	<p>A hospital or a treatment facility, centre or unit that is in Bupa's partnership facility list for the purpose of the Bupa UK schemes and which applies to your benefits, and is recognised by Bupa for both:</p> <ul style="list-style-type: none"> ■ treating your medical condition, and ■ carrying out the type of treatment you need. <p>and which list and recognition the trust has adopted for the purpose of the trust rules.</p> <p>The hospitals, treatment facilities, centres or units on the list and the medical conditions and types of treatment we recognise them for, will change from time to time. You can search for a partnership facility at finder.bupa.co.uk.</p>
Partner	Your husband, wife, civil partner or the person you live with in a relationship and who is a beneficiary .
Pre-existing condition	<p>Any condition, disease, illness or injury (including related conditions), whether diagnosed or not, which you:</p> <ul style="list-style-type: none"> ■ received medication, advice or treatment for, or ■ had symptoms of or knew you had <p>before your effective underwriting date.</p> <p>By a related condition we mean any symptom, condition, disease, illness or injury which, in our reasonable medical opinion, is associated with another symptom, condition, disease, illness or injury.</p>
Previous scheme	<p>Another health insurance policy or medical healthcare trust provided or administered by Bupa or another insurer or healthcare trust that we agree with your group will be treated as a previous scheme for waiting periods or underwriting purposes as long as:</p> <ul style="list-style-type: none"> ■ the beneficiary has shown us proof of their continuous cover under the previous scheme, and ■ there's no interruption between the previous scheme and their current scheme.
Prostheses	<p>Any prostheses which are in Bupa's list of prostheses for the purpose of Bupa UK schemes for both your benefits and your type of treatment when you have your treatment and which list the trust has adopted for the purpose of the trust rules. The prostheses on the list will change from time to time. You can find the list at bupa.co.uk/prostheses-and-appliances.</p>

Word or phrase	Meaning
Recognised facility	A participating facility or partnership facility according to the facility access that applies to your benefits . The hospitals, treatment facilities, centres or units on these lists, and the medical conditions and types of treatment we recognise them for, will change from time to time. You can search for a recognised facility at finder.bupa.co.uk .
Registration certificate	The most recent registration certificate that we send to you for your current continuous period of being a beneficiary , or the most recent Group Certificate held by the trustee that provides details of your healthcare benefits .
Renewal date	The day after the 'End date' as shown on your registration certificate or such other date as shall be decided by the trustee as the renewal date. The scheme is usually renewed each year. Depending on the month in which you first become a beneficiary , your initial benefit year may not be a full 12 months. Your benefits and allowances may change on the renewal date.
Schedule of procedures	The rates up to which we will pay consultants for treating Bupa customers. These rates are set out in our Schedule of procedures used by Bupa for the purpose of Bupa UK schemes and are based on the complexity of the procedure and the time and skill needed to perform it. The trust has adopted this schedule for the purpose of the trust rules . Not all procedures listed in the schedule are eligible for benefits under the trust . You can find the Schedule of procedures at bupa.co.uk/codes .
Scheme	The benefits for which you are eligible as a beneficiary under the trust as shown on your registration certificate together with this guide subject to all the rules of the trust including exclusions.
Special condition	Specific medical conditions that benefits aren't payable for based on a beneficiaries medical history. If a special condition applies, we'll send a confirmation of special conditions to the main beneficiary or to the dependant who the special condition applies to (if they're aged 16 or over).
Specialist drugs	Drugs and medicines to be used as part of your eligible treatment which are not common drugs and are included in Bupa's list of specialist drugs for the purpose of Bupa UK schemes and that applies to your benefits and which list the trust has adopted for the purpose of the trust rules . The list is available at bupa.co.uk/policyinformation . The specialist drugs on the list will change from time to time.
Start date	The date on which your current period of entitlement to benefits under the scheme starts, shown as 'Start date' on your registration certificate .

Word or phrase	Meaning
Therapist	<p>A healthcare professional registered with the Health and Care Professions Council (HCPC), and on Bupa's list of recognised therapists for the purpose of Bupa UK schemes and which recognition the trust has adopted for the purpose of the trust rules, who is:</p> <ul style="list-style-type: none"> ■ a chartered physiotherapist ■ an occupational therapist registered with the British Association of Occupational Therapists ■ an orthoptist registered with the British and Irish Orthoptic Society ■ a speech and language therapist registered with the Royal College of Speech and Language Therapists ■ a podiatrist registered with the Society of Chiropractors and Podiatrists, or ■ a dietitian registered with the British Dietetic Association. <p>You can search for a recognised therapist at finder.bupa.co.uk. The therapists on the list will change from time to time.</p>
Total annual allowance	<p>This is the total allowance payable under your benefits each year for all of your eligible treatment costs. If one applies to your benefits, it applies to each beneficiary separately and will be shown on your registration certificate. Your allowances shown on your registration certificate will be subject to your total annual allowance. Any excess or co-pay will count towards your total annual allowance.</p>
Treatment	<p>Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a disease, illness or injury.</p>
Trust	<p>Either:</p> <ul style="list-style-type: none"> ■ The health trust of which you are designated a beneficiary by the group, which is shown on your registration certificate, or ■ if you are a beneficiary of the Bupa Health Trust, the sub-fund created under the Bupa Health Trust for the group and to which these trust rules apply together with all the other elements of the Bupa Health Trust related to that sub-fund.
Trust rules	<p>This guide together with the most recent Group Certificate(s) held by the trustee that sets out the details of the healthcare benefits that are payable under the trust.</p>
Trustee	<p>The trustee(s) of the health trust of which you are a beneficiary.</p>
UK	<p>Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.</p>
Waiting period	<p>A continuous period of being a beneficiary during which benefits are not payable. The length of any waiting periods that apply to your benefits are shown on your registration certificate.</p>
Year	<p>The period beginning on your start date and ending on your end date. Depending on when you join the scheme, your first year may not be a full 12 months. Your benefits and allowances may change on the renewal date.</p>

How we use and protect your information

Privacy notice – in brief



We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you, how we use it and how we protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice, which is available at [bupa.co.uk/privacy](https://www.bupa.co.uk/privacy). If you do not have access to the internet and would like a paper copy, please write to **Bupa Privacy Team, Bupa, 1 Angel Court, London EC2R 7HJ**. If you have any questions about how we handle your information, please contact us at dataprotection@bupa.com.

Information about us

In this privacy notice, references to ‘we’, ‘us’ or ‘our’ are to Bupa. Bupa is registered with the Information Commissioner’s Office, registration number Z6831692. Bupa is made up of a number of trading companies, many of which also have their own data-protection registrations. For company contact details, visit [bupa.co.uk/legal-notice](https://www.bupa.co.uk/legal-notice).

1. Who this privacy notice applies to

This privacy notice applies to anyone who interacts with us about our products and services (‘you’, ‘your’) in any way (for example, by email, through our website, by phone, on our app and so on).

2. How we collect personal information

We collect personal information from you and from certain other organisations acting on your behalf (for example, brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

3. Categories of personal information

We process the following categories of personal information about you and, if appropriate, your **dependants**.

- Standard personal information (for example, information we use to contact you, identify you or manage our relationship with you).
- Special categories of information (for example, health information, information about race, ethnic origin and religion that allows us to tailor your care).
- Information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity).

4. Purposes and legal grounds for processing personal information

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and handling complaints), for research and analysis, to monitor our expectations of performance (including of healthcare providers relevant to you) and to protect our rights, property or safety, or that of our customers or others. The legal reason we process personal information depends on what category of personal information it is. We normally process standard personal information if this is necessary to provide the services set out in a contract, it is in our or a third party's legitimate interests or it is needed or allowed by law. We process special categories of information (commonly referred to as sensitive information) because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Marketing and preferences

We may use your personal information to send you marketing by post, phone, social media, email and text. We only use your personal information to send you marketing if we have your permission or it is in our legitimate interest. If you don't want to receive personalised marketing about similar products and services that we think are relevant to you, please contact us at optmeout@bupa.com or write to **Bupa Privacy Team, Bupa, 1 Angel Court, London EC2R 7HJ**.

6. Processing for profiling and automated decision-making

Like many businesses, we sometimes use automation to provide you with a fairer, quicker, better, and more consistent service, and provide marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling (automated processing of your information to help us evaluate certain things about you, for example, your personal preferences and your interests) relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

7. Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example, brokers and other intermediaries) and with others who help us provide services to you (for example, healthcare providers) or who we need information from to allow us handle or check claims or entitlements (for example, professional associations). We also share your information in line with the law. You can read more about what information may be shared, and in what circumstances, in our full privacy notice.

8. International transfers

Some companies that we work in partnership with or that provide services to us (such as healthcare providers, other Bupa companies and IT providers) are located in, or run their services from, countries across the world. As a result, we may transfer your personal information to different countries for the purposes set out in this privacy notice. This may include transferring information from within the **UK** to outside the **UK**, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA. When we transfer your personal information to another country, we take steps to make sure that appropriate protection is in place, in line with global data-protection laws.

9. How long we keep your personal information

We keep your personal information for periods we work out using the criteria shown in the full privacy notice available on our website.

10. Your rights

You have the right to access your information and to ask us to correct, delete and restrict the use of your information. You also have rights to:

- object to your information being used
- ask us to transfer your information to someone else
- withdraw your permission for us to use your information, and
- ask us not to make automated decisions which produce legal effects that concern or significantly affect you.

Please contact us if you would like to exercise any of your rights.

11. Data-protection contacts

If you have any questions, comments, complaints or suggestions about this privacy notice, or any other concerns about the way in which we process information about you, please contact us at dataprotection@bupa.com. You can also use this address to contact our Data Protection Officer.

You also have a right to complain to your local privacy supervisory authority. Our main office is in the **UK**, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Phone: 0303 123 1113 (local rate).



Financial crime

Your **group** agree to keep to all **UK** laws relating to detecting and preventing financial crime (including, the Bribery Act 2010 and the Proceeds of Crime Act 2002).

Sanctions

We will not provide cover and we will not pay any claim or provide any benefit under this insurance, if doing so would:

- break any United Nations resolution, or any trade or economic sanctions, laws or regulations that apply to us (including those of the European Union, the **UK**, or the US)
- put us at risk of being sanctioned by any relevant authority competent body, or
- put us at risk of being involved (directly or indirectly) in something which any relevant authority, banks we use, or competent body would consider to be banned or restricted.

If any resolutions, sanctions, laws or regulations referred to in this clause apply (or start to apply), we will take any action we consider necessary to make sure we continue to work within them. If this happens, you acknowledge that this may restrict, delay or end our obligations under your policy, and we may not be able to pay any claim.

Bupa health trusts are administered by:

Bupa Insurance Services Limited. Registered in England and Wales with registration number 3829851.

Registered office: 1 Angel Court,
London EC2R 7HJ

Well-Health - Targeted cancer screening, Menopause plan, Nutrition health, Men's sexual function plan, Face to face GP, Menopause HealthLine and Bupa Anytime HealthLine are provided by:

Bupa Occupational Health Limited.
Registered in England and Wales with registration number 631336.

Registered office: 1 Angel Court,
London EC2R 7HJ

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