

My Prevention Plan FAQs



What is My Prevention Plan?

Structured programmes to assess a client's personal risk of developing breast cancer, cardiovascular disease and type 2 diabetes in the future.

The benefit provides access to a preventive assessment and, where clinically needed, genetic testing and targeted preventive interventions.

When is this new benefit live?

My Prevention Plan for breast cancer, cardiovascular disease and type 2 diabetes will be available with all new and renewing UK insurance personal and small business policies from 1 September 2026.

To access this benefit, your personal and small business clients must be aged 18 or over and have had at least 12 months' continuous cover with a Bupa health insurance policy.

Corporate clients can choose to include My Prevention Plan as an optional benefit with no continuous cover requirements (additional risk-based charge applies).

How do my clients access My Prevention Plan?

It's accessed through My Bupa, where they'll complete a digital Pre-Assessment Questionnaire (PAQ).

They'll then book an in-person preventive assessment at a Bupa health centre to understand their current health, as well as any health risks. This will include a blood test.

Bupa healthcare professionals will then review their results and decide on what testing and interventions are suitable.

From 1 December 2026, a £100 payment is needed from your client each time they have a preventive assessment.

What types of genetic testing could be included?

Based on assessment outcomes, genetic testing may be clinically recommended for your client. The type of genetic test offered will depend on age, sex at birth and clinical risk factors. Before and after their genetic test, a remote genetic counselling appointment is included.

These are the types of genetic testing:

Polygenic Risk Score (PRS) test: This is an at-home cheek swab test which analyses genetic differences across their DNA to help estimate their inherited risk

of developing breast cancer, type 2 diabetes and/or cardiovascular disease.

Monogenic test: This is an at-home cheek swab test which looks for inherited variants in high-risk genes such as BRCA1 and BRCA2. Customers that have a monogenic test for breast cancer are covered for consultations with a breast and/or gynaecology consultant as clinically needed. Benefit limits apply.

What types of care are available?

Following assessment or genetic test outcomes, the following may be clinically recommended:

Preventive coaching: Includes up to two remote coaching sessions. This is covered if clinically needed each time customers use My Prevention Plan.

Preventive weight management support: This includes an initial appointment to assess suitability and up to £400 towards a weight management plan. Covered once per member lifetime

Follow-up appointments: One follow-up appointment with a Bupa healthcare professional at a Bupa health centre, which includes a blood test, and one follow-up appointment with a Bupa GP. This is covered if clinically needed each time customers use My Prevention Plan. If it's needed, it'll take place at least 6 months after the assessment or genetic testing.

Risk-reduction and reconstructive surgery: For your clients identified with increased risk of breast or ovarian cancer – and if recommended by a consultant – risk-reduction (prophylactic) surgery, reconstructive surgery, and consultations and tests in relation to surgery are covered. Benefit limits apply.

Screening scans: For your personal and small business clients, up to three breast cancer screening scans are covered, if recommended by a consultant. This could include a mammogram, ultrasound or MRI, as clinically needed. Corporate clients are covered for one screening assessment, as clinically needed. Benefit limits apply.

Risk-reducing medicine for breast cancer: For your personal and small business clients identified with increased risk of breast cancer – and if recommended by a consultant – licensed risk-reducing medicine for breast cancer is covered for a period of 12 months. For corporate clients, this is covered where their policy includes a prescription benefit.

Who is eligible for My Prevention Plan?

Personal and small business clients

From 1 September 2026, My Prevention Plan will be added to all new and renewing policies, except Bupa's Consumer Unit and Standard products, the Prompt Diagnosis variant of BBY and third-party branded products e.g. Saga.

Customers aged 18 and over can access the benefit once they've had 12 months' continuous Bupa cover.

Corporate clients

From 1 September 2026, clients can choose to add My Prevention Plan to their policy at inception or renewal, subject to a risk cost loading.

Customers aged 18 and over can access the benefit and there are no continuous cover requirements. However, the corporate benefit is intended for anyone who is aware they have an increased risk of developing any of the condition areas, whether through family history or personal circumstances.

A corporate client's eligibility for re-accessing My Prevention Plan will be determined by whether their risk profile has changed since their last assessment. For example, a change in weight or other relevant risk factors.

Who has My Prevention Plan been created for?

The benefit is designed for customers who do not have symptoms.

If a customer has symptoms of – or has already been diagnosed with – breast cancer, cardiovascular disease or type 2 diabetes, My Prevention Plan is not appropriate. Where eligible, they should access diagnosis and treatment through their health insurance in the usual way.

Customers may not be able to use My Prevention Plan if they have some health conditions or are having some treatments. This will be determined as part of the Pre Assessment Questionnaire (PAQ).

Does My Prevention Plan apply to small business clients on a 2-year fixed deal?

When a small business 2-year fixed customer renews after 1 September 2026, and if that renewal is the mid-point of their 2-year fixed deal (renewing from year one into year two), the My Prevention Plan will not be added to their policy. The benefit will only be added at the renewal after the 2-year fixed deal comes to an end.

Is there a contribution cost for My Prevention Plan?

Yes. From 1 December 2026, a £100 payment is needed from your client each time they have a preventive assessment. There is no cost if they attend their appointment before this date. And they can have one preventive assessment per policy year.

Why do my personal and small business clients need 12 months' continuous cover?

My Prevention Plan includes high-cost treatments such as risk reducing surgery for breast cancer. To protect the sustainability and affordability of the care we're offering, it's only available after 12 months' continuous cover. This applies to personal and small business clients only.

When can my clients begin My Prevention Plan?

Once My Prevention Plan is included in their cover, and they meet the relevant age and continuous cover criteria, your clients can access My Prevention Plan whenever they choose. Policies cover one preventive assessment in each policy year.

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