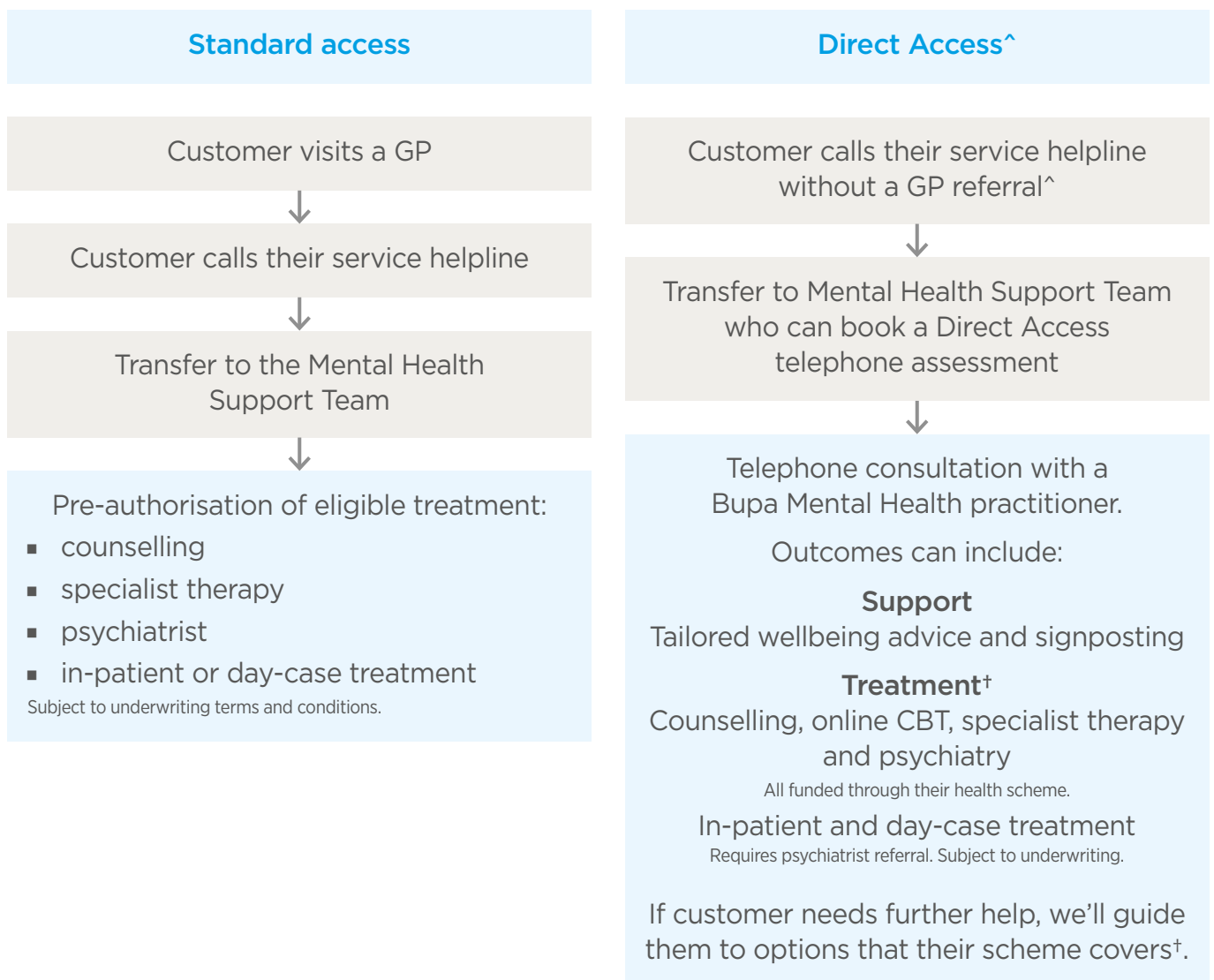


# Mental health. The customer journey.



We offer a range of mental health and wellbeing services that cover most mental health problems; the main exceptions are the treatment of dementia, learning difficulties, and behavioural and developmental conditions. There are no time limits to our cover. We're here for the long run, with ongoing support when your employees need it most\*.

## Customer pathway

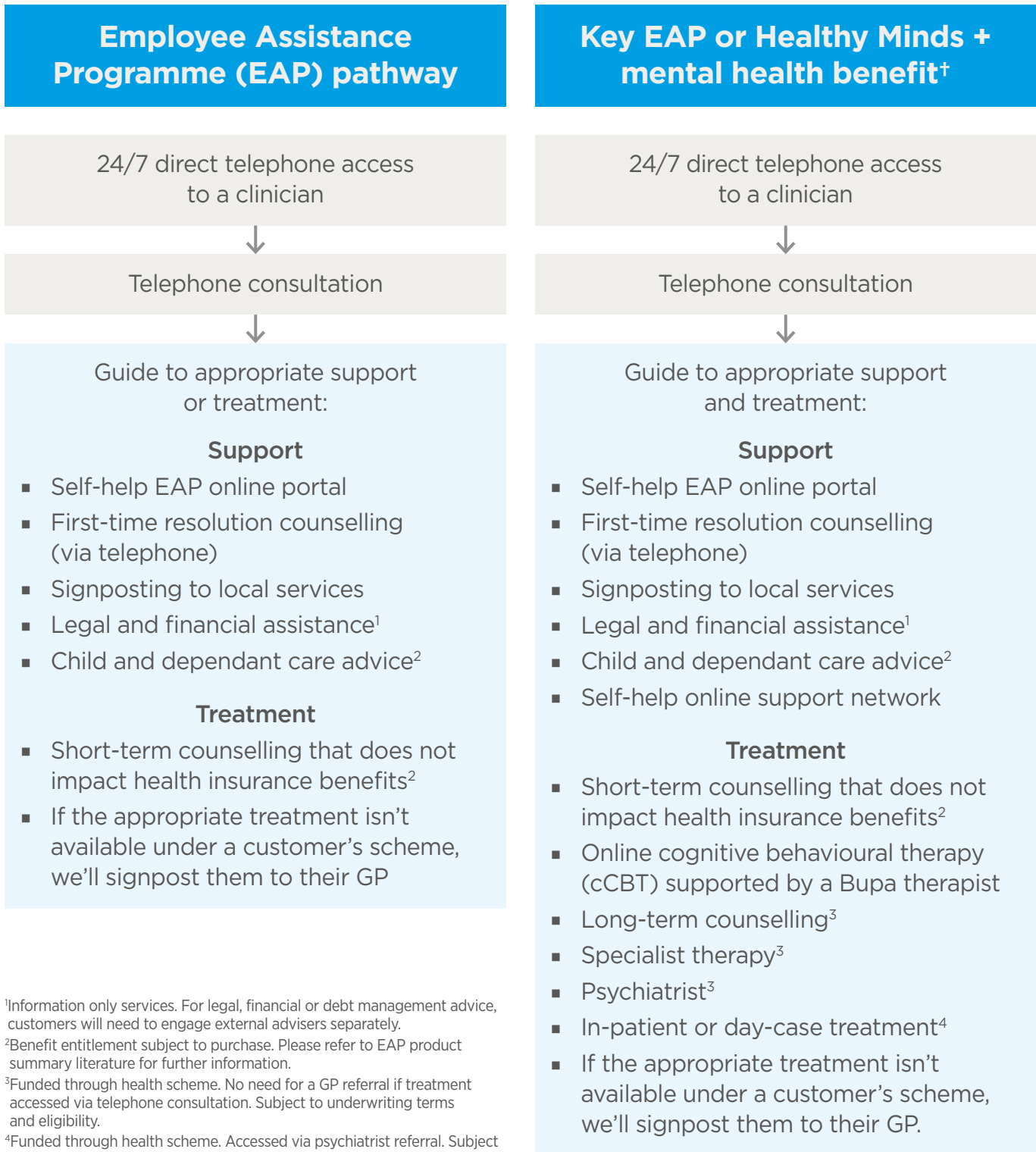


\*Standard exclusions for pre-existing, special and moratorium conditions, and benefit limits for out-patient, in-patient and day-patient mental health treatment continue to apply. We cover mental health treatment related to excluded conditions such as menopause, cosmetic treatment and gender reassignment. There are a few general exclusions for which we would not cover any related mental health treatment. Please refer to your policy or trust guide for further details.

<sup>^</sup>Direct Access telephone services are available as long as the symptoms are covered under the policy or health trust. If your employee's cover excludes conditions they had before their cover started, we'll ask them to provide evidence from their GP that their symptoms are not pre-existing for a period of up to two years after their cover started or up to five years in the case of mental health. For rolling moratorium underwritten policies or health trusts we will ask for evidence each time they claim for a condition not claimed for before. They should always call us first to check their eligibility. Mental Health Direct Access Services are available on an opt-in basis and incur additional claims costs.

<sup>†</sup>If the appropriate treatment isn't available under a customer's scheme, we'll signpost them to their GP.

Add either of these mental health services to your Bupa Health Insurance or Bupa Health Trust at an extra cost



<sup>1</sup>Information only services. For legal, financial or debt management advice, customers will need to engage external advisers separately.

<sup>2</sup>Benefit entitlement subject to purchase. Please refer to EAP product summary literature for further information.

<sup>3</sup>Funded through health scheme. No need for a GP referral if treatment accessed via telephone consultation. Subject to underwriting terms and eligibility.

<sup>4</sup>Funded through health scheme. Accessed via psychiatrist referral. Subject to underwriting terms and eligibility.

<sup>†</sup>When Bupa Healthy Minds and Bupa Health Insurance or Trust are used together, employees can be clinically assessed through Healthy Minds and guided to the most appropriate support and treatment. This may be short-term counselling, cCBT (through Healthy Minds) or eligible, face-to-face treatment with a therapist as an in-patient or day-patient, usually without the need to see a GP (accessed through their Bupa Health Insurance or Trust). For more information, contact your account manager or intermediary adviser, call 0345 600 3476 (option 3) or visit [bupa.co.uk/mindmatters](http://bupa.co.uk/mindmatters). We may record or monitor our calls. Lines are open 8am to 6pm, Monday to Friday.

Onward referral via Healthy Minds to eligible mental health support under Bupa Health Insurance or Bupa Health Trust is available as long as the symptoms are covered under the scheme. If your employee's cover excludes conditions they had before their scheme started, we'll ask them to provide evidence from their GP that their symptoms are not pre-existing for a period of up to five years from their scheme start date in the case of mental health, before we can refer them to a consultant or therapist through their Bupa Health Scheme. Your employees can call their Bupa Helpline to check if they're eligible.

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