

**Small business
health insurance.
Better for business**



What makes up a quote

**For new customers purchasing
directly from Bupa.**

The right quote for the way you work

It's important to know that your cover is exactly right for your business and your people. That's why we want to give you some guidance on the information we use to calculate your quote.

What we need to calculate your quote

Product - Select

- Key
- Enhanced
- Complete

See 'products at a glance' for an overview of our product tiers and options, and the Select policy guide for full details of what is and isn't covered.



Excess

You need to choose an excess option for the policy. This is an agreed amount of money that your employees pay towards their treatment. Their or the policy then cover the remaining cost, up to the benefit allowance, if applicable. It applies once for each person every policy year.

The options available are:
£0, £100, £150, £200, £500

Company details

- Company name
- Contact name
- Contact email
- Contact telephone number
- Business type and structure (we need this to complete our due diligence checks)
- Company registered trading address (we need this to verify your business)



Ways to pay

You can pay for your policy in the following ways:

- monthly by Direct Debit only
- quarterly, bi-annually, annually by Direct Debit, cheque or BACS

Member details

- Title
- First name
- Surname
- Date of birth
- Employees' addresses (should you wish to purchase cover)



Type of underwriting

- Full medical underwriting
- Moratorium underwriting
- Medical history disregarded
- No further underwriting
- Moratorium switch

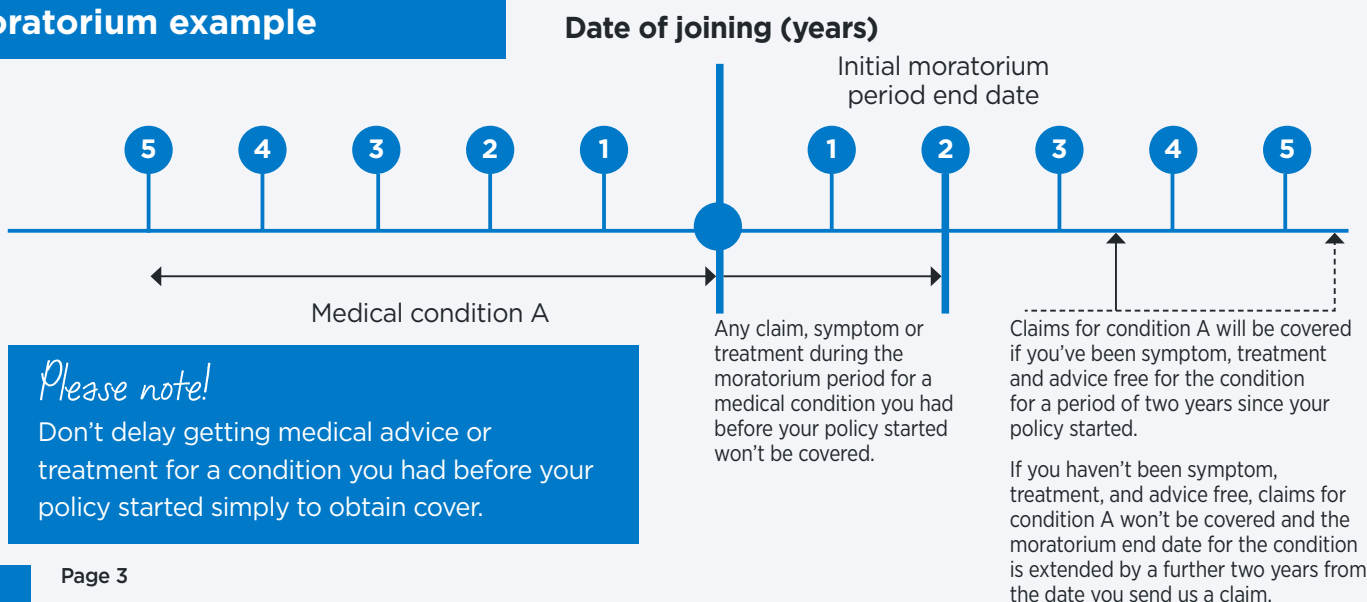
Please see pages four and five for more information.

Underwriting unravelled

Underwriting can seem complex. But it simply means we'll cover a person based on the health information they give us. You usually have a choice of five options, depending on the scheme they've chosen.

Underwriting	The information we need	How to claim	Things to consider
<p>Full medical underwriting</p> <p>Full medical underwriting means we'll look at each applicant's medical history when they join, we will look at it at point of claiming. Usually, we won't cover an applicant (or any family members on the policy) for specific symptoms or conditions they had before your policy start date.</p>	<p>Each applicant will be asked to complete a health questionnaire (also called a medical history declaration) about your medical history over the past seven years.</p>	<p>Employees will need to:</p> <ul style="list-style-type: none"> ■ Get a referral from a GP or use our Direct Access service. ■ Call us to discuss this so we can check the symptom or condition is covered on your policy. ■ We may ask your GP for some more information before we can confirm if it's covered. ■ If it is, we'll give them a pre-authorisation number for your treatment. 	<ul style="list-style-type: none"> ■ We need a full application with the last seven year's medical history ■ The employee won't be able to claim until we have this information. ■ Any conditions they had before your policy start date usually won't be covered. ■ They can ask for any additional exclusions to be reviewed when your policy renews.
<p>Moratorium</p> <p>Moratorium underwriting means we don't look at an applicant's medical history when they join, we will look at it at point of claiming. If they've had a medical condition in the five years before your Bupa cover starts, this may not be covered for at least the first two years of your policy. We'll only cover the condition if they've not had any symptoms, treatment, medication or advice for at least two years after joining Bupa.</p>	<p>We'll only need basic information from applicants when they join.</p> <p>We won't need details about your, or any dependant's, medical history. Instead, we'll ask for this information each time they claim.</p>	<p>Employees will need to:</p> <ul style="list-style-type: none"> ■ Get a referral from a GP or use our Direct Access service. ■ Call us to discuss this. ■ Ask your GP to complete a pre-treatment form so we can check the symptom or condition is covered on your policy. ■ If it is, we'll give them a pre-authorisation number for your treatment. 	<ul style="list-style-type: none"> ■ We may ask for a report from the employee's GP or consultant ■ The GP or consultant may charge for this. If so, the employee will need to pay for this themselves.

Moratorium example



Please note!
 Don't delay getting medical advice or treatment for a condition you had before your policy started simply to obtain cover.

Underwriting	The information we need	How to claim	Things to consider
<p>Medical history disregarded (15 employees covered or more)</p> <p>Medical history disregarded means that we won't look at the applicant's medical history.</p>	<p>We'll only need basic information from applicants when they join.</p> <p>We won't need details about your, or any dependant's, medical history.</p>	<p>Employees will need to:</p> <ul style="list-style-type: none"> ■ Get a referral from a GP or use our Direct Access service. ■ Call us to discuss this so we can check the symptom or condition is covered on your policy. ■ If it is, we'll give them a pre-authorisation number for your treatment. 	<ul style="list-style-type: none"> ■ Medical history disregarded can only be offered to groups with 15 or more employees ■ In general, it's more expensive than other types of underwriting.
<p>No further underwriting</p> <p>No further underwriting means if you had health insurance cover with another insurer, we may continue the underwriting they previously had on your new Bupa policy. We may not apply any further underwriting.</p> <p>Any new joiners who weren't previously insured will have full medical underwriting.</p>	<p>We'll need the Group Secretary to complete a Medical Declaration form and give us copies of each employee's most recent insurance certificate.</p>	<p>Employees will need to:</p> <ul style="list-style-type: none"> ■ Get a referral from a GP or use our Direct Access service. ■ Call us to discuss this so we can check the symptom or condition is covered on your policy. ■ If it is, we'll give them a pre-authorisation number for your treatment. 	<ul style="list-style-type: none"> ■ This underwriting is only available if you had cover with another insurer for at least one year. ■ Your employees won't be able to claim until we've received your previous insurance certificates. ■ We may need to review employee's medical history to see if there are any conditions that aren't covered.
<p>Moratorium switch</p> <p>Moratorium switch applies when you switch your moratorium policy from another insurer to Bupa and your cover is uninterrupted. The moratorium start date continues from your previous policy.</p> <p>Any new joiners who weren't previously insured will have moratorium underwriting.</p>	<p>We'll need the Group Secretary to complete a Medical Declaration form and give us copies of each employee's most recent insurance certificate.</p>	<p>Employees will need to:</p> <ul style="list-style-type: none"> ■ Get a referral from a GP or use our Direct Access service. ■ Call us to discuss this. ■ Ask your GP to complete a pre-treatment form so we can check the symptom or condition is covered on your policy. ■ If it is, we'll give them a pre-authorisation number for your treatment. 	<ul style="list-style-type: none"> ■ This underwriting is only available if you had cover with another insurer for at least one year. ■ Your employees won't be able to claim until we've received your previous insurance certificates. ■ We may need to review employee's medical history to see if there are any conditions that aren't covered. ■ The GP or consultant may charge for this. If so, the employee will need to pay for this themselves.

Full Medical Underwriting (early claims process)



If you need to make a claim in the first year

We want you to feel better knowing that you can have access to private treatment should you need it. If you do have to make a claim in the first year of your membership or if your symptom date is within the first year of cover, we need to take a few extra steps to check your claim doesn't relate to any pre-existing symptoms or conditions.[†] Some conditions will require an early claims process period of more than 12 months so please check by contacting us.

To help us authorise your treatment as quickly as possible we may ask you to do one or more of the following:

- talk to one of our medical assessment advisers who may need to ask you a few health-related questions and send a history and onset form direct to your GP/consultant for them to complete[^]
- request copies of medical reports and documentation about the treatment or services you're claiming for.[^]

There are more options of underwriting available. Please see page 8 for more information.

[†]Mental health conditions will follow this process as described above in the first five years of membership.

[^]We will contribute £50 towards the cost of this report if the condition is seen as not pre-existing.

What's covered?

Your health insurance covers the cost of eligible private consultations, tests and treatment for conditions listed on your policy.

Jargon busting

Excess

Adding an excess will help reduce the cost of your policy. It means your employees will need to pay an amount towards the cost of any care they receive. The options are £0, £100, £150, £200 and £500, and you can choose a different excess amount for different team members.

As the excess applies each policy year, this means that an employee could pay twice if your course of treatment begins in one policy year and continues into the next.

If the first eligible claims are for outpatient treatment, this will reduce your outpatient benefit if you have chosen a limit.



Outpatient

This is where someone needs to attend a hospital, consulting room, outpatient clinic or treatment facility but doesn't have to stay overnight or be admitted as a day- or inpatient.

Examples of an outpatient appointment are initial consultations, scans, tests and follow-up consultations.

Outpatient appointments are not the same as day-patient procedures.

Day patient

This is where someone makes a planned admission into a hospital for treatment. They may need a bed but they won't stay in the hospital overnight. Day patient procedures don't come out of a customer's outpatient allowance. Eligible day-patient procedures are paid in full on all of our policies.*



Inpatient

The term inpatient refers to care provided by a consultant while the person has been admitted to hospital and stays overnight or longer. It can be provided by a surgeon during the period before or after surgery, or by a physician such as a consultant in general medicine for medical treatment.

*When we say benefits are paid in full – this is for treatment covered by on your core health insurance when you use a healthcare facility within your chosen Bupa network using a Bupa recognised consultant who agrees to charge within Bupa limits (a fee-assured consultant).

What's not covered?

It's important for you to know about the things your policy won't cover.

There are some conditions and treatments which we don't cover.

Examples include:

- ageing, menopause or puberty
- accident and emergency treatment
- allergies, allergic disorders or food intolerances
- birth control, conception or sexual problems
- chronic conditions
- chronic mental health conditions (unless mental health cover is included in your policy)
- complications from excluded conditions
- treatment resulting from contamination, wars, riots or terrorist acts
- convalescence care, rehabilitation or general nursing care
- cosmetic, reconstructive and weight loss treatment
- treatment for deafness or to correct eyesight
- dental and oral treatment
- dialysis
- gender dysphoria and gender affirmation
- intensive care (other than routinely needed after private day-patient and inpatient treatment)
- learning difficulties, behavioural and developmental problems~
- physical aids and devices
- pregnancy and childbirth
- screening, monitoring and preventive treatment
- sleep problems and disorders
- speech disorders
- temporary relief of symptoms

A full list of what isn't covered and further details of where exceptions can apply can be found in the Select policy guide.

Our policies don't cover 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. For more information about our emergency treatment exclusion, please refer to the Select policy guide.

Please read the 'Important Points' booklet at [bupa.co.uk/policyinformation](https://www.bupa.co.uk/policyinformation) for more details about what your cover offers.

~Need to know: any treatment for learning difficulties, behavioural or development problems (LBD) isn't covered. However, we do cover any related mental health condition individuals may experience in relation to an LBD, for example anxiety or depression relating to autism.

Chronic conditions

There are certain rules that apply to our policies if someone develops a 'chronic condition' – you should always check the terms of your policy for details about what is and isn't covered. In general, specialist consultations up to the diagnosis of a chronic condition are covered, but employees need to return to the care of a GP and/or the NHS for the ongoing management, screening and monitoring of the condition.

What is a chronic condition?

A chronic condition is defined as a disease, illness or injury that has one or more of the following characteristics:

- it needs long term monitoring, ongoing or long-term control or relief of symptoms
- it requires rehabilitation
- it continues indefinitely
- it has no known cure or is likely to come back.

What if the condition gets worse?

If the long-term condition gets worse, the person may be having what's known as an 'acute flare-up'. This is when a condition suddenly and unexpectedly deteriorates.

We'll cover eligible, short-term treatment of an unexpected acute flare-up when this aims to get the person back to the state of health they were in immediately before the flare up. This is providing that the condition is likely to respond quickly to treatment.

Our policy doesn't cover treatment for expected flare-ups of a chronic condition. This is because the treatment is part of the ongoing management of the condition.

However, the person can use their cover for an unexpected flare-up. We'll cover any planned treatment or further investigations needed after the condition has stabilised, as long as it's covered by their policy.



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We may record or monitor our calls.