

# Important information.

## Changes to your Bupa health insurance.



We have made some changes to our Bupa health insurance, which take effect when your cover renews on or after 1 January 2022.

This is a summary of some of the key changes. You should read it alongside your Bupa membership guide, membership certificate and any confirmation of special conditions, as together they set out the full terms and conditions of your cover. We will send a confirmation of special conditions for anyone to whom a special condition applies. References to sections in this document are to sections in your membership guide or membership certificate as indicated.

### Membership certificate

We have made the following changes to your membership certificate.

If you have cover for out-patient treatment or in-patient treatment and that cover included these monetary benefits, we have made the following changes to your membership certificate.

#### Facility charges for surgical operations carried out as out-patient, facility charges for out-patient MRI, CT and PET scans and facility charges for day-patient treatment and in-patient treatment

We no longer pay a fixed monetary amount towards facility charges when you choose to use a facility that is not a 'recognised facility' (we used to pay £100 for out-patient surgical operations, MRI, CT and PET scans or £200 for each day for day-patient treatment or each night for in-patient treatment). We have removed the reference to these monetary limits from your membership certificate.

#### Disclosure of Special conditions

We have changed the way special conditions are documented. These are no longer detailed on your membership certificate. Instead a confirmation of special conditions will be sent, for anyone to whom a special condition applies, to the main member or to the dependant themselves if they are aged 16 or over. We have updated the membership guide to reflect this.

### Membership guide

We have made the following changes to your membership guide.

#### About this Guide

##### How do I contact Bupa?

We have included new wording to tell you about our Bupa online service and the different methods you can use to contact us. Creating an online account provides on the go access to your Bupa scheme. For a comprehensive, personalised view of your benefits in one place, visit [bupa.co.uk/touchdashboard](https://bupa.co.uk/touchdashboard) to create an account. From here you can call or use web chat to get in touch.

#### Benefits

##### What you are covered for

##### Direct Access Service

If it's included in your scheme we have clarified that the direct access service has two parts to it. First, for certain medical conditions you can call us directly for a referral to a consultant or therapist, usually without consulting a GP. Second, if you already have a GP referral, you may also be offered the option to speak to a therapist, practitioner or other clinician who specialises in your condition to explore all of your treatment options.

##### Benefit 1 Out-patient consultations and treatment

We have updated this benefit to explain that we cover out-patient treatment at home when offered by us or recommended by your treatment provider. We only pay if your treatment provider is recognised by us for treatment at home.

##### Benefit 3.2.4 Intensive care

Within this section we have updated the wording to explain that the criteria to transfer care from an NHS hospital to a private recognised facility for eligible treatment also apply when transferring from a self funded stay in hospital.

### Benefit 4.1.2 Out-patient therapies and charges relating to out-patient treatment for cancer

We have updated our wording to explain that under this benefit we pay for clinical reviews that we may request to establish the eligibility of proposed cancer treatment.

### Benefit CB6 Cash benefit for treatment for cancer

We have updated this section to better explain when we pay cash benefits for cancer treatment.

### Benefit CB6.3 NHS cash benefit for oral drug treatment for cancer

We have removed reference to 'cancer treatment taken by mouth' and have changed this to 'oral drug treatment for cancer'. We have created a new benefit CB6.3 to better explain when we pay NHS cash benefit for oral drug treatment for cancer. We pay NHS cash benefit for oral drug treatment for cancer for each three-weekly interval, or part thereof, during which you take:

- oral chemotherapy
- oral anti-hormone therapy that is not available from a GP.

### Benefit CB6.4 Cash benefit for wigs or hairpieces

We have included new wording to explain that if stated as covered on your membership certificate, we pay cash benefit for a wig or hairpiece if you experience hair loss during eligible treatment for cancer.

### Benefit CB6.5 Cash benefit for mastectomy bras

We have included new wording to explain that if stated as covered on your membership certificate, we pay cash benefit for mastectomy bras and prostheses following an eligible surgical operation involving a mastectomy procedure where a reconstruction is not performed at the same time.

### Benefit 6 Treatment at home

We have updated benefit 6 to explain better when treatment at home would be covered. Treatment at home must be provided by a medical treatment provider. Consultants' fees are paid on the same basis as consultants' fees in a recognised facility under benefit 2. This change has also been reflected in your membership certificate.

## What is not covered

### Exclusion 6 Chronic conditions

We have amended the wording to the exception of this exclusion to clarify that we do not pay for treatment of a deterioration or flare up of a chronic condition when it is an expected part of the condition.

### Exclusion 9 Convalescence, rehabilitation and general nursing care

We have removed the exception to this exclusion. This means we no longer pay for in-patient rehabilitation. This does not apply to addiction treatment programmes if they are covered by your scheme under Benefit 5 Mental Health treatment.

### Exclusion 12 Dental/oral treatment

We have updated the exception to this exclusion to clarify that we only pay to surgically remove a complicated, buried or impacted tooth if it is causing an infection or pain.

### Exclusion 25 Screening, monitoring and preventive treatment

We added a new exception which explains that if your benefits include cancer cover we pay for eligible treatment for the monitoring of cancer.

### Exclusion 35 Varicose veins

We have added a new exclusion to explain that we do not pay for treatment of varicose veins. However, we have also added an exception to this exclusion which explains that we pay for one eligible surgical operation for varicose veins per leg in your lifetime of being covered under a Bupa health insurance scheme and/or a beneficiary of a Bupa administered trust. For the purposes of this treatment only, we will consider your lifetime to begin from the date of this renewal. Varicose vein procedures had prior to this date will not be counted against the limit.