



# An intermediary's guide to Bupa healthcare

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# Introducing Bupa private health insurance







## How does it work and what are the benefits?

Private health insurance customers usually pay a monthly or annual fee and then make claims for any eligible private healthcare they receive.

Their insurance will cover some or all of the costs of private treatments, and may even give them a cash benefit for stays in NHS hospitals.

### **The benefits of private health insurance**

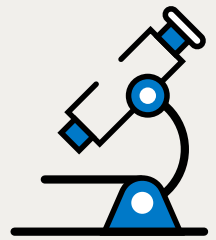
- The main benefit of private health insurance is that customers will get access to private healthcare, and usually get treatment faster than they would otherwise.
- Bupa offers access to GPs through Bupa Blue Health, our digital GP app, giving fast access to medical support, as well as referrals to any further private treatment.
- Bupa also offers direct access to physiotherapists or mental health specialists, usually without the need to wait for a GP referral. So people can get the support they need sooner.

# What makes Bupa different?



## Healthcare

It's what we do. We're here for the big things, the little things, and the everyday things. We're as much about helping people live better today as we are about helping them live better tomorrow. We've been doing it for over 75 years and we're making no plans to stop. Because health always matters.



## Driving healthcare forward

With no shareholders, our priority is looking after our customers. Whether it's through health insurance, or in a health centre, dental centre or care home, our sole focus is your clients' health.



## Excellent quality

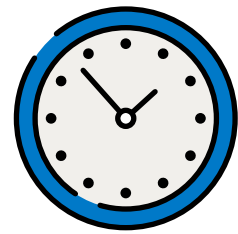
Our telephone support services, like Anytime HealthLine, are assessed by the Care Quality Commission. That means our customers can always expect a high quality of care.



## Award-winning provider

We're rated 'Great' on Trustpilot. We also won **'Provider of the Year'** at the 2022 UK Health Protection Awards.

# Six reasons to choose Bupa



## **Fast access**

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Healthcare shouldn't be a waiting game. Speak to us about muscles, bones and joints, mental health or cancer without having to see a GP first. This is efficient, convenient care.



## **Excellent quality**

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Our telephone support services, like Anytime HealthLine, are assessed by the Care Quality Commission. That means our customers can expect, and be reassured, that we provide high quality care.



## **Flexible cover**

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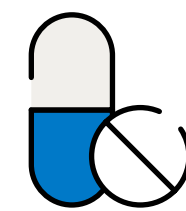
Choose the right cover for your clients. We have different options based on what works for your customers.



## **Freedom to choose**

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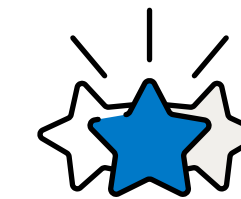
Insurance with Bupa means access to hundreds of private hospitals and thousands of consultants across the UK. We give your clients the freedom to make informed choices about their own healthcare.



## **New treatments**

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Better healthcare means better options. We provide access to the very latest medicines and treatments. And, we don't set time or financial limits for cancer patients\* when they choose full cancer cover.



## **Rewards by Bupa**

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Not only do we provide great healthcare, we also give exclusive offers to our customers. From fitness to relaxation and outdoors to nutrition. We're proud to support the health and wellbeing of all of our customers.

\*With Bupa full cancer cover, there are no limits on how long your treatment lasts or how much it costs, for as long as you have Bupa health cover. If you set a maximum benefit limit, either for each policy year or the full length of time that you're with us, we'll cover eligible costs until you reach your limit. You must use a hospital or health centre from the Bupa network and a consultant that we recognise and charges within Bupa rates (a fee-assured consultant)



# Bupa's health insurance options





# Bupa By You health insurance

We offer your clients  
two levels of cover.

1

## Comprehensive

Comprehensive cover is Bupa's highest level of cover. It provides private diagnosis and treatment from start to finish. It offers two levels of cancer cover, and the option to exclude it altogether.

2

## Treatment and Care

Treatment and Care covers the cost of private treatment for patients who are happy to be diagnosed by the NHS, or to self pay. Once your clients have a diagnosis from the NHS, they can come to Bupa for eligible treatment that is covered by their policy (excluding pre-existing conditions).

+

## Dental add-on

Your clients have the option to add Bupa Dental cover to their health insurance policy.

As well as other benefits, the dental add-on offers instant cover on preventative dental treatment, with no waiting periods. It also offers 100% reimbursement on oral cancer.\*

\*We pay all costs after a six-month waiting period. Your client must use a Bupa hospital and a Bupa-recognised consultant, who agrees to charge within Bupa limits. This is called a fee-assured consultant.



# Two levels of cover: Comprehensive and Treatment and Care

To decide which is best for your customers, take a look at what is and isn't covered by our two levels of health insurance.

		Comprehensive cover	Comprehensive cover with out-patient limits	Treatment and Care cover
<b>Diagnostic benefits</b>	Pre-treatment out-patient consultations	✓	£1,000, £750 and £500 combined depending on choice of cover	✗
	Pre-treatment out-patient diagnostic tests	✓		✗
	Pre-treatment MRI, CT and PET scans		✓	✗
<b>Treatments benefits</b>	Hospital treatment		✓	✓
	Mental health cover		✓	✓
	Out-patient therapies		✓	✓
	Post-treatment diagnostic tests		✓	✓
	Post-treatment out-patient consultations		✓	✓
	Post-treatment scans		✓	✓
<b>Cancer cover benefits</b>	Full cancer cover, NHS Cancer Cover Plus		✓	✓
<b>Hospital access</b>	Choice of three hospital networks		✓	✓
<b>Other benefits</b>	Anytime HealthLine		✓	✓
	Parent accommodation		✓	✓
	Private ambulance		✓	✓
	NHS cash benefit and cancer cash benefit		✓	✓



# Guided Care

Guided Care is an additional product option that is only available through an intermediary. It uses our Open Referral consultant network to give customers access to the healthcare they need at a lower price, with no compromises on quality.



## Open Referral

An Open Referral means customers are given the type of consultant they need by their GP, instead of a named one.

Consultants are recommended to the customer, based on their specialism.

With our Open Referral network, your clients have the reassurance of knowing that every consultant offers care in line with medical best practice and a high standard of customer service. We guarantee all costs will be covered, so customers won't face any shortfalls.

**93%** of customers who have used Open Referral say the quality of care is 'excellent' or 'very good'.

## How to use Guided Care:

### Step one

If someone's worried about cancer, moles and skin lesions, mental health, or muscle, bone and joint symptoms, they can call us first.\* Or, they can ask their GP for an Open Referral.

### Step two

We'll check whether the condition or treatment they need is covered by their policy.

### Step three

We'll pre-authorise any consultations, tests or treatments.

### Step four

We'll then offer two or three consultants to choose from.

\*Any onward referrals for consultations, tests or treatment are subject to the benefits and exclusions of your cover. For example, if your cover excludes conditions you had before your cover started, we may ask for further information from your GP. Please check your guide and certificate for further details or contact us to check your eligibility.



# Bupa Dental Cover 20

Bupa Dental Cover 20 is additional dental insurance, only available through an intermediary.

- ✓ Instant cover on preventative dental treatment (no waiting periods).
- ✓ 100% reimbursement on oral cancer.\*
- ✓ No pre-enrolment checks.
- ✓ No age bandings, priced on single age increments (price will change on renewal).
- ✗ Pre-existing conditions are not covered.
- ✗ 'Waiting period' means that your client will not be able to claim benefit until shown time has been used.
- ✗ Cosmetic and orthodontic treatment.
- ✗ Surgical implants.
- ✗ Mouthguards.

Type of cover	Benefit limits	Eligibility period from policy inception
<b>Preventative dental treatment</b> For example: routine examinations. X-rays and a scale and polish (by your client's dentist or hygienist)	Up to £150 per policy year	None
<b>Restorative dental treatment</b> For example: fillings. root canal, extractions, crowns and bridges	Up to £700 per policy year - Bupa pays 75% towards the cost of your treatment up to your benefit limit	Four months from your client's cover start date when you first join the policy
<b>Emergency dental treatment in the UK to alleviate pain or acute dental conditions</b>	Up to £600 per policy year	Four days from your client's cover start date when you first join the policy
<b>Dental injury treatment</b>	Up to £5,000 per policy year	Four months from your client's cover start date when you first join the policy
<b>Oral cancer treatment</b>	Full refund*	Six months from your client's cover start date when you first join the policy

\*We pay all costs after a six-month waiting period. Your client must use a Bupa hospital and a Bupa-recognised consultant, who agrees to charge within Bupa limits. This is called a fee-assured consultant.



A photograph of a group of people in a meeting. In the foreground, a woman with blonde hair tied in a bun is shown in profile, looking towards the right. Behind her, another woman with dark hair is smiling. The background is slightly blurred, showing other people in the room. The text 'Understanding common health insurance terms' is overlaid in white, bold font on the left side of the image.

# Understanding common health insurance terms



# Health insurance excess



## What is a health insurance excess?

An excess is the amount a customer has to pay towards their treatment when they make a claim on their health insurance policy.

- Customers have to pay part of their treatment costs, up to the amount of their excess. For example, if they have treatment that costs £3,000 and an excess of £500, they'll pay £500 and the insurer will pay the remaining £2,500.
- Customers may want to take out a health insurance policy with a higher excess because this can help reduce their monthly payments.



## What is the benefit of an excess?

The benefit of having an excess with a health insurance policy is that it allows customers to take control over their monthly premium.

- Not every private health insurance policy will have the same kind of excess, so it's important customers understand how and when excess applies to their health insurance policy.



## Bupa Health insurance and excess

We have two different levels of cover: Comprehensive or Treatment and Care.

- With either policy, customers can choose an excess of £0, £100, £150, £200, £250, £500, £1,000 or £2,000
- On our policies, customers need to pay their excess (if applicable) on their first eligible claims of each membership year. Customers only need to pay the total amount of their excess once per membership year, even if they make more than one claim for a condition. However, if their treatment starts in one membership year and continues into the next, it could apply twice to a single claim.
- Customers can amend their level of excess at each annual renewal.



# The difference between in-patient and out-patient cover

Customers need to know the difference between in-patient and out-patient when choosing a health insurance policy.



## In-patient cover

If a policy holder needs to go to a hospital for an operation or test and stay overnight, it means they're being treated as an in-patient. An in-patient health insurance policy can cover a range of things, including diagnostic tests, consultant fees for surgeons, hospital stays, and private cancer treatment.



## Out-patient cover

If a policy holder is being treated as an out-patient, it means they're not admitted to hospital and don't need to stay overnight for the appointment, or occupy a bed for the day.

An out-patient health insurance policy mainly covers minor diagnostic tests such as X-rays, blood tests and ultrasounds. It also covers conditions treated as an outpatient, such as physiotherapy.

## Is in-patient and out-patient cover included on all Bupa policies?

- Every policy includes full in-patient cover for all eligible treatment, as long as your customer uses a Bupa hospital and a Bupa-recognised consultant. The consultant must also agree to charge within Bupa limits; this is called a fee-assured consultant.
- With our Comprehensive health insurance cover, customers can choose an annual out-patient limit of £500, £750, £1,000, or unlimited cover. Unlimited cover means all their out-patient fees are fully covered, but may cost more. We'll only fund eligible treatment, and your client has to use Bupa-recognised facilities and consultants.

# Underwriting

We'll use underwriting to work out whether we can cover a customer, what we can cover them for, and how much the cover will cost.

This means looking at a customer's age, medical history and, if applicable, whether they've made any claims before.

Any conditions we can't cover are called special conditions. Special conditions are usually a pre-existing condition or symptom, or a previous illness. If we apply a special condition to a customer's cover, we also exclude any related conditions.



There are four different kinds of underwriting to choose from:

## Full Medical Underwriting

If a customer is happy for us to ask them about their medical history, they can choose Full Medical Underwriting. Full Medical Underwriting means that the customer's medical history is assessed with the application form to join, and we decide what conditions we may or may not be able to cover. Any conditions we deem as a pre-existing condition will be listed as an exclusion; and anything related to, or resulting from that condition will not be covered. This means that if their pre-existing medical condition is excluded from cover, they'll know from the beginning what they can and can't claim for.

## Ex-Group Scheme (XGS)

This is for customers moving from a company-paid Bupa group scheme they no longer qualify for. This scheme covers ongoing eligible medical conditions including cancer, heart and circulatory, back, neck and arthritic conditions, as well as planned and pending conditions (subject to the new policy's terms and benefits). However this may impact the price. Eligibility rules apply for XGS cover, so please refer to more detailed underwriting training to learn more.

## Moratorium Underwriting

If a customer doesn't want to tell us about their full medical history, they can choose Moratorium Underwriting. Because we don't look at their medical history until the point of claiming, we tell them whether they're covered at the time they make a claim. Conditions they've had in the five years prior to joining us will be excluded until they've spent two years free of treatment, medication, symptoms, or advice for that condition. This means it's easy to apply and they can be covered more quickly than if they choose other types of underwriting. However, it may slow down their claims as we have to establish eligibility each time.

## Switch

Allows customers covered by other UK providers to switch to Bupa, provided they have had 12 months continuous cover with their previous insurer. Eligibility rules apply for switch cover, so please refer to more detailed underwriting training to learn more.



A person with long dark hair, wearing glasses and large headphones, is seated at a wooden table. They are looking at a laptop screen with a thoughtful expression, their hands clasped together. The setting appears to be a bright, modern interior with large windows in the background. The text 'Most common insurance questions' is overlaid in white on the left side of the image.

# Most common insurance questions

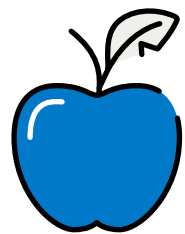


# How much does Bupa private health insurance cost?



## What's the average cost of private health insurance?

It's difficult to say, as not everyone will choose the same cover. It varies from person to person.



## What can affect a health insurance policy?

There are two major factors: personal circumstances and cover choices.

### Personal circumstances can include:

- A customer's age
- Where they live
- If they smoke
- And, for some policies, if they're affected by current or previous medical conditions

### Chosen cover includes:

- The level of health insurance cover
- How much excess a customer wants to pay
- Policy benefit limits – for example, out-patient limit
- Who the policy is for – for example, one person or a family
- A choice of hospital networks depending on a customer's chosen cover

### How can you make a policy more affordable?

It's important that customers select a policy that suits their budget as well as their needs. If they're looking to keep their costs down, they can do things like increase their excess limit or reduce their out-patient limit.



# How can I reduce my client's health insurance costs?

## 1 Understand their needs

Encourage your client to think about what cover they or their family need. Then compare against the benefits offered by the BBY policy and get quotes. Check what benefits are included so they can find the policy that's right for them.

## 2 Increase their excess

Agreeing to a larger excess can reduce monthly payments. Although, they will have to pay the excess amount if they need treatment. Each person covered by a policy can have their own excess.

## 3 Healthy lifestyle

Bupa offers lower health insurance premiums to those who don't smoke.

## 4 Reduce optional extras

Most policies offer dental cover as an optional extra. To save money, only add this on if they're likely to use it.

## 5 Select the most appropriate hospital network

Your client may be asked to choose from different networks of hospitals. Check the local private hospital they'd want to use and choose the network that includes it. If they don't live in London and know they won't be using hospitals there, it may be worth removing them from their cover as it will reduce their premium.

Our comprehensive online directory of Bupa recognised consultants, therapists, hospitals, dental clinics and healthcare services can be found on our Finder tool [finder.bupa.co.uk](https://finder.bupa.co.uk).

Guided Care is an additional product option that uses our Open Referral network to give customers access to the healthcare they need at a lower price, with no compromises on quality.

## 6 Choose the right out-patient care limits

Bupa health insurance policies can limit the amount that individuals can claim for out-patient care, such as scans or physiotherapy. Selecting a lower limit can reduce the cost of a policy.

## 7 Look for multi-person discounts

Bupa offers discounts for couples and families (they are not specific products). Customers might find incentives offering discounts too. However, this may not always be the best reason to choose a policy. Make sure your client is getting the cover they need.



# How do you choose the right policy for your clients?

When deciding on a Bupa policy, it's worth considering the following:



## **The treatments they want to cover**

It's important to think about what conditions or treatments a customer wants to be covered for, as the level of cover they want could also affect how much they pay.

## **If they have any pre-existing conditions**

Pre-existing conditions aren't usually covered by most health insurance providers, unless the customer is switching from one scheme to another. So, they'll need to decide whether a policy covers them for everything they need.

## **The type of policy they would be happy with**

With so many policies to choose from, it's important to find one that suits your client's needs. Whether they're looking for an all-round comprehensive policy, or a lower cost option where they're only covered for treatment. This could depend on if they're happy to be diagnosed by the NHS or use self-pay options.

## **Benefit limits**

It's important that your clients choose benefit limits that suit their needs. For example, if they think they'll need physiotherapy or diagnostic tests, they may need to choose a higher out-patient benefit limit.

## **The level of excess they want to pay**

The amount of excess your client chooses is what they'll have to pay towards the cost of treatment they need throughout the policy year. Choosing a higher excess will reduce the cost of their policy, but they need to remember they'll have to pay this when they claim for treatment. So, their excess needs to be an affordable amount.



## What's covered with Bupa?

It all depends on the policy each customer chooses. We offer the flexibility of two types of cover as part of our Bupa By You health insurance.

Ask your client to think about their needs, and then choose a policy that offers the right cover for them.

### **Most policies include cover for:**

- treatment in private hospitals
- private consultations
- access to a digital GP app
- physiotherapy for muscle, bone or joint conditions
- out-patient care such as scans, tests, X-rays and hospital appointments where they aren't admitted.

When considering health insurance policies, your client needs to think about what's important to them.

### **What don't we cover?**

There are some conditions that our health insurance doesn't cover:

- long-term, or 'chronic' conditions, other than mental health or cancer
- pre-existing conditions, which are any symptoms or medical conditions your customer had in the years before their policy starts
- special conditions
- natural ageing
- allergies, allergic disorders or food intolerances.



# How do customers make a claim?

## See a GP

Bupa policy holders should book an appointment with a GP or through our digital GP service, Bupa Blue Health. If they're unsure about starting a claim, they can talk to a trained nurse on our Anytime HealthLine.

### Direct Access

Customers can call us directly if they're worried about a range of symptoms. Usually, they'll be referred to specialist support without needing to see a GP. This can cover muscles, bones and joints, cancer symptoms, mental health and skin care.

## Referral

If the customer has a condition that requires a GP referral, we recommend asking for an 'Open Referral Letter'. This details the care the GP would like them to have. We aim to offer a choice of two or three specialists, who they can arrange a suitable appointment with.

## Contact Bupa

As soon as a customer has their referral from a GP, they should contact us to discuss their options. We'll let them know which specialists and healthcare they have access to, and what they need to do. We'll also send them any pre-treatment forms they need to complete.

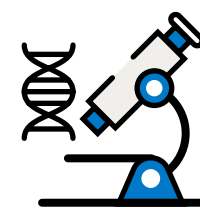
### Pre-authorisation

When we've confirmed their treatment is covered, we'll discuss the claim with the customer and give them a pre-authorisation number. They'll use this when they contact their consultant or healthcare professional.

## Choose a consultant or physiotherapist

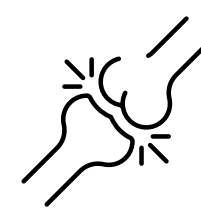
Customers can use our online care directory to search for local hospital and consultant availability: [finder.bupa.co.uk](https://finder.bupa.co.uk)

**Did you know in an average year, Bupa spend £1.37 billion on healthcare claims?**



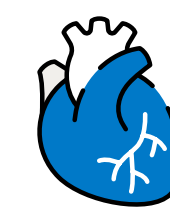
**Over  
£388m**

on cancer



**Over  
£375m**

on muscle, bone  
and joint treatment



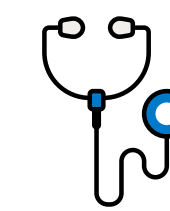
**Over  
£92m**

on heart conditions



**Over  
£69m**

on mental health



**Over  
£455m**

on other treatments

## What happens once my client is insured?

Customers will be covered for eligible treatment from the moment they have agreed on the level of cover that's right for them and they've set up their monthly Direct Debit.

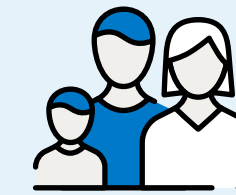
Once a customer's cover has started, they can cancel it within 21 days. And as long as they haven't made any claims, we'll refund all of their paid subscriptions for that month or year.

They'll be sent the documentation that details what is and isn't covered, and how to get in touch with us should they need to claim. Each year before renewal, we'll send their renewal details including their new subscription price.



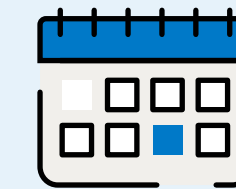
### **Bupa Touch**

Bupa Touch helps customers keep track of their cover in a few clicks. They'll get easy access to their claims history, policy documents, treatment information, and everyday wellbeing benefits. Bupa Touch is accessible online or via the app.



### **Can your client add other members of their family to their policy?**

Yes, they can add their partner and/or children as dependants on their policy. If they already have Bupa health insurance, they can update their policy to add a partner or child at any time.



### **Does your client's health insurance renew every year?**

We'll write to them at least 28 days before their renewal date, and their annual cover will automatically be renewed unless they decide to end their cover.





# Thank you

We hope this guide will help you to support your clients' health and wellbeing.

If you have any questions, please email [\*\*personalintermedsales@bupa.com\*\*](mailto:personalintermedsales@bupa.com)

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Bupa Anytime HealthLine is provided by Bupa Occupational Health Limited. Registered in England and Wales No. 631336. Registered office: 1 Angel Court, London EC2R 7HJ.  
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