

The background of the entire image is a photograph of a young man with short brown hair, a light beard, and black-rimmed glasses. He is wearing white earbuds and a dark blue shirt with a small white pattern. He is smiling and looking towards the camera while working on a laptop. The background is a blurred office or cafe setting with warm lighting and wooden elements.

Your go-to guide for Bupa health insurance

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Making
health
happen,
together



How we work with you

To us, working with intermediaries is a partnership.

We collaborate. We share. We listen.

Because our focus is your growth. And we'll never stop helping you to help your clients.

So whether you're new to selling health insurance or just looking for a refresher, this handy guide is here to help.

From an overview of our products to the best tips for reducing costs for your clients, you'll find everything you need to make selling simple.

Introducing Bupa private health insurance





How does it work and what are the benefits?

Private health insurance customers usually pay a monthly or yearly fee and then claim for private healthcare costs covered by their policy.

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

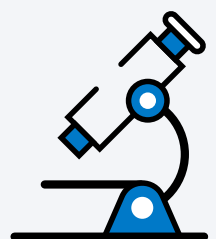
- Customers usually get seen faster than they would otherwise, whether that's a GP or when referred for more specialist support.
- Appointments can usually be arranged for a time and location which best suits the customer.
- Private hospitals compete, so they're often quick to adopt new and high-quality facilities and services.
- Private facilities can often offer treatments which aren't yet available on the NHS.

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.



Customers come first

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



Excellent quality

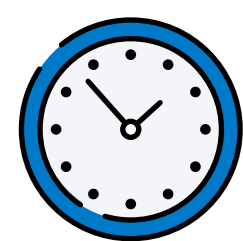
Our telephone support services, like Anytime HealthLine (a 24/7 nurse-led service), are assessed by the Care Quality Commission. This means our customers can always expect quality care, Comprehensive is rated 5 star on Defaqto.



Award-winning provider

We're rated 'Excellent' on Trustpilot. We also won **'Best Individual Health Insurance Provider of the Year'** at the 2024 UK Health Protection Awards.

Six reasons to choose Bupa



Fast access to care

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



Freedom to choose

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.



Choice of consultants

We usually offer up to three consultants for your clients to choose from. This offers more choice and flexibility than named consultants.



New treatments

Better healthcare means better options. We provide access to breakthrough medicines and treatments, often before they're available on the NHS. And we don't set time or financial limits for cancer patients* when they choose full cancer cover.



Cover options

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



Leading mental health cover

We cover more mental health conditions than any other leading UK insurer†. Customers can often talk to a specialist without seeing a GP first. There's no time limit on cover‡, and we'll cover recurring conditions.†‡

*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. 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).

†As of September 2024, this comparison to other products in the market is based on Bupa's and Defaqto's interpretation of the differences between Bupa's Bupa By You, SME Select and Corporate Select health insurance products and other health insurance products offering mental health cover. The comparison excludes any special offers or promotions which may temporarily alter the cover offered. Cover comparison information is for personal use and guidance only and does not constitute any contractual representation, warranty or obligation by either Bupa or Defaqto about the completeness, accuracy, reliability, suitability or availability of the comparison. Neither party accepts any liability for errors, omissions, direct or consequential loss in relation to this comparison.

‡Refers to standard mental health cover when this is included in the selected consumer health insurance product. Subject to benefit limits.

Bupa's health insurance options



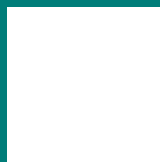
Bupa By You health insurance

We offer your clients
two levels of cover.



Comprehensive

Comprehensive cover is Bupa’s highest level of cover. It provides private diagnosis and treatment from start to finish.



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, they can come to Bupa for treatment that’s covered by their policy (for example, pre-existing conditions aren’t usually covered).



Dental add-on

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

As well as other benefits, the dental add-on offers instant cover for preventative dental treatments such as check-ups and scale and polish, with no waiting periods. It also covers 100% of the cost of oral cancer treatment.*

*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 clients, take a look at what is and isn't covered by our two levels of health insurance.

		Comprehensive cover	Comprehensive cover with outpatient allowance	Treatment and Care cover
Diagnostic benefits	Pre-treatment outpatient consultations	✓	Choose a £1,000, £750 or £500 combined outpatient allowance	✗
	Pre-treatment outpatient diagnostic tests	✓		✗
	Pre-treatment MRI, CT and PET scans	✓	✓	✗
Treatments benefits	Hospital treatment	✓	✓	✓
	Mental health cover	✓	✓	✓
	Outpatient therapies	✓	✓	✓
	Post-treatment diagnostic tests	✓	✓	✓
	Post-treatment outpatient consultations	✓	✓	✓
	Post-treatment scans	✓	✓	✓
	Digital GP	✓	✓	✓
Cancer cover benefits	Full cancer cover	✓	✓	✓
Hospital access	Choice of three hospital networks	✓	✓	✓
Dental allowance	One appointment at a Bupa Dental Care practice for everyone covered, every policy year. Plus, a £300 allowance each towards restorative treatment, like crowns and fillings, if needed	✓	✓	✓
Other benefits	Face-to-face GP appointments for £20 (for fully comp)	✓	✗	✗
	Parent accommodation	✓	✓	✓
	Private ambulance	✓	✓	✓
	NHS cash benefit and cancer cash benefit	✓	✓	✓

Guided Care

Guided Care is an additional product option which 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 compromise on quality.



Open Referral

An open referral means that your client’s GP will decide which speciality of consultant they need to see, rather than referring them to a specific consultant. Using information from the GP, we’ll offer your client a choice of up to three consultants or therapists with the appropriate medical expertise.

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 have anything extra to pay.

99% of customers who have used Open Referral say the quality of care is ‘excellent’ or ‘very good’.

Source: Bupa internal data 2023.

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 they have, or the 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 a choice of two or three consultants from our Open Referral network.

Need to know:

*Any onward referrals for consultations, tests or treatment are subject to the benefits and exclusions of your client’s cover. For example, if their policy doesn’t cover conditions they had before the policy started, we may ask for further information from their GP. They can check their guide and certificate for further details, or contact us to check their cover.

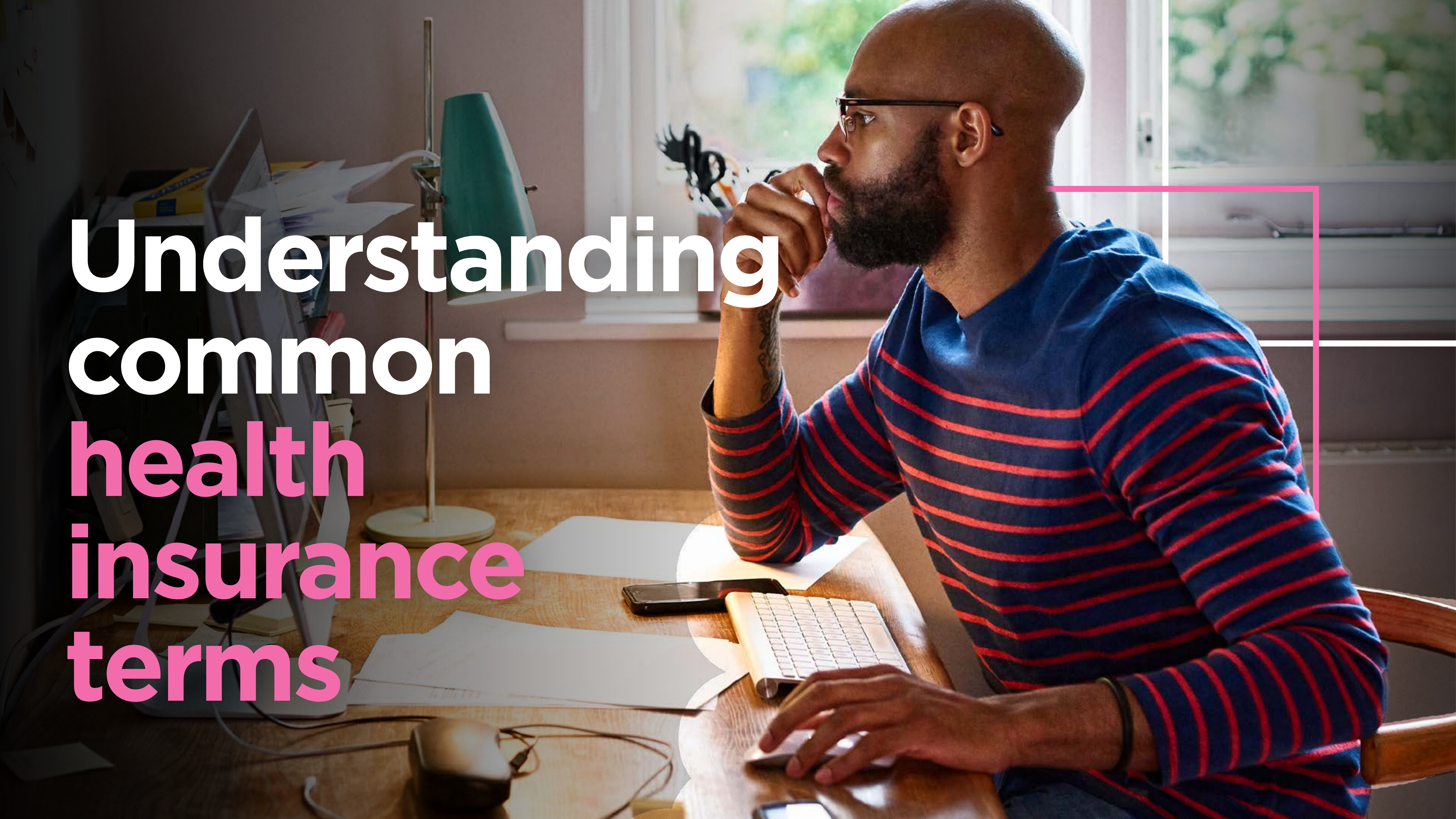
Bupa Dental Cover 20

This additional dental insurance is only available through intermediaries.

- ✓ Instant cover on preventative dental treatment (no waiting periods).
- ✓ 100% reimbursement on oral cancer treatments.*
- ✓ No pre-enrolment checks.
- ✗ Pre-existing conditions are not covered.
- ✗ ‘Waiting period’ means that your client will be unable to claim benefit until shown time has passed.
- ✗ Cosmetic and orthodontic treatment.
- ✗ Surgical implants.
- ✗ Mouthguards.

Type of cover	Benefit allowances	Waiting period
Preventative dental treatment For example: routine examinations. X-rays and a scale and polish (by your client’s dentist or hygienist)	Up to £150 each policy year	None
Restorative dental treatment For example: fillings. root canal, extractions, crowns and bridges	Up to £700 each policy year - the policy covers 75% of treatment costs, up to the benefit allowance	Four months from your client’s cover start date
Emergency dental treatment in the UK	Up to £600 each policy year	Four days from your client’s cover start date
Dental injury treatment	Up to £5,000 each policy year	Four months from your client’s cover start date
Oral cancer treatment	Full refund*	Six months from your client’s cover start date

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



Understanding common health insurance terms

Health insurance excess



What is a health insurance excess?

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

- Customers agree 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 their policy will cover the remaining £2,500.



What is the benefit of an excess?

The benefit of having an excess is that it allows customers to take control over their premiums.

- Not every private health insurance policy will have the same kind of excess, so it's important for customers to understand how and when an excess applies to their health insurance policy.
- Customers may want to take out a health insurance policy with a higher excess because this can help reduce the cost of their health insurance.



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 policy year. Customers only need to pay the total amount of their excess once in each policy year, even if they make more than one claim for a condition. However, if their treatment starts in one policy year and continues into the next, their excess could apply twice to a single claim.
- Customers can amend their level of excess at each yearly renewal.

The difference between inpatient and outpatient cover

Your clients need to know the difference between inpatient and outpatient when choosing a health insurance policy.



Inpatient cover

If your client needs to go to hospital and has to stay overnight, it means they're being treated as an inpatient. An inpatient health insurance policy can cover a range of things, including diagnostic tests, consultant fees for surgeons, hospital stays, and private cancer treatment.



Outpatient cover

If your client is being treated as an outpatient, 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 outpatient benefit allowance mainly covers minor diagnostic tests such as X-rays, blood tests and ultrasounds. It also covers outpatient treatments such as physiotherapy.

Are inpatient and outpatient cover included on all Bupa policies?

- Every policy includes full inpatient cover for all covered treatment, as long as your client uses a Bupa-recognised 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, your client can choose an annual outpatient allowance of £500, £750, £1,000, or unlimited cover. Unlimited cover means all their outpatient fees are fully covered, but this level of cover is more costly. We'll only fund treatment covered by the policy, and your client must use Bupa-recognised facilities and consultants.
- With our Treatment and Care insurance, your client will be covered for outpatient therapies such as physiotherapy and follow-up outpatient appointments within six months of their discharge date.

Underwriting

The underwriting process is a key part of creating a customer’s policy. It helps us **determine whether there are any specific health conditions we may need to exclude to provide their cover.**

We’ll look at a customers 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 can’t cover any related conditions, either.



There are four different kinds of underwriting to choose from:

Full medical underwriting

If your client is happy for us to ask them about their medical history, they can choose full medical underwriting. This means that their medical history is assessed with their joining application form, and we decide which conditions we may or may not be able to cover. Pre-existing conditions, and any conditions related to them, won’t be covered – so your clients can be clear about what they can and can’t claim for, right from the start of their policy.

Ex-group scheme (XGS)

If your client is moving from a company-paid Bupa group scheme for which they no longer qualify, XGS may be for them. 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 affect the cost of their cover. Eligibility rules apply, so please refer to more detailed underwriting training to find out more.

Moratorium underwriting

If your client 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 up-front, we tell them whether they’re covered when they claim. Conditions they’ve had in the five years before joining us won’t be covered until they’ve had 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 were to choose another type of underwriting. However, because we’ll need to check that they’re covered each time, there’s a cost to this and it could slow down their claims.

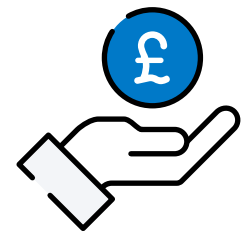
Switch

This allows customers covered by other UK health insurance 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.



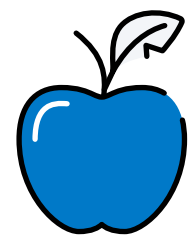
Most common insurance questions

How much does Bupa private health insurance cost?



What's the average cost?

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:

- Your client's age
- Where they live
- Whether they smoke
- And, for some policies, whether they're affected by current or previous medical conditions
- Their general health and lifestyle

Chosen cover includes:

- The level of health insurance cover
- How much excess your client wants to pay
- Policy benefit allowances – for example, outpatient allowance
- Who the policy is for – for example, an individual, a couple or a family
- A choice of hospital networks, depending on your client's chosen cover

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

<div>1</div> <div>Understand their needs</div> <div>Encourage your client to think about the type and level of cover which they or their family need. Then compare that against the benefits of our Bupa By You policy, and get quotes. Check which benefits are included so they can find the policy that's right for them.</div>	<div>2</div> <div>Increase their excess</div> <div>Agreeing to a larger excess can reduce monthly payments. However, your client will need to pay the excess amount if they need treatment. Each person covered by a policy can have their own excess.</div>	<div>3</div> <div>Healthy lifestyle</div> <div>Bupa offers lower health insurance premiums to people who don't smoke.</div>	<div>4</div> <div>Reduce optional extras</div> <div>Most policies offer dental cover as an optional extra. To save money, only add this on if they're likely to use it.</div>
<div>5</div> <div>Select the most appropriate hospital network</div> <div><p>We offer different networks of hospitals, and your client may be asked to choose one. Ask them which local private hospital they'd prefer to use, and pick the network which includes it. If they don't live in London and know they won't be using hospitals there, it may be worth removing London hospitals from their cover as it will reduce their premium.</p><p>Our comprehensive online directory of Bupa-recognised consultants, therapists, hospitals, dental practices and healthcare services can be found using our Finder tool finder.bupa.co.uk.</p><p>Guided Care is an additional product option which uses our Open Referral network to give customers access to the healthcare they need at a lower price, with no compromises on quality.</p></div>	<div>6</div> <div>Choose the right outpatient benefit allowance</div> <div>Customers can choose their level of benefit allowance for outpatient care – such as scans or physiotherapy. Opting for a lower allowance can reduce the cost of their policy.</div>	<div>7</div> <div>Look for multi-person discounts</div> <div>Bupa offers discounts for couples and families. 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.</div>	<div>8</div> <div>Qualify for the new Health and Lifestyle discount</div> <div>We'll ask customers three simple questions about their wellbeing. If their answers suggest a healthy lifestyle, we'll give them 10% off our Bupa By You and Switch policies - because we think better health deserves to be recognised.</div>

How do you choose the right policy for your clients?



Which treatments do they want cover for?

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

Do 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.

What type of policy would they like?

With so many policies to choose from, it's important to find one that suits your client's needs. Perhaps 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 prefer to use self-pay options.

What about the level of benefit allowance?

It's important that your clients choose benefit allowances which suit their needs. For example, if they think they'll need physiotherapy or diagnostic tests, they may need to choose a higher outpatient benefit allowance.

How much excess do 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. Therefore, their excess needs to be an affordable amount.

What's covered with Bupa?

It all depends on the policy your client 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
- an allowance towards restorative dental treatment
- physiotherapy for muscle, bone and joint conditions
- outpatient care such as scans, tests, X-rays and hospital appointments which don't involve being admitted

Your client will also need to understand that there are some conditions which we don't cover.

What don't we cover?

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

How do your clients make a claim?

See a GP

Your client should book an appointment with a GP or through our digital GP service.

Direct Access

Alternatively, your client can call us direct if they're worried about some symptoms. Usually, they'll be referred to specialist support without needing to see a GP first. This can cover muscles, bones and joints, cancer symptoms and mental health.

Get a referral

If your client 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'll offer patients a choice of up to three consultants or therapists with the appropriate medical expertise, and your client can book an appointment with the one they'd prefer to see.

Contact Bupa

As soon as your client 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 to complete.

Pre-authorisation

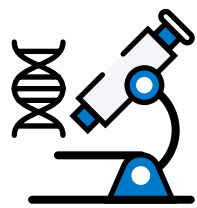
When we've confirmed their treatment is covered, we'll discuss the claim with the customer and give them a pre-authorisation number. They'll use this when they contact their consultant or healthcare professional.

Choose a consultant or physiotherapist

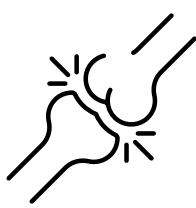
Your client can use our online care directory to search for local hospital and consultant availability: finder.bupa.co.uk

Did you know that in an average year, Bupa spends £1.9 billion* on healthcare claims?

*Bupa claims data, 2023



Over
£437m
on cancer



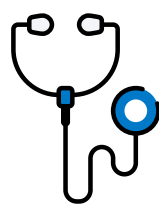
Over
£454m
on muscle, bone
and joint treatment



Over
£108m
on heart conditions



Over
£98m
on mental health



Over
£547m
on other treatments

What happens once my client is insured?

Your client will be covered from the moment they have agreed on the level of cover that's right for them and they've set up their preferred payment option.

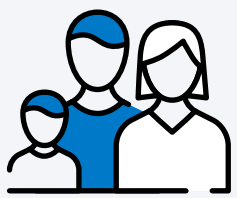
Once their cover has started, they can cancel it within 21 days. And as long as they haven't made any claims, we'll refund all of their paid premiums for that month or year.

They'll be sent their policy documents, which will explain 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 them their renewal details including their new premium price.



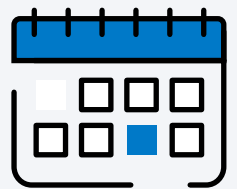
My Bupa

With just a few clicks, My Bupa offers clients easy access to their policy documents, claims history and treatment information. It also provides access to digital healthcare and finding treatment. My Bupa is available via an app or the website version. It's healthcare, all in one place.



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

Yes, they can add their partner and children as dependants. 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. Their policy will automatically renew 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 [**cisales@bupa.com**](mailto:cisales@bupa.com)

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