Check your Facility Access within the ‘Group details’ section of your membership certificate (or ‘Scheme details’ section of the group certificate that we issue to your sponsor) to see if the Guided Care option has been chosen. If it has, then:

- this Addendum includes important information about this option. Please read this Addendum in conjunction with your Bupa Select membership guide, your membership certificate, and any confirmation of special conditions because, along with them, this Addendum sets out the cover we will provide for you under the agreement.

- Participating facility is the network of recognised facilities for which you are covered under your benefits, and you must follow our Open Referral service, which is described in your membership certificate and in the changes that we have made to sections of your Bupa Select membership guide below. The changes are highlighted in blue.

### Existing SME Select Membership Guide (SEL/5079/JAN23) | Changes to SME Select Membership Guide (SEL/5079/JAN23)

### Claiming – Step by step guide to making a claim (Pages 13, 14)

**Step 2 If Direct Access is not available (or if you prefer) – consult a GP for an open referral**

Sometimes, when you have had a consultation with another healthcare practitioner before consulting a GP and they believe referral to a consultant is appropriate, a GP appointment may not be clinically necessary. The situations in which we will accept such a referral are set out on bupa.co.uk/referrals or you can call us.

Consult a GP, they will assess if you need to see a consultant. If they decide that you do, ask them for an ‘open referral’ (unless a paediatric referral is required – see ‘Information about cover for children’ in this Step 2). This allows us to offer you a choice of nearby recognised practitioners including consultants covered under your policy.

Some GPs may prefer to give a ‘named referral’ to a certain consultant, however you should call us before you make an appointment to confirm that we recognise them under your benefits, to avoid your being liable to pay.

**Step 2 If Direct Access is not available (or if you prefer) – consult a GP for an open referral**

Sometimes, when you have had a consultation with another healthcare practitioner before consulting a GP and they believe referral to a consultant is appropriate, a GP appointment may not be clinically necessary. The situations in which we will accept such a referral are set out on bupa.co.uk/referrals or you can call us.

Consult a GP, they will assess if you need to see a consultant. If they decide that you do, ask them for an ‘open referral’ (unless a paediatric referral is required – see ‘Information about cover for children’ in this Step 2). This allows us to offer you a choice of nearby recognised practitioners including consultants covered under your policy.

Check your Facility Access within the ‘Group details’ section of your membership certificate (or ‘Scheme details’ section of the group certificate that we issue to your sponsor) to see if the Guided Care option has been chosen. If it has, then the Open Referral service applies to your benefits.
When you call **us** we will:
- help you find a **fee-assured consultant** or **recognised practitioner** within your local area covered under your **benefits**, and
- confirm the **benefits** available to you under your cover.

**Important note**
Failure to obtain pre-authorisation from **us** means that you will be responsible for paying for all such **treatment** if **we** would not have pre-authorised that **treatment**.

**Information about cover for children aged 17 or under**
It is not always possible for **us** to find you a paediatric **consultant** so when a paediatric referral is required **we** ask that you obtain a named referral from a **GP**.

Some private hospitals do not provide services for children or have restricted services available for children, so **treatment** may be offered at an **NHS** hospital. You can ask **us** about **recognised facilities** where paediatric services are available or you can find them on finder.bupa.co.uk

Where **in-patient** or **day-patient eligible treatment** is required, children are likely to be treated in a general children’s ward. This is in line with good paediatric practice.

If the Open Referral service does not apply to your **benefits**:
Some **GPs** may prefer to give a ‘named referral’ to a certain **consultant**, however you should call **us** before you make an appointment to confirm that **we** recognise them under your **benefits**, to avoid you being liable to pay.

When you call **us** we will:
- help you find a **fee-assured consultant** or **recognised practitioner** within your local area covered under your **benefits**, and
- confirm the **benefits** available to you under your cover.

If the Open Referral service does apply to your **benefits**
You must:
- obtain an open referral from a **GP** to ensure that your **treatment** is covered, and to avoid having to return to a **GP** to get an open referral; then
- call **us** to pre-authorise any claim before arranging or receiving any **treatment**. When you call **we** will:
  - help you find a **fee-assured consultant** in our list of Open Referral Network **consultants** that applies to your **benefits**
  - help you find a **recognised practitioner** within your local area
  - confirm the **benefits** available to you under your cover.

**Important note**
Failure to obtain pre-authorisation from **us** means that you will be responsible for paying for all such **treatment** if **we** would not have pre-authorised that **treatment**.

**Information about cover for children aged 17 or under**
It is not always possible for **us** to find you a paediatric **consultant** so when a paediatric referral is required **we** ask that you obtain a named referral from a **GP**.

Some private hospitals do not provide services for children or have restricted services available for children, so **treatment** may be offered at an **NHS** hospital. You can ask **us** about **recognised facilities** where paediatric services are available or you can find them on finder.bupa.co.uk

Where **in-patient** or **day-patient eligible treatment** is required, children are likely to be treated in a general children’s ward. This is in line with good paediatric practice.
Restrictions and/or limitations to benefits

Your cover may be limited or restricted through one or more of the following:

- **If you are a moratorium member**

- If you are an underwritten member: please note, if *you* and/or *your dependants* are an underwritten member, it is important that you complete and send us the application form for *you* and/or for *your dependants* if your membership certificate states that *we* require your medical history. Until *you* have completed this *we* will not be able to confirm exactly what *your* policy covers *you* and/or *your dependants* for, meaning your claims might take longer for *us* to process or you might not be eligible to claim for treatment you need.

- **Benefit limits:** these are limits on the amounts *we* will pay and/or restrictions on the cover you have under your benefits. Your membership certificate shows the benefit limits and/or restrictions that apply to your benefits.

- **Excess:** this is explained in rule E in the section ‘Claiming’. Your membership certificate shows if an excess applies to your benefits. If one does apply, your benefit limits shown on your membership certificate will be subject to your excess.

- Exclusions that apply to your cover: the general exclusions are set out in the section ‘What is not covered’. Some exclusions also apply in this section and there may also be exclusions on your membership certificate and any confirmation of special conditions we send for anyone to whom a special condition applies.
Failure to call us to obtain pre-authorisation for your treatment means that you will be responsible for paying for all such treatment if we would not have pre-authorised it. The Open Referral service does not apply to referral for a child. For full details of the Open Referral service please see ‘A step-by-step guide to making a claim’ in the ‘Claiming’ section of this membership guide.

- Exclusions that apply to your cover: the general exclusions are set out in the section ‘What is not covered’. Some exclusions also apply in this section and there may also be exclusions on your membership certificate and any confirmation of special conditions we send for anyone to whom a special condition applies.

Bupa recognised medical practitioners and recognised facilities
(Pages 23, 24)

Your cover for eligible treatment costs depends on you using certain Bupa recognised medical and other health practitioners and recognised facilities.

Please note:
- the medical practitioners, other healthcare professionals and recognised facilities you use can affect the level of benefits we pay you
- certain medical practitioners, other healthcare professionals and recognised facilities that we recognise may only be recognised by us for certain types of treatment or treating certain medical conditions or certain levels of benefits
- the medical practitioners, other healthcare professionals and recognised facilities that we recognise and the type of medical condition and/or type of treatment and/or level of benefit that we recognise them for will change from time to time.
Benefits - Notes on benefits (continued)

Your treatment costs are only covered when:
- if the Open Referral service does not apply to your benefits: the person who has overall responsibility for your treatment is a consultant. If the person who has overall responsibility for your treatment is not a consultant then none of your treatment costs are covered – the only exception to this is where a GP or our Direct Access service refers you for out-patient treatment by a therapist, complementary medicine practitioner or mental health and wellbeing therapist
- the medical practitioner or other healthcare professional and the recognised facility are recognised by us for treating the medical condition you have and for providing the type of treatment you need.

Your treatment costs are only covered when:
- if the Open Referral service does not apply to your benefits: the person who has overall responsibility for your treatment is a consultant. If the person who has overall responsibility for your treatment is not a consultant then none of your treatment costs are covered – the only exception to this is where a GP or our Direct Access service refers you for out-patient treatment by a therapist, complementary medicine practitioner or mental health and wellbeing therapist
- if the Open Referral service does apply to your benefits: the person who has overall responsibility for your treatment is a consultant in our list of Open Referral Network consultants that applies to your benefits. If the person who has overall responsibility for your treatment is not in our list of Open Referral Network consultants that applies to your benefits then none of your treatment costs are covered – the only exception to this is where a GP or our Direct Access service refers you for out-patient treatment by a therapist, complementary medicine practitioner or mental health and wellbeing therapist
- the medical practitioner or other healthcare professional and the recognised facility are recognised by us for treating the medical condition you have and for providing the type of treatment you need.

Changes to lists (Page 24)
The lists that these criteria are applied to include the following:
- advanced therapies
- appliances
- consultant fees schedule
- critical care units
- fee-assured consultants
- medical treatment providers
- prostheses
- recognised facilities
- recognised practitioners
- schedule of procedures
- specialist drugs.
What is not covered

Exclusion 32 Unrecognised medical practitioners, providers and facilities (Pages 49, 50)

*We* do not pay for any of your treatment if the consultant who is in overall charge of your treatment is not recognised by Bupa.

*We* also do not pay for treatment if any of the following apply:

- the consultant, medical practitioner, therapist, complementary medicine practitioner, mental health and wellbeing therapist or other healthcare professional is:
  - not recognised by Bupa for treating the medical condition you have and/or for providing the type of treatment you need, and/or
  - is not in the list of recognised practitioners that applies to your benefits

- the hospital or treatment facility is:
  - not recognised by Bupa for treating the medical condition you have and/or for providing the type of treatment you need, and/or
  - is not in the facility access list that applies to your benefits

- the hospital or treatment facility or any other provider of services is not recognised by us and/or we have sent a written notice saying that we no longer recognise them for the purpose of our private medical insurance schemes.

Bupa does not recognise consultants, therapists, complementary medicine practitioners, mental health and wellbeing therapists or other healthcare professionals in the following circumstances:

- where we do not recognise them as having specialised knowledge of, or expertise in, the treatment of the disease, illness or injury being treated

- where we do not recognise them as having specialised expertise and ongoing experience in carrying out the type of treatment or procedure needed

- where we have sent a written notice to them saying that we no longer recognise them for the purposes of our schemes.

Exclusion 32 Unrecognised medical practitioners, providers and facilities (Pages 49, 50)

*We* do not pay for any of your treatment if the consultant who is in overall charge of your treatment is not recognised by Bupa.

*We* also do not pay for treatment if any of the following apply:

- the consultant, medical practitioner, therapist, complementary medicine practitioner, mental health and wellbeing therapist or other healthcare professional is:
  - not recognised by Bupa for treating the medical condition you have and/or for providing the type of treatment you need, and/or
  - is not in the list of recognised practitioners that applies to your benefits

- if the Open Referral service applies to your benefits, the consultant is not in our list of Open Referral Network consultants that applies to your benefits

- the hospital or treatment facility is:
  - not recognised by Bupa for treating the medical condition you have and/or for providing the type of treatment you need, and/or
  - is not in the facility access list that applies to your benefits

- the hospital or treatment facility or any other provider of services is not recognised by us and/or we have sent a written notice saying that we no longer recognise them for the purpose of our private medical insurance schemes.

Bupa does not recognise consultants, therapists, complementary medicine practitioners, mental health and wellbeing therapists or other healthcare professionals in the following circumstances:

- where we do not recognise them as having specialised knowledge of, or expertise in, the treatment of the disease, illness or injury being treated

- where we do not recognise them as having specialised expertise and ongoing experience in carrying out the type of treatment or procedure needed

- where we have sent a written notice to them saying that we no longer recognise them for the purposes of our schemes.
Glossary (Page 54)

**Facility access**

the network of recognised facilities for which you are covered under your **benefits** as shown on your **membership certificate** and being either:
- participating facility, or
- partnership facility.

**Fee-assured consultant**

a **consultant** who, at the time you receive your **treatment**, is:
- recognised by us as a fee-assured consultant, and
- in the list of fee-assured consultants that applies to your **benefits**.

You can ask us if a **consultant** is a fee-assured consultant and if they are in the list of **consultants** that apply to your **benefits** or you can access these details at finder.bupa.co.uk

**Gender dysphoria**

a condition where a person experiences discomfort or distress because there is a mismatch between their biological sex and gender identity, sometimes known as gender identity disorder, gender incongruence or transgenderism.

**GP**

a doctor who, at the time he/she refers you for your consultation or **treatment**, is on the UK General Medical Council’s General Practitioner Register.

**Guided Care**

the Open Referral service applies to your **benefits**, and **participating facility** is the network of recognised facilities for which you are covered under your **benefits**.
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