Your policy summary

Bupa Select Custom

For renewal customers buying directly from Bupa, and for customers purchasing via an intermediary or asking for a comparable quote directly from Bupa

Effective from 1 August 2023
Welcome to Bupa Select Custom (the scheme). This policy summary contains key information about the scheme. You should read this carefully and keep it in a safe place afterwards. Please note that it does not contain the full terms and conditions and exclusions of cover under the Agreement, which you will find in the Bupa Select membership guide. Also, the terms of your cover may change from time to time, particularly at renewal. The helpline can provide further details.

**About your cover**

**The insurer**
The insurance is provided under an agreement (the Agreement) between Bupa Insurance Limited (Bupa, we, us, our) and the company or association that pays for your membership (the Sponsor). Your cover is subject to the terms and conditions of that Agreement.

There is no contractual agreement between you and Bupa covering your membership. If you are the main member and you contribute towards the cost of the subscriptions the Sponsor pays to us for you and any of your dependants, we refer to you in the membership guide as a ‘Contributing member’. Contributing members have some legal rights under the Agreement. These rights are explained in the membership guide. Otherwise, only the Sponsor and Bupa have legal rights under the Agreement, although Bupa will allow anyone covered under the Agreement access to our complaints process.

**The type of insurance provided**
The scheme offers health insurance which aims to fund eligible private medical treatment in the United Kingdom. Bupa Select Custom contains a number of options. The Sponsor chooses those it wants to provide as part of your cover under the Agreement. Please read the Bupa Select membership guide together with your membership certificate to ensure the cover under the Agreement meets your needs.

**The type of treatment covered**
You are only covered for eligible treatment. This means treatment of:

- an acute condition, or
- a mental health condition (depending on your cover for mental health treatment under the Agreement)
together with the products and equipment used as an integral part of the treatment that:

- are consistent with generally accepted standards of medical practice and representative of best practices in the medical profession in the UK
- are clinically appropriate in terms of type, frequency, extent, duration and the facility or location where the services are provided, for example as specified by NICE (or equivalent bodies in Scotland) in its guidance on specific conditions or treatment where such guidance is available
- are demonstrated through scientific evidence to be effective in improving health outcomes
- are not provided or used primarily for the expediency of you or your consultant or other healthcare professional

and the treatment, services or charges are not excluded under the terms and conditions of the Agreement between the Sponsor and Bupa.

**How to make a claim**

**Step 1 Find out if the Direct Access service is available to you**

It’s available for certain medical conditions and has two parts to it:

- first you can contact us directly without consulting a GP for a remote assessment with a trained advisor, therapist, mental health and wellbeing therapist or other clinician who specialises in your condition. This may lead to a referral for a consultation or treatment
- 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.

For details about cover for the Direct Access service and how it works please see the Benefits section in the membership guide under the heading ‘Direct Access service’.

**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](http://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 hereafter). 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 the quote document or the ‘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.
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.

Important information about cover for children aged 17 or under

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.

Step 3 Contact us

You can call the helpline number 0345 604 0623* and we will talk you through your options. Alternatively, you can contact us via our webchat service or complete the online request for a treatment form. We will explain which nearby consultants, facilities and healthcare professionals are covered under your Bupa membership and provide you with a pre-authorisation number so your healthcare provider can send the bill directly to us. If your consultant recommends further tests or treatment, it is important you check back with us to obtain further pre-authorisation.

*Lines are open 8am to 8pm Monday to Friday, 8am to 1pm Saturday. We may record or monitor our calls.
Bupa recognised practitioners and facilities

Your cover depends on you using certain Bupa and scheme recognised medical practitioners and treatment facilities within the Facility Access that applies to your cover.

Please note:

- Who you use and the facilities you use can affect the level of benefits you are covered for
- Also, they may only be recognised by us for certain types of treatment or levels of benefits
- The type of treatment and/or level of benefits that we recognise them for can change from time to time. Please call us before your treatment to check you are covered.

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 Bupa recognised consultant in our list of consultants that applies to your benefits. If the person who has overall responsibility for your treatment is not a consultant who meets the former criteria, 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 Bupa recognised 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.
Summary of cover

This table sets out the type of charges for eligible treatment that are covered under the scheme and the benefit limits available for certain benefits. It also shows certain options that are available for Sponsors to select. (See the Bupa Select membership guide and your membership certificate for details of the benefits that apply to your cover under the Agreement.)

Unless otherwise specified, the amounts shown in the table are for each member.

Facility access

<table>
<thead>
<tr>
<th>Type of treatment cost depending on your cover under the Agreement</th>
<th>Maximum benefit available depending on your cover under the Agreement</th>
<th>Notes as applicable depending on your cover under the Agreement</th>
</tr>
</thead>
</table>
| Facility access   | partnership facilities or participating facilities or Guided Care | see your membership certificate (or the quote document or the group certificate that we issue to your sponsor) for the Facility Access that applies to your cover under the Agreement, or the helpline can provide details. **If the Guided Care option has been chosen:**  
  - participating facility is the network of recognised facilities for which you are covered under your benefits; and  
  - the Open Referral service applies to your benefits. You must be referred to a consultant or to treatment either by our Direct Access service (if it is available for your condition), or by obtaining an open referral letter from a GP. This is a referral that details the care you need but is not addressed to a named consultant or healthcare practitioner. You then must call us to pre-authorise your consultation or treatment and use a consultant in our list of Open Referral Network consultants that applies to your benefits, or a Bupa recognised practitioner (as relevant), from the choice we give you. There are no extra bills for treatment provided by the surgeons or anaesthetists we offer you. Excess and benefit limits still apply.  
  - the Open Referral service doesn’t apply to children aged 17 or under. |
## When you are not admitted to hospital

<table>
<thead>
<tr>
<th>Type of treatment cost depending on your cover under the Agreement</th>
<th>Maximum benefit available depending on your cover under the Agreement</th>
<th>Notes as applicable depending on your cover under the Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Out-patient consultations and treatment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-patient consultations with a consultant</td>
<td>paid in full up to £250 each membership year for these out-patient benefits combined and not individually (including complementary medicine) or paid in full up to £500 each membership year for these out-patient benefits combined and not individually (a maximum £250 is available from within this limit for complementary medicine) or paid in full up to £750 each membership year for these out-patient benefits combined and not individually (a maximum £250 is available from within this limit for complementary medicine) or paid in full up to £1,000 each membership year for these out-patient benefits combined and not individually (a maximum £250 is available from within this limit for complementary medicine) or paid in full up to £1,500 each membership year for these out-patient benefits combined and not individually (including complementary medicine) or paid in full</td>
<td>check your Facility Access on your membership certificate (or the quote document or the group certificate that we issue to your sponsor) to see if the Guided Care option has been chosen. <strong>If the Guided Care option has not been chosen</strong>  - with a scheme recognised consultant, therapist or complementary medicine practitioner (acupuncture, chiropractic and osteopathy only)  - remote consultations are available if the consultant is recognised to provide them  <strong>If the Guided Care option has been chosen</strong>  - in a scheme recognised facility, or  - with a consultant recognised to carry out out-patient diagnostic tests <strong>If the Guided Care option has been chosen</strong>  - in a scheme recognised facility, or  - with a consultant in our list of Open Referral Network consultants recognised to carry out out-patient diagnostic tests</td>
</tr>
<tr>
<td>Out-patient therapies and complementary medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility or consultant charges for out-patient diagnostic tests on consultant referral</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Out-patient consultations and treatment (continued)

<table>
<thead>
<tr>
<th>Type of treatment cost depending on your cover under the Agreement</th>
<th>Maximum benefit available depending on your cover under the Agreement</th>
<th>Notes as applicable depending on your cover under the Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI, CT and PET scans</td>
<td>paid in full</td>
<td>in a scheme recognised facility for the type of scan you need as part of your eligible treatment</td>
</tr>
</tbody>
</table>

### When you are admitted to hospital

<table>
<thead>
<tr>
<th>Type of treatment cost depending on your cover under the Agreement</th>
<th>Maximum benefit available depending on your cover under the Agreement</th>
<th>Notes as applicable depending on your cover under the Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-patient surgical operations, day-patient or in-patient treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultants’ fees for surgical and medical hospital treatment</td>
<td>check your Facility Access on your membership certificate (or the quote document or the group certificate that we issue to your sponsor) to see if the Guided Care option has been chosen</td>
<td>in a scheme recognised facility</td>
</tr>
</tbody>
</table>

**If the Guided Care option has not been chosen**
- consultants who are fee-assured consultants - paid in full
- scheme recognised consultants who are not fee-assured consultants - up to the limits of the Bupa consultant fees schedule

**If the Guided Care option has been chosen**
- fee-assured consultants in our list of Open Referral Network consultants in a recognised facility - paid in full
- consultants in our list of Open Referral Network consultants who are not fee-assured consultants in a recognised facility - up to the limits of the consultant fees schedule
### Out-patient surgical operations, day-patient or in-patient treatment (continued)

<table>
<thead>
<tr>
<th>Type of treatment cost depending on your cover under the Agreement</th>
<th>Maximum benefit available depending on your cover under the Agreement</th>
<th>Notes as applicable depending on your cover under the Agreement</th>
</tr>
</thead>
</table>
| Facility charges for: accommodation, theatre charges, nursing care, drugs and dressings (when needed as an essential part of your day-patient or in-patient treatment), intensive care, diagnostic tests and MRI, CT and PET scans, therapies, prostheses and appliances | paid in full | - in a scheme recognised facility  
- for eligible intensive care in a scheme recognised critical care unit  
- a list of the prostheses and appliances covered is available on request |

- Parent accommodation
  - for one parent only, accompanying a child aged 17 or under who is a member of the scheme and receiving eligible in-patient treatment in a scheme recognised facility

- Treatment at home
  - we pay in full for the charges that we agree to pay on your behalf
  - with a scheme recognised medical treatment provider

### Additional benefits

<table>
<thead>
<tr>
<th>Type of treatment cost depending on your cover under the Agreement</th>
<th>Maximum benefit available depending on your cover under the Agreement</th>
<th>Notes as applicable depending on your cover under the Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private ambulance</td>
<td>up to £80 each single trip</td>
<td>when medically necessary and related to private eligible day-patient or in-patient treatment</td>
</tr>
<tr>
<td>Home nursing</td>
<td>up to £2,000 each year</td>
<td>when immediately following private eligible in-patient treatment</td>
</tr>
</tbody>
</table>
## Cash benefits

<table>
<thead>
<tr>
<th>Type of treatment cost depending on your cover under the Agreement</th>
<th>Maximum benefit available depending on your cover under the Agreement</th>
<th>Notes as applicable depending on your cover under the Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS cash benefit for NHS in-patient treatment</td>
<td>£50 a night for up to 35 nights a year</td>
<td></td>
</tr>
<tr>
<td>NHS cash benefit for NHS in-patient treatment for cancer</td>
<td>£100 each night</td>
<td></td>
</tr>
</tbody>
</table>
| NHS cash benefit for NHS out-patient or day-patient treatment or NHS home treatment for cancer | £100 for each day you receive radiotherapy including proton beam therapy in a hospital setting  
£100 for each day you receive chemotherapy other than oral chemotherapy  
£100 on the day of your surgical operation |  |
| NHS cash benefit for oral drug treatment for cancer | £100 for each three-weekly interval |  |
| Cash benefit for wigs or hairpieces related to cancer | £100 per cancer occurrence |  |
| Cash benefit for mastectomy bras | £200 paid once per mastectomy procedure |  |
| Procedure Specific NHS cash benefit | available for certain eligible treatments. Call us or go to [bupa.co.uk/pscb](http://bupa.co.uk/pscb) for more information |  |

- NHS cash benefits are available only when the treatment you need is provided to you free of charge under the NHS and it would otherwise have been eligible under your benefits.
- except for NHS cash benefit for oral drug treatment for cancer, none of these NHS cash benefits is payable at the same time as any other cash benefit for NHS treatment.
Cancer treatment

<table>
<thead>
<tr>
<th>Type of treatment cost depending on your cover under the Agreement</th>
<th>Maximum benefit available depending on your cover under the Agreement</th>
<th>Notes as applicable depending on your cover under the Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer treatment after a diagnosis of cancer has been confirmed – as for other treatment set out in this table except for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Out-patient consultations with a consultant</td>
<td>paid in full</td>
<td>check your Facility Access on your membership certificate (or the quote document or the group certificate that we issue to your sponsor) to see if the Guided Care option has been chosen</td>
</tr>
<tr>
<td>▪ Out-patient therapies and complementary medicine</td>
<td></td>
<td>If the Guided Care option has not been chosen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ with a scheme recognised consultant, therapist or complementary medicine practitioner (acupuncture, chiropractic and osteopathy only)</td>
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<td></td>
<td></td>
<td>▪ remote consultations are available if the consultant is recognised to provide them</td>
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<td></td>
<td></td>
<td>If the Guided Care option has been chosen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ with a consultant in our list of Open Referral Network consultants, a scheme recognised therapist or complementary medicine practitioner (acupuncture, chiropractic and osteopathy only)</td>
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<td></td>
<td></td>
<td>▪ remote consultations are available if the consultant is recognised to provide them</td>
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</tbody>
</table>
| Facility or consultant charges for out-patient diagnostic tests on consultant referral | paid in full | check your Facility Access on your membership (or the quote document or the group certificate that we issue to your sponsor) to see if the Guided Care option has been chosen  
**If the Guided Care option has not been chosen**  
- in a scheme recognised facility, or  
- with a consultant recognised to carry out out-patient diagnostic tests  
**If the Guided Care option has been chosen**  
- in a scheme recognised facility, or  
- with a consultant in our list of Open Referral Network consultants recognised to carry out out-patient diagnostic tests |

| Facility charges for out-patient cancer drugs | | in a scheme recognised facility when:  
- unavailable from a GP, or  
- an initial small supply is provided by the recognised facility on discharge to enable you to start your treatment straight away |

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**Options to enhance cover (additional subscriptions apply)**

<table>
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<tr>
<th>Type of treatment cost depending on your cover under the Agreement</th>
<th>Maximum benefit available depending on your cover under the Agreement</th>
<th>Notes as applicable depending on your cover under the Agreement</th>
</tr>
</thead>
</table>
| Mental health treatment | up to a maximum of 45 days each year for mental health day-patient and in-patient treatment combined and not individually | check your Facility Access on your membership certificate (or the quote document or the group certificate that we issue to your sponsor) to see if the Guided Care option has been chosen  
**If the Guided Care option has not been chosen** – for eligible mental health treatment in scheme recognised facilities and with scheme recognised consultants  
**If the Guided Care option has been chosen** – for eligible mental health treatment in scheme recognised facilities and with consultants in our list of Open Referral network consultants |

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<table>
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<tr>
<th>Type of treatment cost depending on your cover under the Agreement</th>
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<tbody>
<tr>
<td>Mental health treatment (continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant psychiatrists’ fees and mental health and wellbeing therapists’ fees for out-patient treatment</td>
<td>paid in full up to and from within your available out-patient benefits combined limit specified above in this table</td>
<td>check your Facility Access on your membership certificate (or the quote document or the group certificate that we issue to your sponsor) to see if the Guided Care option has been chosen</td>
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<tr>
<td></td>
<td></td>
<td><strong>If the Guided Care option has not been chosen</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ with a scheme recognised consultant psychiatrist or mental health and wellbeing therapist</td>
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<tr>
<td></td>
<td></td>
<td>▪ remote consultations are available if the consultant psychiatrist or mental health and wellbeing therapist is recognised to provide them</td>
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<tr>
<td></td>
<td></td>
<td><strong>If the Guided Care option has been chosen</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ with a consultant psychiatrist in our list of Open Referral Network consultants or a scheme recognised mental health and wellbeing therapist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ remote consultations are available if the consultant psychiatrist or mental health and wellbeing therapist is recognised to provide them</td>
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<td></td>
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<td>in a scheme recognised facility</td>
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<tr>
<td>Facility charges for out-patient diagnostic tests on consultant referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of treatment cost depending on your cover under the Agreement</td>
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<td>Notes as applicable depending on your cover under the Agreement</td>
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<td>---------------------------------------------------------------</td>
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<tr>
<td>Mental health treatment (continued)</td>
<td>check your Facility Access on your membership certificate (or the quote document or the group certificate that we issue to your sponsor) to see if the Guided Care option has been chosen</td>
<td>in a scheme recognised facility</td>
</tr>
</tbody>
</table>
| Consultant psychiatrists’ fees for day-patient and in-patient treatment | **If the Guided Care option has not been chosen**
  - scheme recognised consultants who are fee-assured consultants - paid in full
  - scheme recognised consultants who are not fee-assured consultants - up to the limits of the Bupa consultant fees schedule | |
| | **If the Guided Care option has been chosen**
  - consultants in our list of Open Referral Network consultants who are fee-assured consultants - paid in full
  - consultants in our list of Open Referral Network consultants who are not fee-assured consultants - up to the limits of the Bupa consultant fees schedule | up to a maximum of 45 days each membership year for mental health day-patient and in-patient treatment combined and not individually |
<p>| Facility charges for day-patient and in-patient treatment | paid in full up to a maximum of 45 days each year for mental health day-patient and in-patient treatment combined and not individually | in a scheme recognised facility |</p>
<table>
<thead>
<tr>
<th>Type of treatment cost depending on your cover under the Agreement</th>
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<th>Notes as applicable depending on your cover under the Agreement</th>
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</thead>
<tbody>
<tr>
<td><strong>Full refund surgeon and anaesthetist – It can’t be selected together with the Guided Care option</strong></td>
<td>paid in full</td>
<td>- with a scheme recognised consultant - irrespective of consultant fee-assured status - in a scheme recognised facility - consultants’ fees for other types of treatment are as set out in this table see your membership certificate for details of your cover for consultants’ fees under the Agreement or the helpline can provide details</td>
</tr>
</tbody>
</table>

| Consultants’ fees for eligible day-patient and in-patient surgical operations – consultants’ fees for other types of treatment are as set out in this table | paid in full | with a Bupa recognised consultant – irrespective of consultant fee-assured status – in a scheme recognised facility |

| Travel costs to the UK mainland for you to receive eligible treatment | up to £240 for a return trip | specific conditions apply – see the Select Island guide for details |
| Travel costs to the UK mainland for a parent, nurse or relative to accompany you when medically necessary | up to £240 for a return trip | specific conditions apply – see the Select Island guide for details |
| Nursing care by a qualified nurse during your journey | up to £100 for a single trip | specific conditions apply – see the Select Island guide for details |
### Add-on – family cash benefit
*(available when purchased via an insurance intermediary, or to customers whose policy was purchased direct from Bupa and already includes them)*

<table>
<thead>
<tr>
<th>Type of treatment cost depending on your cover under the Agreement</th>
<th>Maximum benefit available depending on your cover under the Agreement</th>
<th>Notes as applicable depending on your cover under the Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family cash benefit</td>
<td>£200 for each birth or adoption</td>
<td>this cover applies to a main member only</td>
</tr>
</tbody>
</table>

### Add-on – optical, dental, prescription cash benefit

<table>
<thead>
<tr>
<th>Type of treatment cost depending on your cover under the Agreement</th>
<th>Maximum benefit available depending on your cover under the Agreement</th>
<th>Notes as applicable depending on your cover under the Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following benefits are not available for members aged 16 or under (see the Cash benefits section in the Bupa Select membership guide for details)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optical cash benefit</td>
<td>up to £100 in any two year benefit period</td>
<td>when provided to or prescribed for you by an optician or a scheme recognised consultant</td>
</tr>
<tr>
<td>Accidental dental injury cash benefit</td>
<td>up to £900 each year</td>
<td>with a registered dentist, orthodontist or a scheme recognised consultant</td>
</tr>
<tr>
<td>Prescription cash benefit</td>
<td>up to £20 each year</td>
<td>for eligible treatment</td>
</tr>
</tbody>
</table>

### Options to manage costs

<table>
<thead>
<tr>
<th>Name of option</th>
<th>Choice available</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Policy excess        | £0, £100, £150, £200 or £500         | - if the Sponsor agrees with us that an excess applies to your cover, it applies to each member each membership year. This means that each member is responsible for paying the first part of his or her eligible treatment costs up to the amount of the excess each year  
  - the Bupa Select membership guide and your membership certificate together provide details, including the amount, of any excess that may apply to your cover or details are available from the helpline |
| Six week scheme      | six week scheme not selected (default) or six week scheme selected | - if the NHS can provide day-patient or in-patient treatment (including diagnostic procedures) within six weeks of the date the consultant recommends the treatment or diagnostic procedures, then treatment or diagnostic procedures are with the NHS. If not, the treatment or diagnostic procedures will be covered by Bupa  
  - selecting this option removes cover for NHS cash benefits for NHS in-patient treatment |
<table>
<thead>
<tr>
<th>Name of option</th>
<th>Choice available</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Sports clubs exclusions | sports clubs exclusions applied or sports clubs exclusions not applied            | for groups classified by Bupa as sports clubs there are certain other treatments that are excluded from cover in addition to those listed in the ‘What your policy does not cover’ section of this summary. The additional excluded treatments include:  
  - out-patient physiotherapy  
  - complementary medicine  
  - MRI and CT scans  
  - mental health treatment  
  - NHS cash benefits for NHS in-patient treatment  
  The Bupa Select membership guide and your membership certificate together provide the details of these additional exclusions or details are available from the helpline. |
| Fixed rate            | two-year fixed rate option not selected (default) or two-year fixed rate option selected | the fixed rate option allows you to fix the rates you pay per member for two years at an extra cost. However, this is not protected from any increases in Insurance Premium Tax (IPT) when your policy is next renewed. Changes to membership made during the two-year fixed rate period will not affect the fixed rates but may affect the price you pay for the policy after renewal. Examples of membership changes include (but are not limited to): adding or removing members from the policy, complimentary babies becoming paid-for child dependants at their first renewal, and child dependants reaching the age of 24 during the first fixed year who would then be required to pay the adult rate in the second year. Please note, you may not be able to amend your benefit options at your first renewal when choosing this option. |
What your policy does not cover

There are certain medical conditions and treatments that you are not covered for. There are some exceptions to some exclusions. The Bupa Select membership guide (in the ‘What is not covered’ section and, for mental health treatment in the ‘Benefits’ section) and your membership certificate together provide the details of those exceptions and they are also available from the helpline.

The excluded medical conditions and treatments include:

- ageing, menopause and puberty
- accident and emergency treatment
- advanced therapies and specialist drugs
- allergies, allergic disorders or food intolerances
- benefits that are not covered and/or are above your benefit limits
- birth control, conception and sexual problems
- chronic conditions
- complications from excluded conditions, treatment and experimental treatment
- contamination, wars, riots and some terrorist acts
- convalescence, rehabilitation and general nursing care
- cosmetic, reconstructive or weight loss treatment
- deafness
- dental/oral treatment
- dialysis
- drugs and dressings for out-patient or take-home use and complementary and alternative products
- excluded treatment or medical conditions
- experimental drugs and treatment
- eyesight
- pandemic or epidemic disease
- intensive care (other than routinely needed after private day-patient treatment or in-patient treatment)
- learning difficulties, behavioural and developmental conditions
- overseas treatment
- physical aids and devices
- pregnancy and childbirth
- screening, monitoring and preventive treatment
- sleep problems and disorders
- special conditions
- speech disorders
- temporary relief of symptoms
- gender dysphoria or gender affirmation
- varicose veins of the legs
- treatment in a treatment facility that is not a scheme recognised facility
- unrecognised medical practitioners, providers and facilities
- moratorium conditions for moratorium members: any disease, illness or injury which existed in the five years before cover started, unless after two years continuous membership of the scheme you haven’t received medication, advice or treatment or experienced symptoms of that disease, illness or injury
- pre-existing conditions for underwritten members: by underwritten members we mean a member who as part of his/her application to join the scheme was required to provide details of his/her medical history to us for the purpose of underwriting.

**How long your cover will last**
The Agreement is an annual one. Your cover is dependent on the Sponsor covering you under the Agreement, so your cover will generally last for 12 months but this may change depending on the Sponsor.

**Changing your mind**
You or your Sponsor can end your membership or the membership of any of your dependants at any time by writing to us. If your membership ends, the membership of all your dependants will also end.

**Getting in touch**

**Bupa digital account**
Creating an account provides on the go access to your Bupa policy. Giving you a comprehensive, personalised view of your cover in one place, visit [bupa.co.uk](http://bupa.co.uk) to create an account or download the Bupa Touch App. From here you can call or use web chat to get in touch, which is the quickest way of reaching us.

You can call us on: **0345 604 0623** between 8am and 8pm Monday to Friday and 8am to 1pm Saturday.

Alternatively, you can write to us at: **Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**
For those with hearing or speech difficulties you can use the Relay UK service on your smartphone or textphone. For further information visit [www.relayuk.bt.com](http://www.relayuk.bt.com). We also offer documents in Braille, large print or audio.

*We may record or monitor our calls.*
Making a complaint

We are sorry if you need to complain. We will do our best to understand what has happened and put things right.

Ways to get in touch

- Call us: 0345 604 0623*
- Chat to us online: bupa.co.uk/complaints
- Email us: customerrelations@bupa.com
  
  If you need to send us sensitive information you can email us securely using Egress. For more information and to sign up for a free Egress account, go to https://switch.egress.com. You will not be charged for sending secure emails to a Bupa email address using the Egress service.
- Write to us: Customer Relations, Bupa, Bupa Place, 102 The Quays, Salford M50 3SP

We also offer documents in Braille, large print or audio.

What happens with my complaint?

We will carefully consider your complaint and do our best to resolve it quickly. If we can’t resolve it straight away, we will email or write to you within five business days to explain the next steps.

We will keep you updated on our progress and once we have fully investigated your complaint, we will email or write to you to explain our decision. If we have not resolved it within eight weeks we will write to you and explain the reasons for the delay.

If we have not resolved your complaint within eight weeks, or if you are unhappy with our decision, you may be able to refer your complaint to the Financial Ombudsman Service for an independent review. The service they provide is free and impartial. You can visit their website, financial-ombudsman.org.uk, or:

- call them on 0800 023 4567
- submit a complaint online at financial-ombudsman.org.uk/contact-us/complain-online
- email them at complaint.info@financial-ombudsman.org.uk
- write to them at the Financial Ombudsman Service, Exchange Tower, London E14 9SR

If you refer your complaint to the Financial Ombudsman Service, they will ask for your permission to access information about you and your complaint. We will only give them what’s necessary to investigate your complaint and this may include medical information. If you are concerned about this please contact us.

The Financial Services Compensation Scheme (FSCS)

In the unlikely event that we cannot meet our financial obligations, you may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of your claim.
The FSCS may arrange to transfer your policy to another insurer, provide a new policy or, where appropriate, provide compensation. Further information about compensation scheme arrangements is available from the FSCS on 0800 678 1100 or 020 7741 4100 or on its website at: www.fscs.org.uk

Privacy notice

Our privacy notice explains how we take care of your personal information and how we use it to provide your cover. A brief version of the notice can be found in your membership guide or the full version is online at bupa.co.uk/privacy
Bupa health insurance is provided by:
Bupa Insurance Limited. Registered in England and Wales No. 3956433. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Arranged and administered by:
Bupa Insurance Services Limited, which is authorised and regulated by the Financial Conduct Authority. Registered in England and Wales No. 3829851.

Registered office: 1 Angel Court, London EC2R 7HJ

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