

Important information.

Here's how your Bupa Select health insurance is changing.



We've made some changes to our health insurance, which will apply when your cover renews on or after 1 October 2023.

This is a summary of some of the main changes. Please read it alongside your policy guide, membership certificate and any confirmation of special conditions, as together these set out the full terms and conditions of your cover. We've included the relevant sections to make it easy for you to find them in your policy guide or membership certificate.

Membership certificate

Here's how your membership certificate has changed.

How do I contact Bupa?

We've updated this section to let you know about the Bupa digital account, which helps you manage your policy online. Visit [bupa.co.uk](https://www.bupa.co.uk) to create an account or download the Bupa Touch App.

Textphone service

If you have hearing or speech difficulties you can now use the Relay UK service to contact us on your smartphone or textphone. Visit www.relayuk.bt.com for more information about this service. It replaces the textphone number on your previous membership certificate.

Premiums

Fixed Rate

The Fixed Price product option is now called Fixed Rate. Your membership certificate will say if this applies to you.

Policy guide

Here's how your policy guide has changed.

We've improved the policy guide to make it easier to understand because we know health insurance can be hard to follow. We've used clearer language and improved the layout so it's easier to find information. We've introduced new tables with ticks and crosses to show what is and

isn't covered. Some of the benefit and exclusion numbers have changed. This is because we may have reordered them or combined them.

Direct Access service

We've made two changes to our Direct Access service:

- if you're an underwritten or moratorium member you no longer need to give us information about your medical history before using our Direct Access service. However, if you're referred for treatment by our Direct Access service and want to claim for it, you may need to provide us with information to establish your condition is not a pre-existing condition or a moratorium condition (and therefore excluded from your cover)
- you can now use our Direct Access service for medical conditions that are not covered by your benefits. For example, if you have a special condition or general exclusion the Direct Access service will still be available to you for a remote assessment. However, any out-patient consultations, therapies or treatment that's recommended by the Direct Access service for those conditions would not be covered under your benefits.

Menopause HealthLine

Our new Menopause HealthLine is run by specially trained nurses who offer advice, guidance and support, even if you're unsure if you're menopausal. You, or anyone covered on your policy can use this service.

What is covered

Benefit 5 Mental health treatment

Your membership certificate will show if you have cover for mental health treatment. If you do, your policy now covers mental health treatment related to all conditions as set out in the policy guide, unless it relates to pre-existing, special or moratorium conditions. Your policy doesn't cover treatment for dementia.

What isn't covered

Exclusion 1 Ageing, menopause and puberty

We've updated this exclusion to explain that treatment of an acute condition that you develop during menopause, such as heavy bleeding (menorrhagia) or urinary incontinence, is covered.

Exclusion 24 Screening, monitoring and preventive treatment

We've explained that reconstructive surgery will also be covered if you have prophylactic surgery that's covered by your policy. You'll find information about this in Exclusion 10 Cosmetic, reconstructive or weight loss treatment under exception 2.

Exclusion 31 Leg varicose veins

We've updated the title to explain that this only applies to varicose veins of the legs.