

Products at a glance

Quick guide to Bupa health insurance, dental insurance and cash plan

For clients of intermediaries From 1 September 2024 This document gives a high level overview of our products. Please read it along with the relevant policy guides to understand what is and isn't covered for each product.

Bupa Select health insurance - Select Key, Enhanced, Complete and Custom

Our healthcare options have been designed with the needs of small and medium businesses in mind. Choose the cover that's relevant to your work and budget. You can also choose different levels of cover for each of your employees. If you'd like to customise your cover, please see Select Custom on page five.

		Select Comprehensive healthcare cover			
	Benefit allowances for each person covered on the policy				
Benefits	Select KeySelect EnhancedOur baseExtra cover forlevel of coveradded reassurance		Select Complete Our highest tier of cover		
Facilities					
Facility access		p facilities nationwide or d Care ⁴	over 600 participating facilities nationwide or Guided Care ⁴		
Out-patient consultations and treatment					
Out-patient consultations and diagnostic tests	51.000	61 500			
Out-patient therapies (eg physiotherapy) and charges related to out-patient treatment	£1,000 a year ¹	£1,500 a year ¹	paid in full ¹		
Out-patient complementary medicine treatment (acupuncture, chiropractic and osteopathy)	up to £250 within your out-patient benefit allowance above ¹	up to and within your outpatient benefit allowance limit above ¹	paid in full ¹		
Out-patient MRI, CT and PET scans		paid in full ¹			
Being treated in hospital as a day-patien	t or in-patient				
Consultant fees and facility charges		paid in full ²			
Cancer treatment					
Cancer cover		paid in full ²			
NHS cancer cash benefit If you choose to have certain eligible cancer treatment under the NHS rather than privately	£100 each night for NHS in-patient treatment or £100 for each day you have NHS out-patient, day-patient or home treatment or £100 for each three-weekly course during which you take oral chemotherapy or oral anti-hormone therapy that isn't available from a GP				
Mental health treatment					
Business Mental Health Advantage Consultant and facility charges for day-patient and in-patient care	pa	aid in full up to 45 days each year	2		
Medical consultations, advice and suppo	rt				
		consultations within 24 hours vi			
Digital GP service Smartphone application for diagnosis,	and private prescription	• •			
	Collection o	r delivery available from a choser call time, available all day and eve	n pharmacy		

Select Comprehensive healthcare cover

		Comprenensive nealthcare cover						
	Benefit allowances for each person covered on the policy							
Benefits	Select Key Our base level of cover	Select Complete Our highest tier of cover						
Bupa Family Mental HealthLine Telephone service for mental health support with a trained adviser	unlimited calls and unlimited call time between 8am and 6pm Monday to Friday. Provides guidance to parents and carers who are concerned about their child's mental health or wellbeing							
Bupa Menopause HealthLine Telephone service for clinical advice and support with a menopause trained nurse	unlimited calls and unlimited call time between 8am and 8pm, everyday. Provides guidance and support to anyone covered on the policy to help understand and manage menopause symptoms							
Additional benefits								
Direct Access No GP referral needed for certain conditions		symptoms, mental health, or muscle, ovide support, advice and a referral treatment if you need them						
Home nursing When immediately following private eligible in-patient treatment		treatment carried out under the sup eeded before treatment starts. Eligi membership guide for details						
Ambulance cover When related to private eligible in-patient, day-patient treatment	up to	£80 each single trip – no annual lim	its					
NHS cash benefit If you choose to have in-patient treatment under the NHS rather than privately	£50 a night for up to 35 nights a year for treatment that would have otherwise been covered for private in-patient treatment							
Procedure specific NHS cash benefit If you choose to have certain eligible treatment under the NHS rather than privately	The amount we pay d	t would otherwise have been covere epends on the procedure you're hav pa.co.uk/pscb for more information	ing. Call us or go to					
Options to enhance cover (additional pre	emiums apply)							
Island cover		nsey or the Isle of Man only – includ annot be selected with the Guided C						
Options to manage costs								
Excess options	You can	choose from £0, £100, £150 £200 or	£500					
Six week scheme	If the NHS can provide day-pa within six weeks of the date t	n gives a discount on the cost of the itient or in-patient treatment (includ he consultant recommends it, then t the treatment or tests will be covere	ing diagnostic procedures) reatment takes place in the					
Fixed rate	this option allows you to fix the rate you pay for each person covered for two years a extra cost. However, these rates aren't protected from any changes the Government r to Insurance Premium Tax. If you make any membership changes during the two-year this won't affect the fixed rate, but may affect the price of the policy after renewal Need to know: you may be unable to change your cover options at your first renewal choose this option							
Add-ons (optional benefits you can add	to your cover, additional premiu	ms apply)						
Family cash benefit	£200 for each birth	n or adoption – applies to the main p	olicyholder only					
The following benefits are not available f	for anyone under 16 years old							
Optical cash benefit		o year benefit period, when provide a scheme recognised optician or co						
Accidental dental injury cash benefit	up to £900 each ye	ear, with a scheme recognised dentis	t or orthodontist					
Prescription cash benefit	up to £20 each year for eligible treatment							

	с	Select Comprehensive healthcare cover						
	Benefit allowa	Benefit allowances for each person covered on the policy						
Benefits	Select Key Our base level of cover	Select Enhanced Extra cover for added reassurance	Select Complete Our highest tier of cover					
What isn't covered	Hara's a list of the main type	s of treatments, services and cl	arrange which aron't covered					
	 Accident and emergency treatm Allergies, allergic disorders or for Birth control, conception or sex Chronic conditions Convalescence, rehabilitation or nursing care Cosmetic, reconstructive or wei loss treatment Deafness Dementia or learning, behaviou developmental conditions³ 	nent Dialysis od intolerances ual problems Eyesight Gender dys Physical aids Pregnancy a Ageing, mer Screening, r preventive t Sleep proble	phoria or gender affirmation and devices and childbirth hopause and puberty nonitoring and reatment ems					

¹Check your Facility Access to see if the Guided Care option has been chosen:

• If the Guided Care option has not been chosen – the benefit limit is for eligible treatment on your core health insurance when you use a Bupa recognised consultant or therapist or complementary medicine practitioner and a healthcare facility within the Bupa network that applies to your policy.

If the Guided Care option has been chosen – the benefit limit is for eligible treatment on your core health insurance when you use a consultant in our list of Open Referral Network consultants or a Bupa recognised therapist or complementary medicine practitioner, and a healthcare facility within our participating facility network.

²Check your Facility Access to see if the Guided Care option has been chosen:

• If the Guided Care option has not been chosen – when we say benefits are paid in full, this is for eligible treatment on your core health insurance when you use a healthcare facility within your chosen Bupa network using a Bupa recognised consultant who agrees to charge within Bupa limits (a fee-assured consultant) or a Bupa recognised complementary medicine practitioner.

If the Guided Care option has been chosen – when we say benefits are paid in full, this is for eligible treatment on your core health insurance when you use a healthcare facility within our Participating facility network using a consultant in our list of Open Referral Network consultants who agrees to charge within Bupa limits (a fee-assured consultant) or a Bupa recognised complementary medicine practitioner.

³Any treatment for learning difficulties, behavioural or developmental conditions (LBD) will remain ineligible. However, we will now cover any related mental health condition in relation to an LBD, for example anxiety or depression. Related mental health conditions will be eligible under Benefit 5.3 Exclusion GE20. ⁴With the Guided Care option: 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. This means that 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. *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 further information from your GP.

conditions you had before your cover started, we may ask for further information from your GP. Please check your guid contact us to check your eligibility.

Our levels of cover - Select Custom

Our healthcare options have been designed with your needs in mind. You can customise your cover to suit your work and budget.

	Select Comprehensive healthcare cover
	Benefit allowances for each person covered on the policy
Benefits	Select Custom Choose customised cover with the right benefits for your team
Facilities	
Facility access	over 300 partnership facilities nationwide or over 600 participating facilities nationwide or Guided Care ⁴
Out-patient consultations and treatment	
Out-patient consultations and diagnostic tests, out-patient therapies (eg physiotherapy) and charges related to out-patient treatment, and out-patient complementary medicine treatment	up to £250 combined allowance ¹ or up to £500 combined allowance. Maximum of £250 ¹ for complementary medicine from combined allowance of £500 or up to £750 combined allowance ¹ . Maximum of £250 ¹ for complementary medicine from combined allowance of £750 or up to £1,000 combined allowance ¹ . Maximum of £250 ¹ for complementary medicine from combined allowance of £1,000 or £1,000 combined allowance ¹ . No limit ¹ on complementary medicine within combined allowance of £1,000 or up to £1,500 combined allowance ¹ . No limit ¹ on complementary medicine within combined allowance of £1,000 or up to £1,500 combined allowance ¹ . No limit ¹ on complementary medicine within combined allowance of £1,500 or Paid in full ¹ (for out-patient cover) Paid in full ¹ (for complementary therapies)
Out-patient MRI, CT and PET scans	paid in full ¹
Being treated in hospital as a day-patien	t or in-patient
Consultant fees and facility charges	paid in full ²
Cancer treatment	
Cancer cover	paid in full ²
NHS cancer cash benefit If you choose to have certain eligible cancer treatment under the NHS rather than privately	£100 each night for NHS in-patient treatment or £100 for each day you have NHS out-patient, day-patient or home treatment or £100 for each three-weekly course during which you take oral chemotherapy or oral anti- hormone therapy that isn't available from a GP

¹Check your Facility Access to see if the Guided Care option has been chosen:

[•] If the Guided Care option has not been chosen – the benefit limit is for eligible treatment on your core health insurance when you use a Bupa recognised consultant or therapist or complementary medicine practitioner and a healthcare facility within the Bupa network that applies to your policy

[•] If the Guided Care option has been chosen – the benefit limit is for eligible treatment on your core health insurance when you use a consultant in our list of Open Referral Network consultants or a Bupa recognised therapist or complementary medicine practitioner, and a healthcare facility within our participating facility network.

²Check your Facility Access to see if the Guided Care option has been chosen:

If the Guided Care option has not been chosen – when we say benefits are paid in full, this is for eligible treatment on your core health insurance when you use a healthcare facility within your chosen Bupa network using a Bupa recognised consultant who agrees to charge within Bupa limits (a fee-assured consultant) or a Bupa recognised complementary medicine practitioner.

If the Guided Care option has been chosen – when we say benefits are paid in full, this is for eligible treatment on your core health insurance when you use a healthcare facility within our Participating facility network using a consultant in our list of Open Referral Network consultants who agrees to charge within Bupa limits (a fee-assured consultant) or a Bupa recognised complementary medicine practitioner.

Select Comprehensive healthcare cover

Benefit allowances for each person covered on the policy

	Benefit allowances for each person covered on the policy
Benefits	Select Custom Choose customised cover with the right benefits for your team
Medical consultations, advice and suppo	rt
Digital GP service Smartphone application for diagnosis, GP appointments and prescriptions	unlimited access to GP consultations within 24 hours via phone or video call, and private prescription writing. Medication and delivery costs are not included. Collection or delivery available from a chosen pharmacy
Bupa Anytime HealthLine Telephone service for medical advice from a qualified nurse	unlimited calls and call time, available all day and every day. Provides guidance to customers and their immediate family on any medical issue
Bupa Family Mental HealthLine Telephone service for mental health support with a trained adviser	unlimited calls and unlimited call time between 8am and 6pm Monday to Friday. Provides guidance to parents and carers who are concerned about their child's mental health or wellbeing
Bupa Menopause HealthLine Telephone service for clinical advice and support with a menopause trained nurse	unlimited calls and unlimited call time between 8am and 8pm, everyday. Provides guidance and support anyone covered on the policy to help understand and manage menopause symptoms
Additional benefits	
Direct Access No GP referral needed for certain conditions	you can call us about cancer symptoms, mental health, or muscle, bone and joint conditions, without a GP referral. We'll provide support, advice and a referral for consultations, tests and treatment if you need them.
Home nursing When immediately following private eligible in-patient treatment	£2,000 each year for medical treatment carried out under the supervision of your consultant. You need to have our written agreement before the treatment starts
Ambulance cover When related to private eligible in-patient, day-patient treatment	up to £80 each single trip – no annual limits
NHS cash benefit If you choose to have in-patient treatment under the NHS rather than privately	£50 a night for up to 35 nights a year for treatment that would have otherwise been covered for private in-patient treatment
Procedure specific NHS cash benefit If you choose to have certain eligible treatment under the NHS rather than privately	applies to treatment that would otherwise have been covered under your benefits. The amount we pay depends on the procedure you're having. Call us or go to bupa.co.uk/pscb for more information
Add-ons (optional benefits you can add	to your cover, additional premiums apply)
Family cash benefit	£200 for each birth or adoption – applies to main member only
The following benefits are not available	for anyone under 16 years old
Optical cash benefit	up to £100 in any two year benefit period, when provided to or prescribed for you by a scheme recognised optician or consultant
Accidental dental injury cash benefit	up to £900 each year, with a scheme recognised dentist or orthodontist
Prescription cash benefit	up to £20 each year for eligible treatment
Options to enhance cover (additional pre	emiums apply)
Mental health treatment Consultant and facility charges for day-patient and in-patient care	paid in full up to 45 days each year ²
Surgeon and Anaesthetist fees	paid in full for eligible out-patient, in-patient and day-patient operations with a Bupa-recognised consultant in a hospital on your facility access list. This option cannot be select with the Guided Care option
Island cover	for residents of Jersey, Guernsey or the Isle of Man only – includes travel to UK mainland. This option cannot be selected with the Guided Care option

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Comp	reher	sive	heal	thcare	С

Benefit allowances for each person covered on the policy

over

	Benefit anowances for each person covered on the policy					
Benefits	Select Custom Choose customised cover with the right benefits for your team					
Options to manage costs						
Excess options	You can choose from £0, £100, £150 £200 or £500					
Six week scheme	this option gives a discount on the cost of the policy. If the NHS can provide day-patient or in-patient treatment (including diagnostic procedures) within six weeks of the date the consultant recommends it, then treatment takes place in the NHS. If not, the treatment or tests will be covered by Bupa					
Fixed rate	this option allows you to fix the rate you pay for each person covered for two years at an extra cost. However, these rates aren't protected from any changes the Government makes to Insurance Premium Tax. If you make any membership changes during the two-year period, this won't affect the fixed rate, but may affect the price of the policy after renewal. Need to know: you may be unable to change your cover options at your first renewal if you choose this option					
The following option only applies to if w	e've classified your group as a sports club					
 Sports clubs The following treatments aren't covered: Out-patient physiotherapy Complementary medicine MRI and CT scans Mental health treatment NHS cash benefits for NHS in-patient treatment 	sportsclub exclusion package or sports clubs benefits not included					
Key notes - Select						
What isn't covered	 Here's a list of the main types of treatments, services and charges which aren't covered Accident and emergency treatment Allergies, allergic disorders or food intolerances Birth control, conception or sexual problems Chronic conditions Chronic mental health conditions⁵ Convalescence, rehabilitation and general nursing care Cosmetic, reconstructive or weight loss treatment Deafness Dementia or learning, behavioural and developmental conditions³ Dementia or learning, behavioural and developmental conditions³ Detementia or learning, behavioural and developmental conditions³ Detementia or learning, behavioural and developmental conditions³ Detementia or learning, behavioural and developmental conditions³ 					

³Any treatment for learning difficulties, behavioural or developmental conditions (LBD) isn't covered. However, we will now cover any related mental health condition in relation to an LBD, for example anxiety or depression. Related mental health conditions will be eligible under Benefit 5.3 Exclusion GE20. ⁴With the Guided Care option: 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. This means that 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. ⁵Does not apply if the Mental health treatment option is included.

*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 Plan

This table describes the benefit allowances each person covered can claim up to in a policy year.

We have a nationwide network of Bupa owned and Bupa approved dental practices. It aims to offer our dental insurance customers hassle-free access to quality care and discounts on treatment.

Worldwide preventive and restorative benefits

	Level 1	Level 2	Level 3	Level 4	Level 5			
Worldwide preventative dental treatment								
Routine examination Cover for two visits a year	£80 up to £40 for each visit	£100 up to £50 for each visit	£140 up to £70 for each visit	£160 up to £80 for each visit	£220 up to £110 for each visit			
New patient examination	£60 one visit in each policy year	£70 one visit in each policy year	£90 one visit in each policy year	£100 one visit in each policy year	£130 one visit in each policy year			
Scale and polish (by your dentist or hygienist) Cover for two visits a year	£100 up to £50 for each visit	£120 up to £60 for each visit	£180 up to £90 for each visit	£200 up to £100 for each visit	£260 up to £130 for each visit			
Virtual examination	£20 a year	£20 a year	£20 a year	£20 a year	£20 a year			
Dental X-rays and scans	£40 a year	£50 a year	£80 a year	£90 a year	£100 a year			
Worldwide restorative dental treatm	nent							
Fillings, composite bonding, fissure sealant and tropical fluoride	£175 a year	£275 a year	£330 a year	£375 a year	£400 a year			
Major restorative dental treatment We contribute 80% towards the cost of your major restorative treatment up to your benefit allowance.	£325 a year	£500 a year	£800 a year	£2,000 a year	£3,000 a year			

Other dental benefits

	Level 1	Level 2	Level 3	Level 4	Level 5		
Orthodontic treatment	£300	£400	£500	£600	£700		
UK only	a year	a year	a year	a year	a year		
Emergency dental treatment Worldwide cover	£1,000 for each policy year made up of four emergencies, up to £250 each						
Dental injury treatment Worldwide cover	£5,000 a year						
Oral cancer treatment	paid in full to diagnose and treat oral cancer when using						
UK only	a fee-assured consultant in a partnership facility						
Cash benefit for hospital stay	£100 for each night you stay in hospital,						
UK only	up to £1,000 in each policy year						

For full details of what is and isn't covered, please refer to the policy guide.

We have a nationwide network of Bupa owned and Bupa approved dental practices. It aims to offer our dental insurance customers hassle-free access to quality care and discounts on treatment.

Up to 20% discount⁺ is available on general dental treatment costs at selected Bupa-owned and approved network dental practices. Please note, not all Bupa Dental Care practices are part of the Bupa Dental Insurance Network.

[†]You must inform the dentist you have Bupa dental insurance and give your membership

Bupa Dental Choice

This table describes the benefit allowances each person covered can claim up to in a policy year. Where we say for each course of treatment, we mean all visits needed to complete this treatment. This includes preparation, supply and fit for each tooth restoration and any associated laboratory costs needed for this.

Worldwide preventative benefits

	Choice 1	Choice 2	Choice 3	Choice 4	Choice 5
Worldwide preventative dental treatme	nt				
Dental examinations					
Routine examination Cover for unlimited visits a year	up to £30 for each visit	up to £40 for each visit	up to £50 for each visit	up to £60 for each visit	up to £70 for each visit
New patient examination or specialist consultation Cover for one visit a year	up to £50 for each visit	up to £60 for each visit	up to £70 for each visit	up to £80 for each visit	up to £100 for each visit
Dental X-rays					
Small X-ray including bitewing or intraoral Cover for unlimited visits a year	up to £6 each X-ray	up to £8 each X-ray	up to £10 each X-ray	up to £12 each X-ray	up to £15 each X-ray
Other dental X-rays or scans Cover for unlimited X-rays a year	up to £15 each X-ray or scan	up to £25 each X-ray or scan	up to £30 each X-ray or scan	up to £38 each X-ray or scan	up to £45 each X-ray or scan
Scale and polish					
Scale and polish (by your dentist or hygienist) Cover for unlimited visits a year	up to £30 for each visit	up to £45 for each visit	up to £55 for each visit	up to £65 for each visit	up to £110 for each visit
Periodontal treatment					
Periodontal treatment Cover for unlimited visits a year	up to £90 for each visit	up to £95 for each visit	up to £105 for each visit	up to £120 for each visit	up to £130 for each visit

Worldwide restorative benefits

	Choice 1	Choice 2	Choice 3	Choice 4	Choice 5		
Worldwide restorative dental treatment	Worldwide restorative dental treatment						
Fillings and composite bonding	up to £60	up to £85	up to £95	up to £120	up to £165		
	for each tooth	for each tooth	for each tooth	for each tooth	for each tooth		
Fissure sealant	up to £20	up to £25	up to £30	up to £35	up to £40		
	for each tooth	for each tooth	for each tooth	for each tooth	for each tooth		
Topical fluoride treatment	up to £35	up to £40	up to £45	up to £50	up to £55		
	for each tooth	for each tooth	for each tooth	for each tooth	for each tooth		
Root canal treatment	up to £115	up to £160	up to £205	up to £305	up to £355		
Cover for each course of treatment	for each tooth	for each tooth	for each tooth	for each tooth	for each tooth		
Extraction and surgical treatment							
Surgical implant	up to £425	up to £600	up to £850	up to £1,000	up to £1,300		
	a year	a year	a year	a year	a year		
Extractions	up to £50	up to £55	up to £80	up to £100	up to £140		
	for each tooth	for each tooth	for each tooth	for each tooth	for each tooth		
Restorative dental treatment							
Inlay/onlay	up to £125	up to £175	up to £260	up to £350	up to £375		
Cover for each course of treatment	for each tooth	for each tooth	for each tooth	for each tooth	for each tooth		

Worldwide restorative benefits (continued)

	Choice 1	Choice 2	Choice 3	Choice 4	Choice 5
Worldwide restorative dental treatme	nt (continued)				
Veneer Cover for each course of treatment	up to £215 for each tooth	up to £240 for each tooth	up to £270 for each tooth	up to £390 for each tooth	up to £425 for each tooth
Crown Cover for each course of treatment	up to £210 for each tooth	up to £250 for each tooth	up to £325 for each tooth	up to £480 for each tooth	up to £500 for each tooth
Bridge	up to £425 for each course of treatment	up to £600 for each course of treatment	up to £750 for each course of treatment	up to £900 for each course of treatment	up to £1,100 for each course of treatment
Repair of bridge or crown	up to £25 for each course of treatment	up to £30 for each course of treatment	up to £35 for each course of treatment	up to £55 for each course of treatment	up to £75 for each course of treatment
Post for crown (cast post and core, or prefabricated post and core)	up to £35 for each course of treatment	up to £56 for each course of treatment	up to £90 for each course of treatment	up to £110 for each course of treatment	up to £125 for each course of treatment
Denture					
Upper or lower denture (partial or full) Cover for each course of treatment	up to £360 for each denture	up to £450 for each denture	up to £500 for each denture	up to £650 for each denture	up to £800 for each dentur
Repair or reline of a denture (partial or full)	up to £30 for each repair	up to £35 for each repair	up to £40 for each repair	up to £50 for each repair	up to £60 for each repair
Other treatment					
Mouthguard (partial or full) Cover for one mouthguard a year	up to £82	up to £150	up to £175	up to £200	up to £225
Any other clinically necessary restorative dental treatment	up to £65 a year	up to £75 a year	up to £85 a year	up to £115 a year	up to £125 a year

Other dental benefits

	Choice 1	Choice 2	Choice 3	Choice 4	Choice 5	
Orthodontic treatment	up to £425	up to £500	up to £580	up to £660	up to £750	
UK only	a year	a year	a year	a year	a year	
Intravenous and oral sedation	up to £65	up to £70	up to £75	up to £80	up to £100	
Worldwide cover	a year	a year	a year	a year	a year	
Emergency dental treatment	£1,000 for each policy year made up of four emergencies,					
Worldwide cover	up to £250 each					
Dental injury treatment Worldwide cover	up to £5,000 for each policy year					
Oral cancer treatment	paid in full to diagnose and treat oral cancer when using					
UK only	a fee-assured consultant in a partnership facility					
Cash benefit for hospital stay	£100 for each night you stay in hospital					
UK only	up to £1,000 in each policy year					

For full details of what is and isn't covered, please refer to the policy guide.

We have a nationwide network of Bupa owned and Bupa approved dental practices. It aims to offer our dental insurance customers hassle-free access to quality care and discounts on treatment.

Up to 20% discount[†] is available on general dental treatment costs at selected Bupa-owned and approved network dental practices. Please note, not all Bupa Dental Care practices are part of the Bupa Dental Insurance Network.

⁺You must inform the dentist you have Bupa dental insurance and give your membership number before your appointment to benefit from this offer. 10% or 20% discounts are available depending on the practice and the dentist you are seeing. To find the selected Bupa-owned and approved network dental practices where this offer is available visit **finder.bupa.co.uk** and search Bupa Insurance Network. Discount excludes laboratory fees and specialist treatment and cannot be used against NHS and Bupa Essentials services.

Cash plan

Because health expenses are often unplanned, you can't always budget for them. If you knew you could claim cash back for everyday expenses such as dental and optical bills, it could make life a little easier.

Bupa Wellbeing Health Expenses

This product will cover your employees for a range of everyday healthcare expenses, goods or services, alongside providing money back towards the costs of specialist therapies and consultations. A membership level must be paid for by you on behalf of your team. There is also the option, where available, for your employees to upgrade their cover at an additional cost.

This table outlines what's available on Bupa Wellbeing Health Expenses.

Refer to the benefits listed on the left and then across for the amount your employees can claim for from your chosen membership type and level per benefit year.

Membership type	Individual plus or Family*				
Membership level	Level 1	Level 2	Level 3		
Dental	up to £60	up to £120	up to £200		
Dental injury	up to £200	up to £300	up to £400		
Optical	up to £60	up to £120	up to £200		
Hospital in-patient (nights)	£20 per day/night	£30 per day/night	£40 per day/night up to 20 combined days/nights per benefit year		
Hospital day-case (days)	up to 20 combined days/nights per benefit year	up to 20 combined days/nights per benefit year			
Therapies (includes physiotherapy, osteopathy, chiropractic, acupuncture and chiropody/podiatry)	up to £150	up to £300	up to £500		
Consultations and diagnostic tests or scans	up to £200	up to £300	up to £500		
Prescriptions	up to £25	up to £35	up to £45		
Bupa health assessments all members aged 18 and over	up to £100	up to £150	up to £200		
Bupa Employee Assistance Programme (EAP)** all members aged 16 and over	~	~	~		
Online health check main members only	×	~	¥		
Bupa Anytime HealthLine all members aged 16 and over	~	~	¥		

*Individual plus membership is for the main member and up to four child dependants. Family membership is for the main member, their partner and up to four child dependants.

**EAP Key and EAP Premier options available. The option chosen will determine the benefits available to your employees and will also affect your premium. Please see the applicable Bupa Wellbeing Health Expenses table of cover for more information.

All benefit limits represent the maximum amount that we will pay for each benefit under the cash plan during each benefit year. Pre-existing conditions are covered for all benefits. You will be required to provide any information or proof to support your claim if we make a reasonable request for you to do so.

Terms and conditions apply. Please see the applicable Bupa Wellbeing Health Expenses table of cover and the Bupa Cash Plan membership guide for more information.

Helpful information

Consultant and facilities finder

Finder is an easy-to-use, online directory that allows employees to search for Bupa-recognised consultants, therapists and hospitals, as well as Bupa dentists, health centres and care homes. It helps teams make informed decisions about where to go and who to see for their treatment.

Tell your team to visit: finder.bupa.co.uk

Everyday Rewards by Bupa

We're always looking for ways to give your team more from their health cover. Our free Everyday Rewards programme is an attractive incentive that encourages a healthier approach to down-time. It offers discounts from some of the UK's biggest names in health and wellbeing, leisure, travel, home entertainment and retail.

Please contact your intermediary partner for more information.

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 policy guide and the full version is online at **bupa.co.uk/privacy** For more information contact your intermediary partner

Terms and conditions can be found at **bupa-rewards.bupa.co.uk/terms-conditions**

Health and Wellbeing Rewards by Bupa and Health Trusts are not regulated by the Financial Conduct Authority or the Prudential Regulation Authority. Bupa Investments Limited will use your information for the purposes of the administration of Health and Wellbeing Rewards by Bupa. For details of how your information will be processed by Bupa, please visit: **bupa.co.uk/privacy**

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Bupa Blua Health, Bupa Anytime HealthLine, Bupa Family Mental HealthLine, Bupa Employee Assistance Programmes, Bupa Health Assessments and Everyday Rewards by Bupa are not regulated by the Financial Conduct Authority or the Prudential Regulation Authority.

Bupa Occupational Health Limited provides Online Mental Wellbeing Programmes by working together with SilverCloud Health Limited. Registered address: 1 Stephen Street Upper, Saint Peter's, Dublin 8, Ireland D08 DR9P. Bupa Occupational Health Limited will be the controller of your information for these purposes.

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

Bupa Anytime HealthLine, Bupa Employee Assistance Programmes and Bupa Health Assessments are provided by:

Bupa health insurance, dental insurance and cash plan are provided by:

Bupa Insurance Limited. Registered in England and Wales registration number 3956433. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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