



**Small business health insurance.
Better for business**

Products at a glance

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

For clients of intermediaries

From 1 June 2026

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 Key Our base level of cover	Select Enhanced Extra cover for added reassurance	Select Complete Our highest tier of cover
Facilities			
Facility access	over 300 partnership facilities nationwide or Guided Care ³		over 600 participating facilities nationwide or Guided Care ³
Outpatient consultations and treatment			
Outpatient consultations and diagnostic tests	£1,000 a year ¹	£1,500 a year ¹	paid in full ¹
Outpatient therapies (eg physiotherapy) and charges related to outpatient treatment			
Coaching support for neurodivergent conditions Available for ages 18 and over. One course of online coaching support in each person's lifetime for diagnosed eligible conditions			
Outpatient complementary medicine treatment (acupuncture, chiropractic and osteopathy)	up to £250 within your outpatient benefit allowance above ¹	up to and within your outpatient benefit allowance limit above ¹	paid in full ¹
Outpatient MRI, CT and PET scans	paid in full ¹		
Being treated in hospital as a day patient or inpatient			
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 inpatient treatment or £100 for each day you have NHS outpatient, 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 inpatient care	paid in full up to 45 days each year ²		
Medical consultations, advice and support			
Digital GP service Smartphone app for diagnosis, GP appointments and prescriptions	access to GP consultations via phone or video call, and private prescription writing. Medication and delivery costs are not included. Collection or delivery available from a chosen pharmacy		

	Select Comprehensive healthcare cover		
	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
Bupa Anytime HealthLine Telephone service for medical advice from a qualified nurse	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	Provides guidance to parents and carers who are concerned about their child's mental health or wellbeing. Lines are open from 8am to 6pm, Monday to Friday		
Bupa Menopause HealthLine Telephone service for clinical advice and support with a menopause trained nurse	Provides guidance and support to anyone covered on the policy to help understand and manage menopause symptoms. Lines are open from 8am to 8pm, everyday		
Additional benefits			
Members First Mental health talking therapies under the care of a Bupa Centre	you won't pay an excess and outpatient allowances won't apply when you have counselling, cognitive behavioural therapy (CBT), psychology or psychotherapy provided by the Bupa Talking Therapies team (for phone or video treatment) or a Mindplace (for in person treatment)		
Medication Check Available for members aged 18 and over who are taking regular medication. One test is available in each person's lifetime	access to Medication Check (a pharmacogenomic test) which analyses your DNA to identify genetic differences that affect how you respond to more than 100 wide-ranging medicines. This can help you and your healthcare professional make more informed decisions about which medicines may work best for you, which ones may be more likely to cause side effects, and the best dosage for you Service includes option to discuss results with a Bupa GP There's no excess to pay and outpatient allowances don't apply Medication costs aren't included		
Direct Access No GP referral needed for certain conditions	you can contact 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 inpatient 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 inpatient, day patient treatment	up to £80 each single trip – no annual limits		
NHS cash benefit If you choose to have inpatient 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 inpatient 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		
Options to enhance cover (additional premiums apply)			
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		
Options to manage costs			
Excess options	You can choose from £0, £100, £150, £200 or £500		
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. Please note that we may not be able to approve every request for this option Need to know: you may be unable to change your cover options at your first renewal if you choose this option		

Select
Comprehensive healthcare cover

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
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Add-ons (optional benefits you can add to your cover, additional premiums apply)

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

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 | ▪ Eyesight |
| ▪ Allergies, allergic disorders or food intolerances | ▪ Gender dysphoria or gender affirmation |
| ▪ Birth control, conception or sexual problems | ▪ Learning, behavioural and developmental conditions |
| ▪ Chronic conditions | ▪ Physical aids and devices |
| ▪ Convalescence, rehabilitation or general nursing care | ▪ Pregnancy and childbirth |
| ▪ Cosmetic, reconstructive or weight loss treatment | ▪ Ageing, menopause and puberty |
| ▪ Deafness | ▪ Screening, monitoring and preventive treatment |
| ▪ Dementia | ▪ Sleep problems |
| ▪ Dialysis | ▪ Speech disorders |

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.

For Coaching support for neurodivergent conditions, you must use the neurodiversity coach we guide you to.

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.

³**With 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 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 ³
Outpatient consultations and treatment	
Outpatient consultations and diagnostic tests, outpatient therapies (eg physiotherapy) and charges related to outpatient treatment, and outpatient complementary medicine treatment Coaching support for neurodivergent conditions Available for ages 18 and over. One course of online coaching support in each person's lifetime for diagnosed eligible conditions.	up to £250 combined allowance¹ or up to £500 combined allowance. Maximum of £250¹ for complementary medicine from combined allowance of £500 or up to £750 combined allowance¹. Maximum of £250¹ for complementary medicine from combined allowance of £750 or up to £1,000 combined allowance¹. Maximum of £250¹ for complementary medicine from combined allowance of £1,000 or £1,000 combined allowance¹. No limit¹ on complementary medicine within combined allowance of £1,000 or up to £1,500 combined allowance¹. No limit¹ on complementary medicine within combined allowance of £1,500 or Paid in full¹ (for outpatient cover) Paid in full¹ (for complementary therapies)
Outpatient MRI, CT and PET scans	paid in full ¹
Being treated in hospital as a day patient or inpatient	
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 inpatient treatment or £100 for each day you have NHS outpatient, 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** – 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.

For Coaching support for neurodivergent conditions, you must use the neurodiversity coach we guide you to.

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

Benefits

Select Custom

Choose customised cover with the right benefits for your team

Medical consultations, advice and support

Digital GP service

Smartphone app for diagnosis, GP appointments and prescriptions

access to GP consultations 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

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

Provides guidance to parents and carers who are concerned about their child's mental health or wellbeing. Lines are open all day, everyday

Bupa Menopause HealthLine

Telephone service for clinical advice and support with a menopause trained nurse

Provides guidance and support anyone covered on the policy to help understand and manage menopause symptoms. Lines are open from 8am to 8pm, everyday

Additional benefits

Members First

Mental health talking therapies under the care of a Bupa Centre

you won't pay an excess and outpatient allowances won't apply when you have counselling, cognitive behavioural therapy (CBT), psychology or psychotherapy provided by the Bupa Talking Therapies team (for phone or video treatment) or a Mindplace (for in person treatment)

Medication Check

Available for members aged 18 and over who are taking regular medication. One test is available in each person's lifetime

access to Medication Check (a pharmacogenomic test) which analyses your DNA to identify genetic differences that affect how you respond to more than 100 wide-ranging medicines. This can help you and your healthcare professional make more informed decisions about which medicines may work best for you, which ones may be more likely to cause side effects, and the best dosage for you
Service includes option to discuss results with a Bupa GP
There's no excess to pay and outpatient allowances don't apply
Medication costs aren't included

Direct Access

No GP referral needed for certain conditions

you can contact 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 inpatient 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 inpatient, day patient treatment

up to £80 each single trip – no annual limits

NHS cash benefit

If you choose to have inpatient 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 inpatient 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)

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

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	
Options to enhance cover (additional premiums apply)	
Mental health treatment Consultant and facility charges for day patient and inpatient care	paid in full up to 45 days each year ²
Surgeon and Anaesthetist fees	paid in full for eligible outpatient, inpatient 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
Options to manage costs	
Excess options	You can choose from £0, £100, £150, £200 or £500
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. Please note that we may not be able to approve every request for this option 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 we've classified your group as a sports club	
Sports clubs The following treatments aren't covered: - Outpatient physiotherapy - Complementary medicine - MRI and CT scans - Mental health treatment - NHS cash benefits for NHS inpatient treatment	sports club 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 conditions⁴ - Convalescence, rehabilitation and general nursing care - Cosmetic, reconstructive or weight loss treatment - Deafness - Dementia - Dialysis - Eyesight - Gender dysphoria or gender affirmation - Learning, behavioural and developmental conditions - Physical aids and devices - Pregnancy and childbirth - Ageing, menopause and puberty - Screening, monitoring and preventive treatment - Sleep problems - Speech disorders

³**With 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.

⁴Does 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 preventative and restorative benefits

	Level 1	Level 2	Level 3	Level 4	Level 5
Worldwide preventative dental treatment					
New patient examination <i>one visit in each policy year</i>	£60	£70	£90	£100	£130
Only with Bupa. New patient examination is fully covered so there's nothing extra for you to pay when visiting a Bupa Dental Care practice. The benefit allowances shown above apply when you visit a non-Bupa owned practice.					
Routine examination check-up <i>every time you visit</i>	£40	£60	£80	£90	£110
Only with Bupa. Your routine examination is fully covered so there's nothing extra for you to pay when visiting a Bupa Dental Care practice. The benefit allowances shown above apply when you visit a non-Bupa owned practice.					
Scale and polish <i>every time you visit</i>	£50	£70	£100	£110	£130
Only with Bupa. Scale and polish is fully covered so there's nothing extra for you to pay when visiting a Bupa Dental Care practice. The benefit allowances shown above apply when you visit a non-Bupa owned practice.					
Dental X-rays and scans <i>for each policy year</i>	£40	£50	£80	£90	£100
Virtual examination <i>for each policy year</i>	£20	£20	£20	£20	£20
Worldwide restorative dental treatment					
Fillings, composite bonding, fissure sealant and topical fluoride <i>for each policy year</i>	£175	£275	£330	£375	£400
Major restorative dental treatment <i>for each policy year</i>	we contribute 80% towards the cost of your major restorative treatment costs up to				
	£325	£500	£800	£2,000	£3,000

Other dental benefits

	Level 1	Level 2	Level 3	Level 4	Level 5
Orthodontic treatment UK only <i>for each policy year</i>	£300	£400	£500	£600	£700
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 for each policy year				
Oral cancer treatment UK only	paid in full to diagnose and to treat oral cancer when using a fee-assured consultant in a partnership facility				

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

Worldwide restorative benefits (continued)

	Choice 1	Choice 2	Choice 3	Choice 4	Choice 5
Worldwide restorative dental treatment (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 denture
Repair or relines 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 UK only	up to £425 a year	up to £500 a year	up to £580 a year	up to £660 a year	up to £750 a year
Intravenous and oral sedation Worldwide cover	up to £65 a year	up to £70 a year	up to £75 a year	up to £80 a year	up to £100 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	up to £5,000 for each policy year				
Oral cancer treatment UK only	paid in full to diagnose and treat oral cancer when using a fee-assured consultant in a partnership facility				
Cash benefit for hospital stay UK only	£100 for each night you stay in hospital 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. 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 inpatient (nights)	£20 per day/night up to 20 combined days/nights per benefit year	£30 per day/night up to 20 combined days/nights per benefit year	£40 per day/night up to 20 combined days/nights per benefit year	
Hospital day-case (days)				
Therapies (includes physiotherapy, osteopathy, chiropractic, acupuncture and chiropractic/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/flu jabs/vaccinations	up to £25	up to £35	up to £45	
Bupa health benefits 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	✓	✓	✓	
Bupa Anytime HealthLine Dependants under the age of 16 must be accompanied by a parent or guardian	✓	✓	✓	

*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 policy 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

For more information contact your intermediary partner

Everyday Rewards by Bupa

We understand wellbeing goes far beyond healthcare. That's why we've created Rewards by Bupa. Designed to offer your people a helping hand through exclusive discounts to complete the full picture of health and wellbeing.

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**

Everyday Rewards by Bupa is promoted by Bupa Investments Limited, 1 Angel Court, London EC2R 7HJ.

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

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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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