

Notification of Change.

Important information.

Here's how your Bupa

Fundamental Health

Insurance is changing.



We've made some changes to our health insurance, which will apply when your cover renews on or after 1 September 2026.

This is a summary of some of the main changes. Please read it alongside your policy guide, membership certificate, any addendum 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.

Additional changes documented separately

Additional updates are provided in separate addendums. Full details are included in the accompanying addendums.

Policy guide

Here's how your policy guide has changed.

How to get treatment and claim

Direct Access Service

You can now reach our Direct Access service through webchat, your My Bupa account, or by phone.

We may introduce new Direct Access services for different symptoms from time to time. For the latest updates or more information, please visit bupa.co.uk/direct-access or you can contact us.

Digital GP service

If you use our Digital GP service and the clinician recommends a consultation, test, or treatment, they can submit a pre-authorisation request on your behalf if you wish to claim through your health insurance. You'll receive an email and an update in your My Bupa account explaining the next steps.

What is covered

Face-to-Face GP service

We've introduced a new benefit to your policy called the Face-to-Face GP service. This gives you access to 15-minute appointments with a GP at a Bupa Health Centre to discuss one minor acute condition or concern.

Your appointment may include certain tests recommended by the GP during your visit, such as blood tests, swabs or ECGs (electrocardiograms, a test that records the electrical activity of your heart, including the rate and rhythm), which are usually carried out on the same day. More complex tests, including X-rays, ultrasound scans and echocardiograms, aren't included as part of this benefit.

You won't need to pay any excess to use this service. The cost of your appointment won't be taken from your outpatient allowance, and it won't affect any no-claims discount that may apply to your policy. Claims for this benefit are not subject to underwriting.

Cash benefits

CB1 NHS cash benefit for NHS hospital inpatient treatment

We've updated 'NHS cash benefit for NHS hospital treatment' (benefit CB1). NHS cash benefit will no longer be paid for hospital admissions that occur immediately after and in connection with attending an Accident & Emergency (A&E) department, urgent care centre, walk-in clinic or any other unplanned admission.

CB6.5 Cash benefit for post-surgery bras

We have changed the name of this cash benefit from 'Cash benefit for mastectomy bras' to 'Cash benefit for post-surgery bras'. You can now claim this cash benefit following an eligible operation on your breast for cancer.

What isn't covered

Exclusion 2 Accident and Emergency treatment

We've updated the wording of this exclusion to make it clearer. Hospital admissions or treatment received within 24 hours of admission are not covered if the admission follows, and is related to, a visit to an NHS or private A&E department, urgent care centre, walk-in clinic, or a GP consultation. However, your policy may cover inpatient treatment after you've been in hospital for 24 hours.

Exclusion 3 Allergies, allergic disorders or food intolerance

We've changed the exception to this exclusion. We now cover tests to identify the exact allergen or food involved in the diagnosis of a suspected allergy or food intolerance.

Exclusion 5 Birth control, conception and sexual problems

We've added a new exception to this exclusion. We will now cover for treatment of acute conditions that are causing pain or discomfort during sex.

Exclusion 10 Cosmetic, reconstructive or weight-loss treatment

We've added a new exception to this exclusion. We will now cover the removal of healthy tissue when it is medically necessary and part of treatment for an acute condition. The treatment must follow clinical best practice in the UK.

Exclusion 25 Sleep problems

We've amended this exclusion and introduced a new exception. Eligible treatment for sleep apnoea is now covered under your policy. However, this does not include cover for continuous positive airway pressure (CPAP) machines or hypoglossal nerve stimulators.

What some of the words and phrases in the policy guide mean

Cancer

We have updated our definition of cancer to clarify that a diagnosis must be based on laboratory testing or radiological imaging (for example, an MRI scan or CT scan).