

Private Health Insurance

Insurance Product Information Document



Company: Bupa Insurance Limited **Product: Bupa Fundamental Health Insurance Policy**

Registered in England and Wales. Authorised in the United Kingdom by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, registration number 203332.

This is a summary of the insurance cover. Before purchase, further information can be found in your quote and the policy guide. At your renewal, you will find full terms and conditions in your policy guide and on your membership certificate. We'll send a confirmation of special conditions to the main member or to the relevant dependant (if they're aged 16 or over), if any special conditions apply. It is important you read all of these documents carefully.

What is this type of insurance?

Private health insurance, which is designed to cover the costs of private healthcare treatment with some limited diagnostic cover.



What is insured?

Inpatient and day-patient treatment

- ✓ Hospital treatment – paid in full.
- ✓ Diagnostic tests – paid in full.
- ✓ Scans (MRI, CT, PET) – paid in full.

Outpatient treatment

- ✓ Scans (MRI, CT, PET) and diagnostic tests – paid in full.
- ✓ Consultations – paid in full
 - only when they follow on from, and are related to, private day-patient treatment or inpatient treatment and they take place within six months of the discharge date of that treatment
 - up to two consultations within the six month period.
- ✓ Therapies – up to £350 per person, per year
 - only when they follow on from, and are related to, private day-patient treatment or inpatient treatment and they take place within six months of the discharge date of that treatment.
- ✓ Radiotherapy and chemotherapy – paid in full when outpatient treatment is for eligible cancer treatment, benefit allowances and time limits don't apply.

Other benefits

- ✓ One dental appointment at a participating Bupa Dental Care practice for each person, each year
 - restorative dental treatment required following the appointment – £300 allowance for each person, each year.
- ✓ Face-to-Face GP service.
- ✓ Digital GP – unlimited access to video and telephone GP appointments.
- ✓ Anytime HealthLine – 24/7, unlimited telephone consultations with our team of nurses and GPs.
- ✓ Family Mental HealthLine – 8am to 6pm Monday to Friday, telephone information and advice from a trained adviser or mental health nurse about your child's emotional wellbeing.
- ✓ Menopause HealthLine – 8am to 8pm every day.
- ✓ Staying in hospital with a child – child aged 17 or under, one parent each night.
- ✓ Private ambulance – £60 per journey.
- ✓ NHS cash benefit for NHS hospital inpatient treatment – £50 each night, up to 35 nights each year.
- ✓ NHS cash benefit for treatment for cancer
 - £100 each night for NHS inpatient treatment, or
 - £100 for NHS outpatient, NHS day-patient or NHS home treatment for cancer, or
 - £100 for each three-weekly period of oral chemotherapy, or oral anti-hormone therapy that is not available from a GP.

Cancer cover options available

- Full cancer cover.
- NHS Cancer Cover Plus (covered if chemotherapy, radiotherapy, drug therapy or operation for cancer treatment is not available on the NHS). This option is unavailable to customers who don't already have it.
- No cancer cover.

Other options

Hospital List.

- Essential Access; Extended Choice; Extended Choice with Central London.

A number of excess options are available. You can choose to pay a policy excess, where you pay up to the first £100, £150, £200, £250, £500, £1,000 or £2,000 of your eligible treatment costs in any policy year. Your chosen excess option is shown on your membership certificate. The policy guide provides full details of how it works.

Other benefits apply, see full terms and conditions.



What is not insured?

- ✗ Benefits that are not covered and/or are above your allowances.
- ✗ Complementary or alternative products, preparations or remedies.
- ✗ Complementary medicine including Chiropractors and Osteopaths.
- ✗ Convalescence, rehabilitation and general nursing care.
- ✗ Drugs and dressings for outpatient or take home use other than for cancer.
- ✗ Excluded treatment or medical conditions.
- ✗ Health screening, routine tests, monitoring and preventive treatment other than certain cancer exceptions.
- ✗ Medical exclusions (special conditions) as detailed on any confirmation of special conditions we send.
- ✗ Treatments that are unproven based on established medical practice.
- ✗ Unproven drugs which are not licensed.
- ✗ Unrecognised medical consultants, healthcare professionals, providers and facilities.

Treatment of or relating to

- ✗ Accident and emergency admissions.
- ✗ Birth control, conception and sexual problems.
- ✗ Complications from excluded conditions/treatment and unproven treatment.
- ✗ Deafness that is not due to an acute condition or injury.
- ✗ Epidemic or pandemic disease.
- ✗ Eyesight correction that is not due to an acute condition or injury.
- ✗ Gender dysphoria or gender affirmation.
- ✗ Learning, behavioural and developmental conditions.
- ✗ Mental health.
- ✗ Weight loss.



Are there any restrictions on cover?

- ! Benefit allowances apply for inpatient and day-patient consultant fees if they are not fee-assured consultants.
- ! Cancer treatment is only paid in full when you use a Bupa recognised facility (within your hospital list) and a Bupa recognised consultant who agrees to charge within our rates (fee-assured consultant).
- ! Treatment and scans must be in a Bupa recognised facility (within your chosen hospital list and recognised for the treatment or scan you need).
- ! Treatment must be provided by a consultant recognised by Bupa for the treatment you need.

Restrictions are continued on page 2



Are there any restrictions on cover? (continued)

Restrictions apply to treatment of the following

- ! Chronic conditions (we pay for treatment of unexpected acute symptoms resulting from a flare-up).
- ! Cosmetic surgery to change or restore your appearance.
- ! Dental/oral treatment.
- ! Moratorium conditions.
- ! Pre-existing conditions.
- ! Pregnancy and childbirth.
- ! Speech and language disorders.

Other restrictions

- ! Advanced therapies and specialist drugs.
- ! Allergies, allergic disorders or food intolerances.
- ! Contamination, wars, riots and terrorist acts.
- ! Critical and intensive care.
- ! Dialysis.
- ! Leg varicose veins.
- ! Overseas treatment.
- ! Sleep problems.
- ! Supplying or fitting of physical aids and devices eg crutches, hearing aids.
- ! Temporary relief of symptoms.
- ! Treatment to relieve the symptoms of ageing, menopause and puberty.

Other restrictions apply, see full terms and conditions.



Where am I covered?

- ✓ UK, including Channel Islands and the Isle of Man.



What are my obligations?

Obligations at the start of the contract:

- You must pay your premiums on time.
- You must be a UK resident and registered with a GP.
- You must provide medical history (as required).

Obligations during the term of the contract:

- You must tell us of any changes in your or your dependants' address.

Obligations in the event that a claim is made:

- You must provide any information we require to assess your claim, including medical information.
- You must obtain pre-authorisation for any covered benefits where it is stated that this is required in the policy guide.
- Your treatment must be with a consultant or healthcare professional recognised by Bupa and registered with the relevant professional body.
- You must pay any policy excess (where applicable).
- You must let us know if you have other insurance which also covers you.



When and how do I pay?

- Monthly by Direct Debit or annually by Direct Debit or debit/credit card unless otherwise agreed.



When does the cover start and end?

- The term of the contract is 12 calendar months. Your policy will be renewed automatically and payment taken, unless you choose not to continue.
- You can find your policy start and end date on your membership certificate.



How do I cancel the contract?

- You can cancel your policy, or your dependants' cover, within 21 days of receiving your policy documents or the start date of your policy (whichever is later) and receive a full refund if no claims have been made. After this period you can cancel your policy, or your dependants' cover, at any time and we will refund any premiums you have paid relating to the period after your policy ends.
- To cancel call us on **0800 010 383**, we may record or monitor phone calls, write to us at **Bupa, Bupa Place, 102 The Quays, Salford M50 3SP** or email us: **consumer.cancellations@bupa.com**. Please be careful what you include as email may not always be secure.

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